

T · E · A · C · H

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- ❖ Transition ,Train
- ❖ Equip , Enrich
- ❖ Advance, Achieve
- ❖ Challenge & Cultivate
- ❖ Hearts

Vision: To enable & empower youth to dream beyond their immediate surroundings by developing and learning career readiness skills to help prepare them for life after high school.

Mission: The T.E.A.C.H. group is committed to youth development through career planning and education. By exposing them to the tremendous scope and range of career opportunities, using committed professional mentors, workshops, and training we will provide youth the opportunity to reach their growth potential regardless of career path.

Our Impact: Keeping Youth Engaged

Engaging students in school related programs is one of the most important factors in creating tomorrow’s workforce. Teens who do not participate in school related programs are nearly three times more likely to skip classes at school than teens who do participate. School related programs are especially crucial in reaching young people who are most at risk at turning points as they transition from middle school to high school and are searching for meaningful, academic, vocational and recreational activities that keep them invested in their own success.

T.E.A.C.H. is a program that addresses these issues. Exposure to different fields of study and employment can open their minds to career fields that they have never explored before or seemed outside of their realm of possibility. Through hands on activities, mentoring, presentation, and behind the scenes field trips, students discover a world of career opportunities. T.E.A.C.H. will reach students to prevent them from falling through the cracks, ensuring that they receive the appropriate level of engagement and support to graduate from high school and to be prepared for work, college and beyond.

This program will be offered to students in grades 6 through 12 and will meet on the 3rd Sunday of each month from 3-5 pm. Class size is limited so apply now.

Sample List of Sessions:	Sample list of Field Trips
Art of Conversation	Museums
Time Management	Plays
Money Management	Concerts
Organizational Skills	Restaurants
Conflict Resolution	Ski Trips
Public Speaking	Ice Skating
How to apply for and get a Job	Job Shadowing
Dress for Success	Golf
Personal Grooming	& more
Etiquette	
Emergency Management	
Study Skills	

2014-15 T.E.A.C.H. Application

Please return completed forms and processing fee of \$25 to register and guarantee your place. Class size will be limited to 30 students. This program is open to the community.

Participant

Legal Name _____
Last First/Given Middle (complete) Jr., etc.

Preferred name, if not first name (only one) _____

Birth Date _____ Female Male
mm/dd/yyyy

Preferred Telephone Home Cell Home (____) _____ Cell (____) _____

E-mail Address _____

Home Address _____

Education

Name of School _____ Grade _____

School Type: Public Charter Religious Home School

Future Plans

Career Interest _____

Academic Interests _____

Parent 1

Mother Father Legal Guardian

Name: _____

Preferred Telephone: Home Cell Work (____) _____

E-mail _____

Occupation _____

Employer _____

College (if any) _____

Degree _____

Graduate School (if any) _____ Degree _____

Parent 2

Mother Father Legal Guardian

Name: _____

Preferred Telephone: Home Cell Work (____) _____

E-mail _____

Occupation _____

Employer _____

College (if any) _____

Degree _____

Graduate School (if any) _____ Degree _____

STUDENT COMMITMENT

- 1) I promise to abide by all Rules and Regulations set forth by T.E.A.C.H.
- 2) I promise to show respect and consideration for my peers, teachers and myself.
- 3) I make the commitment to attend all sessions. I will notify T.E.A.C.H. if there is a conflict in my schedule that would prevent me from attending a session. I understand that I may lose the privilege of attending offsite trips if I miss the associated classes that prepare me for the trip.
- 4) I promise, to the best of my ability, to maintain high standards at home, at school and in my community.

Signature of Student

PARENT COMMITMENT

Parents of T.E.A.C.H. students sign a Parent Commitment Letter offering their pledge in carrying out responsibilities for their child's education.

Parents and families, please understand the importance of your involvement. You chose T.E.A.C.H. because you want your child to excel in secondary school and be better prepared for entering the work force or continuing their education. You are needed to reinforce the learning process so your child can achieve in academics and their life.

The TEACH organization asks for your commitment to the following responsibilities:

- 1) **Ensure Your Child's Regular Attendance.** Sessions meet on the 3rd Sunday from 3-5 pm.
- 2) **Reinforce Your Child's Respect for Peers, Teachers, and Herself / Himself .** Children who have a healthy respect for people and our world are more open to a learning experience.
- 3) **Prove Your Commitment.** Make yourself available if needed to help.

Signature of Parents

T.E.A.C.H.

Permission Slip and Medical Release Form

As the parent(s) or custodial adults(s) I hereby give permission for my child _____ to participate in the activities of T.E.A.C.H., both on the church premises and elsewhere. In consideration of the opportunity of the above named child to participate in the activities of T.E.A.C.H., I/We release T.E.A.C.H., its officers, agents, employees, staff and volunteers from any and all liability of any kind whatsoever for any loss or injury to the above named child arising from activities on or off the premises of Worship Christian Center or resulting from traveling to or from the activities of T.E.A.C.H., including loss or injury resulting from negligence.

I understand that transportation can be by van or private vehicle and that there will be no drivers under the age of 25. If this is an overnight event, I understand that there will be at least one male and one female chaperone present if minors of both genders are attending the event.

I understand that by attending this event, my son or daughter agrees to abide by the rules set forth by the youth leaders. In event that my child refuses to follow such rules, I agree to come and pick him/her up from the activity immediately upon notification by the youth leaders or designate.

I also give permission for T.E.A.C.H., its agents, staff and volunteers to obtain urgent or emergency medical care for my child and I authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me prior to obtaining such care, but I authorize such care whether I am contacted or not, and I agree to be financially responsible for such care.

The consent shall be from Sept. 2014 through Aug. 2015

Child/Youth Name:	_____
Birth date:	_____
Address:	_____
Parent/Guardian Print Name:	_____
Parent/Guardian Signature:	Date: _____
Address:	_____
Home Phone:	Cell Phone: _____
Emergency Contact Name:	Phone: _____
Name of Primary Physician:	Phone: _____
Medical Insurance Company:	_____
Policy/Group Number:	Participant ID Number: _____

Please list medical conditions, medicines currently taking (including non-prescription), and allergies (including medicine and food)
