



# LIVING STONES INTERNATIONAL

Mailing Address: PO Box 6747 • Tallahassee, FL 32314 • [www.welivingstones.org](http://www.welivingstones.org)

## Children Of Value Enrichment Academy Learning Lab (CALL)

### Application and Custodial Guardian Agreement

Please use the following checklist to assist completion of this application.

- Sign and honor custodial guardian agreement and provide regular participation,
- Student and Parent(s)/Guardian completes Participation Agreement,
- Complete intake form,
- Indicate programs of interest,\*
- Provide and maintain accurate login access to student grade portal,
- Provide media release,
- Provide transportation permission and waiver release.

\*ALL APPROVED APPLICANTS ARE AUTO- ENROLLED IN GENERAL PROGRAMS. Special academy programs and labs may require additional application, assessment, and academic review for qualification. *However, please do not allow this to deter you from checking all*

# Cove Academy Learning Lab

(CALL)

## Custodial Guardian Agreement

I, \_\_\_\_\_, do hereby agree to comply with the following expectations and obligations regarding my parental responsibilities and my child's participation in Living Stones International (LSI) programs including the following:

- Provide my child's grade portal access prior to start date, maintain, and provide updated access information to LSI.
- Adhere to completing **5 (FIVE)** volunteer hours with LSI programs as follows:
  - 2 hours volunteering in any CALL or LSI events, functions, and/or business activity,
  - 3 hours attending Parents Engaged for Life (PEL).
    - Attending 2, 1.5 hour PEL sessions
    - (One PEL session may be supplemented by 1 additional hour volunteering in any CALL or LSI events, functions, and/or business activity).
- Agree to scheduling conferences with CALL staff if they experience academic and/or behavioral concerns with my child at school and/or CALL facilities or events.
- Agree to hold my child(ren) accountable to the terms of their Programs Participant Agreement.

*I agree that failure to comply with the above expectations and obligations may result in suspension of after-school services provided to my child(ren) resulting in a necessity for re-application with interview.*

\_\_\_\_\_  
Parent/Guardian Name (PLEASE PRINT)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
LSI Staff Intake Name (PLEASE PRINT)

\_\_\_\_\_  
LSI Staff Signature

\_\_\_\_\_  
Received

# COVE Academy Learning Lab (CALL)

## Programs Participant Agreement

As a student in CALL and participant in one or more of the academy's Multimodule - interdisciplinary programs, I understand that I am responsible for the progress I make while enrolled in the program(s). My progress is determined by my attitude and dedication to performing and completing tasks I have been assigned. I understand, should I need assistance, tutoring is readily available to assist my mastery of learning concepts, but NEVER to complete the work for me.

### PROGRAM TERMS AND EXPECTATIONS

- Attend CALL regularly and participate in all sessions.
- Upon pick up, maintain orderly conduct and observe and obey all rules.
- If unable to attend, please notify Living Stones International at least 24 hours (one day) in advance.

**In case of illness or emergency, notify at least one hour in advance.**

- Approach all programs, sessions, instruction, and staff with a commitment to learning and willingness to work hard.
- Come to sessions prepared so time can be used efficiently.
- Have any take-home assignments or work not requiring tutoring completed before arriving to academy when applicable.
- Bring in any incomplete assignments that I might have and be ready to work.
- Have a good attitude about being part of the program.
- Inform a staff member of any problems or concerns you may have which are related to programs, services, another staff member, peers, or any tasks/assignments.

### I Agree:

*That my participation in the CALL will be discontinued if there are chronic absences or if my behavior is continuously disruptive to the other students in the program.*

*I agree that failure to comply with the above expectations and obligations may result in my suspension from CALL resulting in an interview, review, and behavior/academic improvement plan during a probationary period.*

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Student Name (PLEASE PRINT)

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Student Signature

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Date

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Parent/Guardian Name (PLEASE PRINT)

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Parent/Guardian Signature

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Date

# Cove Academy Learning Lab (CALL)

## Application Intake Form

Student Information	Last Name	First Name	DOB	Age
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female			/ /	
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Native/American Indian <input type="checkbox"/> Multiracial <input type="checkbox"/> Black <input type="checkbox"/> Asian/ Island Pacific Islander <input type="checkbox"/> Other	<b>Ethnicity:</b> <input type="checkbox"/> Non- Hispanic <input type="checkbox"/> Latino <input type="checkbox"/> French Creole <input type="checkbox"/> Hispanic- Non- Latino <input type="checkbox"/> French <input type="checkbox"/> Other			

Parent Information	Last Name	First Name	DOB
<b>Father</b>			/ /
<b>Work Phone</b>		<b>Cell Phone</b>	
<b>Mother</b>			/ /
<b>Work Phone</b>		<b>Cell Phone</b>	
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Native/American Indian <input type="checkbox"/> Multiracial <input type="checkbox"/> Black <input type="checkbox"/> Asian/ Island Pacific Islander <input type="checkbox"/> Other	<b>Ethnicity:</b> <input type="checkbox"/> Non- Hispanic <input type="checkbox"/> Latino <input type="checkbox"/> French Creole <input type="checkbox"/> Hispanic- Non- Latino <input type="checkbox"/> French <input type="checkbox"/> Other		

Emergency Contact	Last Name	First Name	Phone	Relation
<b>In case of emergency please contact the following person(s)</b>			(____) ____ - ____	
			(____) ____ - ____	
<b>Physician Name</b>			(____) ____ - ____	

<b>Insurance Provider:</b>	<b>Policy Number:</b>
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**Please list all known allergies:**

# Cove Academy Learning Lab (CALL)

## Application Intake Form

<b>Current School:</b>	<b>Current Grade Level:</b>
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Please indicate area(s) of concern			
<input type="checkbox"/> Phonetics	<input type="checkbox"/> Spelling	<input type="checkbox"/> Reading	<input type="checkbox"/> Writing
<input type="checkbox"/> Math	<input type="checkbox"/> Science	<input type="checkbox"/> History	<input type="checkbox"/> Special Projects
<input type="checkbox"/> Other	<input type="checkbox"/> Please Specify: _____		
Please indicate special services your student receives			
<input type="checkbox"/> NONE	<input type="checkbox"/> IEP	<input type="checkbox"/> 504	<input type="checkbox"/> Title One
<input type="checkbox"/> Special Education Please Specify Diagnosis/Designation: _____			

Please indicate learning styles you have identified to be best suited for your child	
<input type="checkbox"/> <b>(Visual)</b> You prefer using pictures, images, and spatial understanding.	<input type="checkbox"/> <b>(Aural)</b> You prefer using sound and music.
<input type="checkbox"/> <b>(Verbal)</b> You prefer using words, both in speech and writing.	<input type="checkbox"/> <b>(Kinesthetic)</b> You prefer using your body, hands and sense of touch.

### General Contact Information

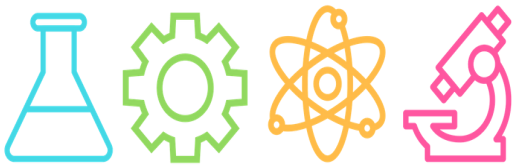





<b>Home Mailing Address</b>	<b>Street :</b>		
	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>

Please Record All Applicable Contact Information <i>THEN</i> Indicate Your Preferred Method of Contact			
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Email
(    )    —	(    )    —	(    )    —	@                    .com

# CALL

## Programs & Services

CALL Programs & Services are multi-module interdisciplinary curriculums designed and purposed to conceptualize the classroom instruction your student receives at school as applied to life skills, real scenarios, and vocational education.

<input type="checkbox"/> S		<b>Science</b>	Students engage in the scientific process analyzing biological and social environments and habitats through the application of agriculture, chemistry, biology, earth science, and space exploration.
<input type="checkbox"/> T		<b>Technology</b>	Students participate in an online curriculum designed to introduce them to the concepts of computer science, programming, technology, and the end design process.
<input type="checkbox"/> E		<b>Engineering</b>	Students engage with professional engineers understanding the basic concepts of all engineering disciplines and higher application of their classroom instruction.
<input type="checkbox"/> A		<b>Arts</b>	Students learn world culture through the study and application of visual and performing art.
<input type="checkbox"/> M		<b>Math</b>	Students discover math around them and develop a passion to analyze and connect their study of numbers to identify, solve, and report on everyday problems.
<input type="checkbox"/> O		<b>Outdoors</b>	Participation in life skills and survival training through outdoor enrichment programs centered around inter/intra- personal skills development using camping, hiking, trail exploration, water-sports, and other outdoors activities.

# Parent Portal/ Student Online Grade Accessibility Requirement

To best provide COVE Programs & Services we require readily access to your students online grade portal. This helps our staff to monitor your student's progression in their daily studies, tailor personal development plans, and make necessary connections to assist in your student's social, academic, and personal growth.

School Type (Please check one)  <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter	Portal Webpage	User/ Login Name	Password
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## Leon County Schools Release of Student Information

**In the interest of:**

Student name:	
Date of birth	
Student number	

**Home mailing address**

Street	City	State	Zip
	Tallahassee	FL	

I am the parent or legal guardian of ( \_\_\_\_\_ ) (PLEASE PRINT), and I authorize Leon County Schools to release the following educational information concerning (child's name) to LIVING STONES INTERNATIONAL.

Please place a  next to all that apply:

- Demographic Information (student name; address; listed phone number; photograph; date/place of birth; participation in officially-recognized activities/sports; height; weight, if a member of an athletic team; dates of attendance; date of graduation or program completion; diplomas, certificates, and awards received; and the most recent educational agency or institution attended)
- Student grades
- Discipline Records
- Exceptional Student Education records
- Parent/Guardian Name(s)
- All of The Above
- Other (Please list: \_\_\_\_\_)
- Daily Attendance Records
- Cumulative Grade Point Average (as available)
- Immunization Records
- Gradebook Parent Portal

This release shall be valid for a period of one year from the signature date. Unsigned forms are not valid. A photocopy shall be deemed as valid as the original. I understand that I have the right to revoke this release at any time.

Parent/Guardian Signature	Relationship to Child	Date of Signature



## **Liability and Media Release Agreement:**

Its agreed, by the signature below, that in the event I or my child (if registering for a minor) are disabled, or incur a disease of a temporary or permanent nature while using LSI services or participating in LSI programs, events, and activities, will waive all calms or liabilities against Living Stones International Inc., its employees, agents, volunteers, and contracted partners hereinafter referred to as Living Stones or LSI. I certify and take full responsibility for the information provided being correct to the best of my knowledge. It is suggested that participation in many LSI programs be under a physician's advice.

I, the undersigned, do hereby consent and agree to my child being transported in a motor vehicle driven by a Living Stones International staff member or volunteer while participating in Living Stones International programs and activities. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the instructions, rules, and guidelines of the driver, staff, volunteers, and officials with Living Stones International (LSI) Transportation Services.

Instructions, rules, and guidelines are intent on ensuring safety of all vehicle occupants.

I, the undersigned, do hereby consent and agree to having discussed with my child the following rules:

- WEAR SAFETY BELT/ restraint at all times
- REMAIN SEATED AT ALL TIMES
- DO NOT DISTRACT DRIVER
- Practice courteous, polite, and appropriate behavior
- Obey driver's and driver assistant's instructions, rules, and guidelines.

I recognize that any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I attest that I have been advised of the potential risks and I assume any expenses that may incur in the event of an accident, illness, or other incapacity, regardless of my knowledge and authorization of such expense.

As a condition for the receipt of Living Stones International Transportation Services, I, my child, my executors and assigns, further agree to release and forever discharge Living Stones International Inc., its employees, agents, volunteers, and contracted partners from any claim I could bring on my child's behalf regarding any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of rendered transportation services.

I, the undersigned, do hereby consent and agree that LSI has the right to transport, take photographs, videotape, or digital recordings of my children and to use these in any and all media, now or hereafter known, and exclusively for the purpose of marketing and promotion. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

## Liability and Media Release Agreement (Cont'd):

I hereby consent and agree that Living Stones International, hereinafter referred to as Living Stones or LSI, its employees, or agents have the right to take photographs, videotape, or digital recordings of my children and to use these in any and all media, now or hereafter known, and exclusively for the purpose of marketing and promotion. I further consent that my name and identity as well as my child's may be revealed therein or by descriptive text or commentary.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Living Stones is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I have read this waiver and permission form, fully understand it, and agree to be legally bound by its terms.

I, \_\_\_\_\_ (PLEASE PRINT),

give permission for my child, \_\_\_\_\_ (PLEASE PRINT), to attend LSI events and programs, consent to transportation being provided by LSI, and consent to the full media release for the names printed in this agreement with parties subject to compliance with all governing rules, terms, and guidelines.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

_____ Parent/Guardian Signature	(____) ____ - ____ Home Phone	(____) ____ - ____ Cell Phone
<b><u>TO BE COMPLETED BY NOTARY PUBLIC</u></b>		
_____ Sworn to and subscribed in my presence by the above witness (PLEASE PRINT)  My commission expires on the _____ (DAY)  _____ NOTARY NAME (PLEASE PRINT)  The foregoing instrument was acknowledged before me this ____ day of _____, _____, by the named parent/guardian and their named witness, parties named above who have produced _____ as identification.	_____ on the above date.  of _____, (MONTH)   _____ (YEAR)	
(PLACE NOTARY HERE)		