

# Homework B.O.O.S.T. Application

B.O.O.S.T.  
Billings Out of School Time

## STUDENT/PARENT CONTACT INFORMATION

STUDENT NAME (FIRST, MIDDLE, LAST) \_\_\_\_\_

SCHOOL GRADE \_\_\_\_\_

STUDENT HOME ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

STUDENT DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_  MALE  FEMALE

PARENT/GUARDIAN 1 NAME: \_\_\_\_\_ PARENT/GUARDIAN 2 NAME: \_\_\_\_\_

PARENT CELL \_\_\_\_\_ PARENT CELL \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_ PARENT EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

*In the event of an emergency, parents listed here will be contacted here. If they are not available, the emergency contact provided on the right will be notified.*

## ABOUT HOMEWORK B.O.O.S.T.

**Homework B.O.O.S.T.** is collaboration between Billings School District 2 and the Out of School Time Program Providers in Billings middle schools. Homework B.O.O.S.T. is available for a minimum for one hour after school, Monday through Thursday. Transportation home is not provided. However students may enroll in activities with the Homework B.O.O.S.T. Providers for an additional one to two hours after homework B.O.O.S.T. is over.

## PARENT PERMISSION RELEASE OF INFORMATION

I give my permission to the Billings Public Schools and Homework B.O.O.S.T. for the mutual exchange of my child's academic and behavior information as outlined in this document.

### Academic Information:

Homework B.O.O.S.T. will utilize individual academic information to measure the impact of the program and comply with grant funding used to increase the services available to members.

I authorize Billings Public Schools to provide Homework B.O.O.S.T. with the following individual academic information on my child;

- Montana State Student Identification Number, and
- Report Card grades and Test Scores for Math & Reading.

### Behavior Information:

It is essential for Homework B.O.O.S.T. and the Billings Public Schools to work together and share information regarding your child's accomplishments and behavior. This information will be used to better serve your child and assist their development.

I authorize both Billings Public Schools and Homework B.O.O.S.T. to communicate directly and share information as needed regarding my child's;

- Behavior
- School and Homework B.O.O.S.T. attendance, and
- Program and activity participation.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

## SCHOOL

Check the school your child attends. The Homework B.O.O.S.T. provider at that school is listed in the right hand column.

Check One	School	Homework B.O.O.S.T. Provider
<input type="checkbox"/>	Castle Rock	Boys and Girls Clubs of Yellowstone County
<input type="checkbox"/>	Lewis and Clark	Discover Zone (United Way of Yellowstone County)
<input type="checkbox"/>	Riverside	Boys and Girls Clubs of Yellowstone County, Friendship House of Christian Service
<input type="checkbox"/>	Will James	Discover Zone (United Way of Yellowstone County)

## EMERGENCY CONTACT INFORMATION (Different from Parent/Guardian)

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_

ALTERNATE PHONE \_\_\_\_\_

## AUTHORIZED TO PICK UP

*Only those listed will be able to sign your child out of the program. You will be contacted if someone else tries to sign-out your student.*

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

*I give my child permission to check out without an adult.*

YES  NO Initial: \_\_\_\_\_ Date: \_\_\_\_\_

## ACTIVITY AUTHORIZATION

After Homework B.O.O.S.T. is complete I authorize my child to participate in other activities provided by the Homework B.O.O.S.T. provider. Initial in the box following your child's school and Homework B.O.O.S.T. Provider.

School	Homework B.O.O.S.T. Provider	Initial One
Castle Rock	Boys and Girls Clubs of Yellowstone County	
Lewis and Clark	Discover Zone (United Way of Yellowstone County)	
Riverside	Boys and Girls Clubs of Yellowstone County, Friendship House of Christian Service	
Will James	Discover Zone (United Way of Yellowstone County)	