



Community Service, Inc. (CSI) Summer Learning and STEM Links program is for students ages 7-18. The program is funded by the Corporation for National and Community Service. **Students enrolled in the program and their families are not charged for participation.** Students will be paired with a AmeriCorp member throughout the summer. AmeriCorp members will focus on implementing the First Tee Nine Core values and the STEMLinks Curriculum while helping students retain and sharpen their skills in math, English, reading and writing.

### **What is the First Tee STEMLinks Curriculum?**

- The STEMLinks curriculum provides fun and engaging STEM activities that focus on teaching science, technology, engineering, math and reading.

### **How does the program work?**

AmeriCorp members and participants will spend at least 5 hours a week in the program learning about the nine core values and STEMLinks curriculum through golf course play, other mentoring activities and summer reading initiatives. **A three month minimum commitment to the program must be made before a student will be enrolled into the program.**

AmeriCorps have been thoroughly vetted and have passed a FBI criminal background check, national sex offender registry check, child maltreatment registry check, adult abuse registry check, and drug screening.

The program will start May 18, 2019 and continue through Aug. 23, 2019 and is available in Conway, Faulkner and Pope Counties. Once accepted into the program, the parent will be contacted by their assigned mentor/tutor for an orientation. The student and parent must attend the orientation, which will last approximately one hour. The tutor/mentor will go over the times they are available and create a schedule that is mutually agreeable. **All transportation of the enrolled student is the responsibility of the parent.** CSI tutor/mentors are not allowed to transport participants at any time.

Educational/Mentoring sessions may occur at CSI offices, schools, public libraries and other approved public venues. STEMLinks sessions will occur at the Morrilton Country Club, Russellville Country Club and the Arkansas Golf Center. AmeriCorps members are not allowed to conduct sessions in their homes or in the homes of their assigned students.

Parents must submit a completed enrollment packet to Jamie Higgins via fax at 501-354-5410, email [jhiggins@csiyouth.com](mailto:jhiggins@csiyouth.com) or mail at Jamie Higgins, CSI Summer Learning, PO Box 679, Morrilton, AR 72110. **Submittal of enrollment packet does not guarantee placement. There are a limited number of slots available in each location.**



# Summer Learning & STEM Links Enrollment Form



Student's Name: \_\_\_\_\_  
First Middle Initial Last

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

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_ Mother \_\_ Father \_\_ Legal Guardian

Primary Phone Number (\_\_\_\_) \_\_\_\_\_ In case of Emergency Call: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_

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

Grade Level: \_\_\_\_\_ Full Name of School: \_\_\_\_\_

Ethnicity: \_\_ African American \_\_ Asian American \_\_ Caucasian \_\_ Hispanic \_\_ Native-American \_\_ Pacific Islander \_\_ Other

Gender: \_\_ Female \_\_ Male \_\_ Other Please list any special needs you anticipate your child will have while participating in the program. Include **medications, allergies and any disability we should be made aware.** \_\_\_\_\_

### Summer Learning Assistance Requested in (Check all that apply)

\_\_\_\_ Math Last completed subject \_\_\_\_\_

\_\_\_\_ Reading I have trouble with \_\_\_\_\_

\_\_\_\_ Writing/English I have trouble with \_\_\_\_\_

**Student Hobbies/Interests Include** \_\_\_\_\_

### HEALTH CONDITION

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by Community Service, Inc. I hereby give permission to the medical personnel selected by said representatives to secure any medical, hospitalization, dental and/or surgical treatment. In event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.

**Parent/ Guardian Initials** \_\_\_\_\_

**MEDIA RELEASE** - I hereby give Community Service, Inc. permission to use film, video tape and/or photographs of the above mentioned minor for lawful promotional or information purposes.

**Parent/ Guardian Initials** \_\_\_\_\_

I, the parent/legal guardian of the above named youth, give approval for participation in the Community Service, Inc. (CSI) AmeriCorps Summer Learning STEMLinks Program. I assume all risks of injury whatsoever and agree to hold harmless Community Service, Inc., from claim(s) of any nature arising from any activity, including transportation, connected with the facilities or program. This hold harmless agreement includes, but is not limited to any claim due to injury proximately resulting from negligence of Community Service, Inc., its employees, agents, participating agencies, and volunteers. I consent to CSI communicating information regarding my child's participation via the internet. In addition I consent to CSI communicating outcomes of the program to the community and the Arkansas Service Commission as deemed appropriate by CSI.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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



Since the Community Service, Inc. (CSI) Summer Learning & STEMLinks program has limited enrollment, it is important for all students and their families to understand the commitment required for the program.

- I understand that once accepted into the program a commitment of five hours a week will be required.
- I understand that transportation to sessions is the responsibility of the student's family.
- I understand that a commitment of at least three months is required for acceptance into the program.
- I understand that CSI does not charge for this service, and I will not be asked for payment for participation.

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Signature of Parent      Date      Printed Name of Parent

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Signature of Student      Date      Printed Name of Student