



PARACLETE

207 E St. South Boston, MA 02127 • 617-268-5552

2019-2020 School Year Application

The Paraclete Afterschool Program is an academic enrichment program for the students of South Boston. Paraclete teachers aim to foster the intellectual, moral, social, and creative growth of our students and nurture the full potential of their whole character. This application is for students, grades 4th – 8th, that strive to achieve academically. Paraclete students are highly motivated, curious, generous, and passionate about learning. We are actively accepting applications and hope to further grow our Paraclete community. Come join us!

Please complete the entire application to the best of your ability. Please drop off or mail complete applications to Paraclete (207 E St. South Boston, MA 02127) OR email them to principal@paraclete.org. If you have any questions or concerns, please email principal@paraclete.org or call 617-268-5552.

Student Information:

Student's Name:

(first)

(middle)

(last)

Date of Birth: (mm/dd/yyyy) _____

Place of Birth: _____

School: _____

Grade in FALL 2019: _____

Family Information:

Primary Contact:

Circle relationship to student:

Parent Father Mother Guardian Relative Other : _____

Last Name: _____ First Name(s) _____

Street Address: _____

City and State: _____ Zip Code: _____

Phone Number : (____) _____

Secondary Phone Number: (____) _____

E-mail: _____

Emergency Contact:

Name: _____

Emergency Phone Number: (____) _____ Relationship to Student: _____

Who does your child live with?

Is your child eligible for free or reduced lunch? YES NO

Do you live in public housing or Section 8 housing? YES NO

Religion (optional): _____

Language(s) spoken at home: _____

Parent/Guardian Employment Information:

FATHER

Employer Name: _____

Position: _____

MOTHER

Employer Name: _____

Position: _____

GUARDIAN

Employer Name: _____

Position: _____

Medical and Additional Information:

Does your student have any allergies? YES NO

If so, please explain:

Does your student have any medical issues (dyslexia, asthma, etc.) ? YES NO

If so, please explain:

Does your student have any dietary restrictions? YES NO

If so, please explain:

Does your student have a 504 plan or an IEP? YES NO

If so, please explain:

ATTENDANCE at Paraclete:

We require that students attend at least three days of Paraclete a week.

- **Students are expected to attend:**
 - Focused daily homework help assigned by class
 - Bi-weekly reading class
 - Bi-weekly math class
 - Enrichment class of interest taught by our teachers.
- *Failure to follow this expectation will result in immediate parent-principal meetings to discuss the needs of your child.*

My student will be attending Paraclete on these days (please check):

Mondays Tuesdays Wednesdays Thursdays Fridays (3pm-6pm)

My child will be staying for dinner Mondays through Thursdays from 6:30 pm to 7:00 pm: Yes No

[Attendance Policy:](#)

Please notify Molly Zollo by email, call, or text if your child is going to be absent from the Paraclete.

mzollo@paraclete.org
cell: (603) 724-0533
office: (617) 268-5552

ARRIVAL to Paraclete

Our normal hours are 3:00 pm to 8:00 pm. On Fridays we close early at 6:00 pm.

Please check the situation applicable to your student and family:

- 1. Students from MICHAEL J. PERKINS ELEMENTARY SCHOOL, UP ACADEMY BOSTON, PERRY K-8 SCHOOL, and JAMES F. CONDON ELEMENTARY SCHOOL ONLY:**

Choose one:

I would like Paraclete to pick up my student (teacher chaperone walking) from school:

No, my student will get to Paraclete by: _____

- 2. My child will walk to Paraclete on their own.**

- 3. I will drop off my child at Paraclete around _____ PM**

- 4. I would like to request an alternative circumstance (pending approval from Program Director) and explain here:**

DEPARTURE from Paraclete

- 1. I will pick up my child daily around _____ PM**

- 2. My child is allowed to be picked up by:**

(MUST NAME RELATION TO STUDENT)

- 3. My child is allowed to walk home alone**

- 4. My child is allowed to walk home WITH other students**

Other student names _____

I give my child permission to go on off-site field trips with Paraclete staff members (i.e 5th Street Park, Moakley Park, Dorchester Heights) : Yes No

Policy of Non-Discrimination

The Paraclete Academy does not discriminate on the basis of race, gender, sexual orientation, religion, nationality or ethnic origin in the administration of its educational and admission policies.

Tuition & Donations

Tuition for Paraclete is \$150 for the school year. If you are unable to pay the full tuition, please pay what you can. We never turn a family away for inability to pay.

Checks can be made out to Paraclete.

We are a **mission-based service organization** and will accept any kind of donation, volunteer time, or anything that you feel Paraclete can use for our community and students. We are always looking for extra tutors, kitchen help, and volunteers of any kind! We appreciate all that you do for our community as we embark on this journey together for the success of our students.



I, the parent and guardian of this student, have completed the form fully and acknowledge I have read and completed all parts of the application.

Parent/Guardian Signature

Date



PARACLETE

A Program of the Paraclete Foundation, Inc.

Publications, Video, Internet Consent and Release Agreement

The form below indicates approval for the student's name, picture, art, written work, voice, verbal statements or portraits (video or still) to appear on the Paraclete Website, in publicity, publications, or videos. For example, pictures and articles about Paraclete activities may appear in the South Boston Tribune or South Boston On-Line. These pictures and articles may or may not personally identify the student. The pictures and/or videos may be used by the Paraclete Academy in subsequent years.

AGREEMENT

Parent/Guardian release to the Paraclete Academy the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) and consent to their use by the Paraclete Academy. The Paraclete Academy agrees that the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) shall only be used for public relations, public information, promotion, publicity, and educational purposes.

Student and Parent/Guardian understand and agree that:

- No monetary consideration shall be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives;
- The photo, video or student statements may be used in subsequent years.

If the Parent/Guardian wishes to rescind this agreement, they may do so at any time with written notice.

Effective Date of Agreement: **(mm/dd/yyyy)**

Student's Name: _____

Parent/Guardian (Print): _____

Parent/Guardian
Sign Here: _____

~Application continues on next page~



PARACLETE

207 E Street, South Boston, MA 02127

To the teacher: The Paraclete Academy is an after-school educational enrichment program. We admit all students who are eager to improve their academic abilities. We foster a supportive environment that seeks to create life-long learners. Please stay in communication with us as we both continue to work for the same goal. Thank you for your time and your professional judgment.

Teacher Recommendation Form

Student Information :

Name	Grade	School
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Teacher Information:

Name	Subjects taught to this student	Years as this student's teacher
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Please write a brief (1-2 sentence) description of this student:

Describe the performance of this student in your class:

Please assess the student in the following areas, in comparison to others in his/her grade level:

	Excellent	Very Good	Good	Average	Below Average	N/A
Study Habits						
Academic Potential						
Academic Achievement						
Curiosity						
Creativity						
Ability to Work Independently						
Ability to work in groups						
Confidence						
Initiative/Motivation						
Perseverance						
Respect for others						
Classroom conduct						

Please share with us any additional information that you feel would give us a more complete picture of this student. Feel free to comment on any particular areas of academic difficulty or achievement, as well as the student's personality, special interests, etc. Thank you!

I have expressed my honest opinion of the student that has requested my recommendation for Paraclete Academy.

Teacher Signature

Date



IMPORTANT INFORMATION ABOUT PARACLETE

Please keep this page for your records

Paraclete Address:

207 E St. South Boston, MA 02127

Paraclete Hours of Operation:

Monday-Thursday: 3:00-8:00PM

Friday: 3:00-6:00PM

We follow the Boston Public School calendar schedule. If Boston Public Schools are closed for holiday, vacation, snow days , etc., Paraclete is not open. If Boston Public Schools close early, for a weather related emergency, Paraclete is not open.

Important Contact Information:

Paraclete Main Office:

(617) 268-5552

Molly Zollo, Program Director & Principal:

(603) 724-0533

mzollo@paraclete.org OR principal@paraclete.org

Joe Burnieika, Executive Director:

(617) 268-5552

jburnieika@paraclete.org