

# SALAMA URBAN MINISTRIES

PLEASE READ THIS FIRST!

Salama is funded by grants and private donations. The information requested is needed to satisfy reporting requirements for government funders. All information will be kept confidential.

Before you submit this application, please complete the following checklist to ensure you have provided all documentation.

## Required Forms of Proof of Income

- |   |   |
|---|---|
| <input type="checkbox"/> Employment             | 3 most recent pay stubs <u>AND</u> 1st 2 pages of <b>most recent</b> federal tax return for Yourself and Spouse |
| <input type="checkbox"/> Social Security or SSI | Most recent award letter  |
| <input type="checkbox"/> Pension                | Current Pension award letter  |
| <input type="checkbox"/> Self-Employed          | Last 2 years income tax statements  |
| <input type="checkbox"/> Unemployment           | Unemployment Verification form, Separation Notice   |
| <input type="checkbox"/> No Income              | “Zero Income Verification Form” witnessed by program staff  |

## Other Required Documentation

- Records of all untaxed income, including Child Support, TANF and Veterans Benefits (you can get this from your DHS case worker)
- Records of all other untaxed federal benefits, including WIC and Food Stamps (you can get this from your DHS case worker)
- Proof of Address (utility bill— water, gas, or electric) \*If you don't have utilities in your name, provide a copy of your lease agreement.

## APPLICANT INFORMATION

Requested point of entry:  Summer 2024  Fall 2024  Spring 2025

Name of Applicant: \_\_\_\_\_ Application Date: \_\_\_\_\_

Gender: Male  Female  Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Dismissal Time: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please list any allergies, behavioral, or medical conditions: \_\_\_\_\_

Does the applicant have an IEP?  Yes  No \*Please Note: All records of an IEP will be kept confidential. In order to provide the best programming quality for your child, a copy of their most recent IEP/ diagnosis is **required** prior to enrollment. IEP/ diagnosis does not automatically exclude them from Salama services. Refusal to submit IEP/ diagnosis prior to enrollment could be cause for future dismissal from the program.

Does the applicant have an incarcerated parent?  Yes  No  Mother  Father

We offer Spiritual Development instruction to students weekly during the school year and daily during summers. Please check here if you prefer for your child NOT to participate in this instruction.

## EMERGENCY CONTACT AND AUTHORIZED PICK-UP

Please list contacts to call in case of an emergency and legal guardian cannot be reached.

Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Third Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

The following persons are authorized to pick –up my child from Salama:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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## GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you receive benefits from any of the federal benefit programs listed below (Mark all that apply):

SSI     Food Stamps     Free/Reduced Lunch     TANF     Social Security     WIC

Which best describes your housing status?  Home Owner     Rent/Lease     Section 8     Public Housing

**Disclaimer and Signature:** I certify that my answers to the questions on this application are true to the best of my knowledge. I understand that providing false or misleading information could result in termination of financial aid.

Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPLICANT PROGRAM WAIVER

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Please read the statements below and initial to give consent.

I, the parent or legal guardian of the minor child named above, hereby give my permission for my child to participate in Salama's programs. I hereby waive, relieve, and release Salama Urban Ministries, Inc., its Directors, Officers, Employees, Volunteers, and all persons assisting in the Ministry activities, from any and all liability from an accident or injury while taking part in these activities. I agree to indemnify all of the parties described above from all claims made by or asserted on behalf of the child.

\_\_\_\_\_ Initial here to give permission to Salama Urban Ministries to take whatever action they may consider appropriate under the circumstances involved regarding the health and safety of the minor child named above and to obtain emergency medical or dental services, if necessary, at guardian's expense.

\_\_\_\_\_ Initial here to give permission for your child to ride the bus for participation in the program. (i.e. transportation from school during school year and field trips during program activities)

\_\_\_\_\_ Initial here to give permission for your child to be photographed for Salama's website, social media, newsletters, or local newsletters.

\_\_\_\_\_ Initial here to give permission for representatives of Salama Urban Ministries to discuss your child's academic records with his/her school. (i.e. obtaining copies of report cards and communicating with teachers regarding child's academic struggles). This permission covers the 2024-2025 school year.

Parent/Guardian Signature:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For information on the Admission Process, please contact Tiffany Harris:**

**Phone: (615) 251-4050 x. 113**

**Fax: 615-251-3040**

**Email: [tharris@salamaserves.org](mailto:tharris@salamaserves.org)**



## **PLEASE READ FRONT/BACK PAGES CAREFULLY AND SIGN.**

### **Fall and Spring Sessions**

The hours of operation for the school year are 3:00-5:45pm, Monday through Friday, and follow the MNPS schedule.

#### ***Attendance Policy:***

All students must maintain 80% attendance per month. If you know in advance that your child will be absent, please inform Tiffany Harris at [tharris@salamaserves.org](mailto:tharris@salamaserves.org) by noon so drivers can be informed not to pick your child up at school. Any student who is absent without valid excuses for five (5) or more days per month is *truant*. Students who are reported as truant three (3) or more times over the course of a semester, is a *habitual truant*. The following actions will be taken when a student is a reported truant:

- Five (5) days absent: Written Warning
- Six (6) days absent: Parent conference requested to discuss absenteeism
- Seven (7) days absent: Two weeks probation; two or more absences during probation is a violation
- Eight (8) days absent: Parent conference requested to discuss possible termination from program

### **Summer Session**

The hours of operation for the summer program are 7:00am-4:30pm, Monday through Friday.

#### ***Attendance Policy:***

All students must maintain 80% attendance per month. If you know in advance that your child will be absent, please inform Tiffany Harris at [tharris@salamaserves.org](mailto:tharris@salamaserves.org) so teachers can plan accordingly. Any student who is absent without valid excuses for three (3) or more days per two-week period is *truant*. Students who are reported as truant two (2) or more times over the six-week period, is a *habitual truant*. The following actions will be taken when a student is a reported truant:

- Three (3) days absent: Written Warning
- Four (4) days absent: Parent conference requested to discuss absenteeism
- Five (5) days absent: Two weeks probation; two or more absences during probation is a violation
- Six (6) days absent: Parent conference requested to discuss possible termination from program

### **Excused Absences**

- **Illness:** Student, parent/guardian, and immediate family members. Parents' personal excuses are accepted for excusing students; however, documentation from physician may be requested.
- **Death:** Immediate and extended family members
- **Appointment:** Conflicts that prevent parent pick-up and student participation (i.e. school conferences, parent appointment)
- **Standardized Tests:** Practice tests, prep sessions, and test days scheduled during program hours of operation
- **School Sports/Events:** All school events that prevent parent pick-up and student participation must be pre-approved to be excused
- **Religious:** Holidays and special functions
- **Trips:** Trips that qualify as educational enhancement opportunities should be pre-approved (i.e. foreign language program, performance in Core Subject area or the Arts). Students shall be granted an excused absence for up to five (5) days.

### **Lack of Class Attendance and Participation**

Students receiving excessive excused absences must be mindful that their experience with the Institute can be adversely affected for lack of class attendance and participation. Students with excessive unexcused absences or frequent early dismissals may be terminated from the program due to lack of attendance/participation.

### **Dismissal Procedure & Late Fee Policy**

All students must be signed out daily by persons authorized to pick up your child/children. If you are aware that your child needs to be picked up early from Salama, please call Tiffany Harris at 251-4050 x. 113 or email at [tharris@salamaserves.org](mailto:tharris@salamaserves.org) so that staff members may be informed. There is \$1 per minute late fee applied for all students not picked up by 6pm in school year and 5pm in the summer. Late fee payments are due at time of pick-up.



**Parent's Covenant**

I understand and agree that it is **expected** that my child/children participate at an 80% level in attendance. I will make every effort to communicate my family's needs and concerns with staff as they arise, so that we are all of one mind to help my child/children to succeed in life.

I also understand upon enrolling my child that homework time is only for the 1st hour of programming and will end daily at 4:20pm. I recognize and understand that my child may not be able to complete homework at Salama and may come home after programming with homework to complete.

Recognizing that two hours after school is a very short amount of time to achieve the high academic expectations and goals we have set for your child, it is expected that your child attend Salama activities **until dismissal at 5:45pm.**

During the summer session, students are expected to stay until dismissal at 4:30pm.

Failure to comply with the above requests may result in your child being unable to participate in Salama activities.

Child/Children's Name:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date