



Elementary Grades K-5th

Middle School Grades 6th-8th

High School Grades 9th – 12th

Mission: Our Mission is to: Empower youth and children by building a foundation for them to live responsibly and successfully.

Motto: More, Better, Before it is expected of us. We want to do MORE, we want to do BETTER, and want to do BEFORE IT IS EXPECTED OF US.

Services Needed (Please check one or all)

- Tutoring/Mentoring** **Life Skills** **Therapy Services**

Overview: The goals of the Beat The Street program is to help clients develop skills that will do the following:

- Enhance our client’s ability to reach independence
- Enhance our client’s understanding of self-sufficiency and financial independence
- Help clients master additional tools needed to reach greater potential
- Enhance social skills, self-esteem and life skills

Program Goals

- Increase Academic Ability
- Develop Positive Socialization Skills
- Develop Self Esteem & Give Empowerment
- Provide Family Dynamic Skills to Enhance Mutual Family Attachment & Warmth

Schedule

- Virtual 7pm (Monday – Elementary, Tuesday – Middle School, Thursday – High School)

Participant Expectations

- Turn in weekly school progress reports
- Turn in weekly home behavior goal sheets
- Set weekly development goals
- Maintain a C average in school
- Demonstrate positive behavior while participating in BTS

Program Staff Expectations

- Provide participant with tutoring & mentoring services
- Help participant set weekly goals
- Case Management

Rewards

Participants will earn rewards during the program.

Monthly/Quarterly Family Nights

We will get together with participants and family to provide opportunities for additional education and activities to enhance family bonding and socialization skills.

If you agree with the terms of participation in Beat The Street please sign below:

Participant/Child/Youth Signature

Date

Parent Signature

Date

Client Registration/Signature Page

(Please print, sign and present at your first session)

Name:

Today's Date: ____/____/20____

(First) (Middle) (Last)

Sex: Male ____ Female ____ Age: ____ Date of Birth: ____/____/____ SSN: _____

Insured Member: _____

Insurance Company _____ Telephone Number _____

Group Number _____ Member ID # _____

Home Address: _____

City: _____ State: _____ Zip: _____

Please provide all contact numbers. Preferred Method of Contact:

Home Phone: () - Work Phone: () -

Cell Phone: () - Email: _____

Education: Current Student: Yes No Name of School: _____

Grade: _____ Last Grade or Degree Earned: _____

Parent Information

Name: _____ SSN: _____

Marital Status (Circle One): Single Married Separated Divorced Cohabiting

Employer: _____

Family Physician: _____ Office Location: _____

Referred By: _____

Home Address: _____

City: _____ State _____ Zip _____

Home Phone: () - Work Phone: () -

Cell Phone: () - Email: _____

Person to Contact in Emergency: _____ Phone: () -

