

CHICAGO STATE UNIVERSITY
CATs Cougar Kids Academy Homework Club

Dear Chicago State University Community,

The Cougar Academy of Teachers (CATs) of the Teacher Quality Enhancement Project and the CSU College of Education Future Teachers Club invite your children to participate in the CATs Cougar Kids Academy Homework Club during the 2006-2007 academic school year. The first twenty registered students of the CSU family will receive all tutoring services free. Additional children will be accepted at the rate of \$5/hour beyond a one-time \$25 membership fee. The Homework Club will be held from 4 p.m. to 8 p.m. M to R in ED 112W. For the safety of our children, all students must sign in and out of the ED 111 before reporting to the assigned room for tutoring.

In addition, if enrolled in this program, other services are available for a small fee through the Teachers' Writing & Resource Center for any special study needs, if we can identify the areas needing assistance:

- Online modules in Reading, Language Arts, Writing, Math and Science. (\$25 access fee for all)
- CD-ROM's available for \$2 in all school areas for tutoring in specific areas. \$1 may be refunded if you choose to return them later. An installment disc is needed for the first disc (also \$2).

PERMISSION FORM

- I give permission for my child(ren) _____ to attend the CATs Homework Club and hereby remit a \$25 membership fee. (The first 20 students will have their membership fee refunded.) I understand that after the first 5 hours of tutoring, students may be charged \$5/hour.
- I would like an appointment with TWRC to analyze additional assistance that may be needed in the area (s) of:
_____.
- I give permission for any photos taken of my child(ren) to be used for reports and publicity purposes only.
- My child(ren) will most likely attend during the following session(s) each week:
- | | |
|--|--|
| <input type="checkbox"/> Monday, 4 – 6 p.m. | <input type="checkbox"/> Monday, 6 – 8 p.m. |
| <input type="checkbox"/> Tuesday, 4 – 6 p.m. | <input type="checkbox"/> Tuesday, 6 – 8 p.m. |
| <input type="checkbox"/> Wednesday, 4 – 6 p.m. | <input type="checkbox"/> Wednesday, 6 – 8 p.m. |
| <input type="checkbox"/> Thursday, 4 – 6 p.m. | <input type="checkbox"/> Thursday, 6 – 8 p.m. |

Signature of Parent or Guardian

Please return Application Form and Permission Form to:
Professor Jerry Grim, TWRC Director & CATs Director
Chicago State University, 9501 S. King Drive, ED 111, Chicago, IL 60628
773.995.2215 vm / 773.821.2831 fax

CHICAGO STATE UNIVERSITY

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PERSONAL INFORMATION

To be completed by student applicant with assistance from parents/guardians. Please type or print.

Applicant's Name (Last, First, Middle)	Preferred Name	Social Security Number

Home Address	Telephone Number
	()

City, State, Zip Code	County	E-mail Address

Birth Date	Place of Birth	Gender	Social Security Number
		<input type="checkbox"/> Male <input type="checkbox"/> Female	- -

School Currently Attending	School Telephone Number	Name of Principal
	()	

School Address	City	State	Zip

Academic Record

Total Credit Earned:	
Subjects Failed, if any:	
Number of Days Absent This Year:	
Last Year:	

*Race or Ethnic Origin (indicate all that apply)

<input type="checkbox"/> African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Caucasian	Primary: Secondary:
<input type="checkbox"/> Latino	<input type="checkbox"/> Native American	<input type="checkbox"/> Other (specify)	

Parent(s)/Guardian(s)

Relatives Who Have Attended Chicago State

Name(s)	Applicant lives with	1.
	<input type="checkbox"/> Both Parents <input type="checkbox"/> Other	2.
	<input type="checkbox"/> Father <input type="checkbox"/> Mother	3.
		4.

Family Information

Father's Name	Living? Y / N	Mother's Name	Living? Y / N
Address:		Address:	
City:	State:	Zip:	
City:	State:	Zip:	
Occupation:		Occupation:	
Work Phone ()	Home Phone ()	Work Phone ()	Home Phone ()
Applicant's Brothers/Sisters	Age	School	Gender
1.			
2.			
3.			
4.			

*EQUAL OPPORTUNITY INFORMATION: State government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. The sole purpose of gathering this information is to ascertain the effectiveness of recruitment efforts in searching all segments of the population and to ensure that proper facilities are available to serve all students selected for admission.

Parent/Guardian Signature

Date