



**“Escape Zone” After School Tutoring**  
 Located at ESCAPE YFGK  
 202 E. 32<sup>nd</sup> Street / Holland, MI 49423  
 Tuesday and Thursdays 2:45pm-4:45pm

Dear Parent/Legal Guardian,

ESCAPE YFGK has developed an after school tutoring program for students who are looking for additional support on homework. This after school program provides a safe and educational environment for students as our aim is set around for peace, restoration, academic progress, and holistic growth. “Escape Zone” is a program offered to students in the Holland area between 6th and 12th grade. Our program will be capable of supporting 14 total students on Tuesdays and Thursdays from 2:45-4:45.

To apply and participate in the program:

1. Parent/Guardian must complete attached forms
2. Parent and student must schedule and attend an intake meeting
3. Student participates in setting a goal plan for time in Escape Zone
4. Student is expected to follow all rules and expectations

For more information about Escape Zone or to enroll your student, please call 616-396-4481 or email our Education Director at [education@escape-out.org](mailto:education@escape-out.org)

**“Escape Zone” Schedule:**

2:45-2:55 PM (E.Z -.05)	<b>Doors Open/Check In</b> - Attendance - Drop off Sign up - Phone Collections
2:55-3:05PM (.25)	<b>Snack</b> Bathroom Pool, Pingpong, Foosball, or Basketball
3:05-3:10PM(.25)	<b>Family Business - Cafeteria</b> - Word of the Day - Mental Health - Room assignments - New Business - Affirmations - Dismiss Staff - Dismiss Students
3:10-4:00PM (1)	<b>Homework Session 1</b>
4:00-4:05 PM (.10)	<b>Break 1</b>
4:05-4:35PM(1)	<b>Homework Session 2</b>
4:35-4:40PM (.05)	<b>Clean/Pack/Affirmations</b>
4:45 -5:15PM (.25)	<b>Pack Vans and Take Students Home</b>



## E.Z. Points

All students agree to our behavior tracker in order to keep each student and their peers accountable and successful.

### E.Z. Points Nuts and Bolts:

Each afterschool day is the value of 3 E.Z. points. Points are given when students are not following the code of conduct. Points are deducted when students buy into the forgiveness and participate in bringing up the culture. The point system is there to help students utilize this space to further their learning.

### Disciplinary Procedures:

#### **3 Points -**

If a student receives 3 E.Z. points they will be sent home for the day. Before coming back into the Escape Zone they will be required to set up a behavioral meeting with the Education Director.

#### **6 Points -**

If a student has received 6 points that student will be required to attend another behavioral meeting involving the Education Director and Associate Executive Director.

#### **8 points -**

A written warning will be sent home to parents regarding the students standing within the program and students will only be allowed to attend Escape Zone once a week until points are in good standing.

#### **12 points -**

Students will be dismissed from Escape Zone and will not be allowed back into the Escape Zone Program until next fall semester.

### E.Z. Points Jeopardy Forgiveness-

On Tuesday and Thursday there will be an E.Z. Points board up in the main hallway next to the ASAP room. On this board students will find chores and activities they can participate in during their break time and when they first arrive. At 3:10 chores must be completed and students need to be in the cafeteria. If the chore isn't completed by then they can finish up on their first break. Students cannot use academic time to do these. Students can only participate in one a week unless instructed otherwise by the Escape Zone Staff.



**Student and Family Information Form**

**Which program(s) will the student be participating in? (check all that apply)**

- A.S.A.P.  Tutoring (Tu/Th)  Sisterhood (M)  Brotherhood (Tu)  Career Connections (Summer)

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**Student Phone:**(\_\_\_\_\_) \_\_\_\_\_ **Student Email:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**1st Parent/Guardian Name:** \_\_\_\_\_ **Phone:**(\_\_\_\_\_) \_\_\_\_\_

**1st Parent/Guardian Email:** \_\_\_\_\_ **Current workplace:** \_\_\_\_\_

**2nd Parent/Guardian Name (optional):** \_\_\_\_\_ **Phone:**(\_\_\_\_\_) \_\_\_\_\_

**2nd Parent/Guardian Email:** \_\_\_\_\_ **Current workplace:** \_\_\_\_\_

**Other Emergency Contact:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_\_) \_\_\_\_\_

**Relation to Student:** \_\_\_\_\_

**Does the student receive any specialized services (ex. ELL, IEP, ESS)?** **YES** **NO** **If YES, please explain:**

\_\_\_\_\_  
\_\_\_\_\_

**Doctor's name:** \_\_\_\_\_ **Medical Insurance Provider:** \_\_\_\_\_

**Plan Number:** \_\_\_\_\_

**Is the student currently taking medication?** **YES** **NO** **If YES, please note medications below:**

\_\_\_\_\_  
\_\_\_\_\_

***\*ESCAPE staff will NOT administer any medication without doctor consent.***

**Does the student have any ALLERGIES or CONDITIONS we should know about? (ex. ADD, ADHD, Asthma, Anxiety, Depression, Suicidal, Drug Use) Please explain:**

\_\_\_\_\_  
\_\_\_\_\_

***The following information will not be used individually, but grouped together for grant purposes and kept confidential***

**How many people are in your household? Adults** \_\_\_\_\_ **Children (under 18)** \_\_\_\_\_

**Does your child receive free or reduced lunch?** Yes \_\_\_\_\_ No \_\_\_\_\_

**What is your yearly household income?** \_\_\_ below \$5,000 \_\_\_ \$5,000-\$9,999 \_\_\_ \$10,000-\$24,999  
\_\_\_ \$25,000-\$49,999 \_\_\_ \$50,000 or above



## Parent/Guardian Liability of Release

\_\_\_\_\_ I give my permission for my child to participate in ESCAPE activities and programs. **I accept responsibility in the unlikely event that an accident might take place.** I hereby certify that I carry health and/or accident insurance for my child and that I am solely responsible for the cost of health care for my child, even as a result of my child's participation in programs or activities.

\_\_\_\_\_ I give permission for ESCAPE personnel to provide **transportation** for my child using ESCAPE vehicles while my child is involved in programs, activities, and field trips related to ESCAPE. I also understand that my dependent will be under ESCAPE supervision throughout the duration of any off-campus activities.

\_\_\_\_\_ I **release ESCAPE** and persons including, but not limited to, board members, employees, and volunteers, from any and all claims of any nature arising out of or incidental of any activity conducted by or on behalf of ESCAPE.

\_\_\_\_\_ I give permission to allow Escape staff, volunteers, and partnering organizations to use my **child's image and first name** to appear in photo, video and text in print, website, and social media.

\_\_\_\_\_ I give permission for ongoing **communication** (in person, through emails, phone conversations, or online) to take place between ESCAPE staff/board, School District staff, probation officers, CPS/DHS/CMH case workers and counselors/therapists. This communication includes, but is not limited to, academic progress (grades, teacher comments/concerns, attendance), behavioral issues, and any specialized learning services such as ELL and IEP.

\_\_\_\_\_ I give my consent to allow my child to **complete a survey** and/or evaluation and to be included in any reporting deemed necessary by ESCAPE or School District Staff with the knowledge and understanding that confidentiality will be upheld.

\_\_\_\_\_ In case of a serious accident or illness to my child, I authorize ESCAPE staff and my child's physician to **give any necessary treatment** to my child, understanding ESCAPE will communicate with me as soon as possible in an emergency. I agree that I am solely responsible for updating medical information to ESCAPE.

My signature certifies that **I have read and understood this release** and that I am surrendering forever any claim and/or right to seek legal action leading up to and including financial gain.

**Student Printed Name:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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



## Student Code of Conduct

### **Safety:**

- I understand that possession of **weapons** of any kind on Escape property will result in dismissal from the program.
- I understand that the possession of **medication, illegal substances, alcohol, or vape/dab pens**, on Escape property will result in immediate dismissal.
- I understand that **violence or violent threats** of any kind will result in immediate dismissal from the program.
- I will not engage in **public display of affection** or inappropriate touching, whether wanted or unwanted, on Escape property.

### **Ownership:**

- I understand that Escape Zone is a space for education. I will come to Escape Zone **ready with assignments** to complete. If I do not have homework prepared, I will be dedicated to work on **educational activities** (e.g. reading, typing, math) until free time.
- I understand that I will be expected to **work diligently on assignments** during program time.
- I will accept assignments and tasks **without complaining**; working agreeably with staff & volunteers.
- I will keep my workspace organized, know my logins and passwords, and **clean up my space**.

### **Communication:**

- I will be well rested and communicate with Escape staff when I am feeling sick or needing to “tap out”. *If I’m going to sleep, then I will go home after school and rest.*
- I will not use **offensive language**, or have inappropriate content on clothing.
- I will communicate with Escape Staff **where I will need to be dropped off**, by 3:10pm
- I understand that **my phone will be collected** by staff at 3:10pm prior to Family Time, and returned at the end of the program time.

### **Respect:**

- I agree to abide by these guidelines while in the Escape parking lot, in the Escape building, and while using Escape transportation services.
- I know and agree that **I will not eat or drink in the van** (only water is allowed).
- I will be responsible for my trash in the van and **help keep the vans clean**.

I, \_\_\_\_\_ agree to follow the Student Code of Conduct listed above.

I, \_\_\_\_\_ understand that I need to follow the Code of Conduct and if I don’t, E.Z. points will be given which could hinder my spot in the tutoring program.



## Parent/Guardian's Code of Conduct

The Escape Zone team values the partnership between the students, school and parent/guardians. In order to maintain a helpful and safe environment for our students and families we challenge not only our students but also our parents to buy into our Code of Conduct.

I, parent/guardian, \_\_\_\_\_ will buy into the culture established at Escape to encourage my child to succeed. The Escape Zone values safety, communication and respect for our students and families.

### **Safety**

- I will make sure that my student understands the code of conduct safety procedures and will work with the Escape Zone Team to ensure that safety.
- Example: Have that conversation with your boy/girl prior to showing up to Escape. Be part of the prep as they go from school to home to Escape.

### **Teamwork**

- I will communicate with the Escape Zone teachers regarding classroom needs, and anything that could impact my child's learning.
  - Example: Letting Mrs. Kristina know that there was a death in the family and Billy is having a hard time processing that.
  - Example: Billy and I got into a spicy argument this morning so he might need some time to process it.
  - Example: Courtney flipped a table today at school and she got sent to principal office

### **Respect**

- I will communicate with Escape Zone staff during difficult conversations
  - Example: Attending a E.Z. points meeting with the Education Director and knowing when you need time to process in order to communicate respectfully to all parties.
- I will arrive on time to Escape for pick up so I respect the time of the staff and understand that if I am running late to communicate with the Escape Zone Team.
  - Please arrive between 4:40-4:50 as the building will be closed at 5:00.

I, \_\_\_\_\_, agree to encourage my child to utilize Escape Zone to further their education.

I, \_\_\_\_\_, agree to encourage my child to abide by the Code of Conduct and I will also take ownership and responsibility of my part in the Code of Conduct.