



Parents' Information 2020-2021

First Day of School Procedures

The first day of school will be **Wednesday, September 9**. **School begins at 9:00 am**. Students should be ready to begin their school day at 8:45am. They will be expected to log into their classroom platforms at 8:45am with all materials needed for the day. All necessary paperwork and payments should be dropped off/mailed to the school office before the first day of school.

Curriculum Pickup -Prior to the first day of school, there will be a date set for families to pick up curriculum and materials from the school. During this time you may also drop off any paperwork and/or payments you may have. Future curriculum pickup dates will be scheduled prior to the start of a new quarter for students to return and pickup necessary curriculum. During these pickup days, teachers will also schedule parent-teacher conferences. **First pickup date: September 4, 2020. Teachers will contact you to schedule pickup times.**

Supply List- Teachers will be sending home a supply list for additional materials needed for a successful year. Please make sure your child(ren) are equipped with these items prior to the first day of school and come prepared with them to each online session.

Tuition

There are a total of 10 tuition payments for the year. Tuition is due on the 15th of each month and can be mailed to the school office. Tuition balance must be paid in full on or before May 17th, 2021.

Normal School Day Routines:

Online Schedule

Please refer to your child's teacher for grade/class specific schedules and expectations.

Zoom Classes: For classes operating on Zoom, the school day begins promptly at 9:00am, students should be prepared to log into their Zoom classroom by 8:45am to avoid being late. Students who arrive after 9:15am will be marked late and will be locked out of the Zoom classroom until the next break. This is to avoid disruptions once class is in session. Students will be permitted to enter 10 minutes before the next class session.

Attendance & Tardiness Policy

Attendance records are legal documents. Teachers take attendance daily, and records are kept by the school office. Ten absences will result in a conference with the Principal. After 18 absences, the child will be in danger of retention for the following school year. The truant officer of the child's public school district may be notified. Students accumulating 20+ absences will be required to repeat the same grade. **Please note—three unexcused tardies will count as an absence.**

Back to School Night

Back to School Night is scheduled for **Thursday, September 3, at 6:00 pm** on Zoom. Because of the importance of this evening to you and your child(ren), it is mandatory that a parent or guardian attend. **Families will also receive service hours for attending.** Zoom information will be sent out via email closer to the date.

Parent Commitment Form



Vision Statement:

To be a community in Christ of servant leadership and transformation, seeking a full life for all involved: urban youth, families, staff and volunteers in the neighborhoods of our city. -*UrbanPromise Ministries*

Mission Statement:

To equip children and young adults through Christ with the skills necessary for academic achievement, life management, personal growth, and servant leadership –*UrbanPromise Ministries*

1. I/We agree to the UrbanPromise School educating my/our child according to Christian principles and standards, utilizing the Bible as the foundation for teaching. _____ initials

2. I/We agree to work in partnership with UPS teachers and staff to ensure:
 - A positive and orderly learning environment in school as well as remote learning.
 - That my child has access to a reliable internet source and device.
 - A high academic standard
 - Respectful behavior among students, and towards teachers/staff
 - That school discipline procedures and policies will be upheld
 - Participate in fund-raisers. Keep a folder of the monthly calendars and letters coming from school regarding up-coming events
 - That school dress code policies are followed. _____ initials

3. I/We agree to uphold the teachings of UPS when my child is at home by:
 - Working with him/her to reinforce lessons taught in school
 - Assisting him/her in Bible verse memorization
 - Attending scheduled parent-teacher conferences
 - Set time aside to support my child (ren) with homework, to make sure it is completed and signed by me, as assigned.
 - Providing consistency for my child (when away from school) with the Christian principles of UPS. _____ initials

4. I/We agree to provide 10 hours of service to UPS per year _____ initials

5. I/We agree to pay the agreed amount of tuition on the 15th of each month (a total of 10 payments) or the designated date. (See calendar) _____ initials

6. I/We agree to attend a minimum of 3 Parent Teacher Fellowship and/or Abundant Life Skills meetings. (See calendar) _____ initials

7. I/We agree to provide up-to-date contact numbers and email addresses in case of an emergency. _____ initials

8. I/We have read the Statement of Faith form. _____ initials

Student's Name _____

Parent/Guardian Signature _____ Date _____



2401 Thatcher St.
Wilmington, DE 19802
(302) 425-5502

A Program of UrbanPromise Ministries, Inc.

Dear Parent or Guardian:

Every school in Delaware is required to report to the Delaware Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments.

The federal government recently changed the reporting categories for student data. As a result, you have the opportunity to update the student data for your child. With the new reporting categories, you may now identify your child by ethnic group (either Hispanic/Latino OR not Hispanic/Latino) AND by ONE or MORE of five racial group (1) American Indian or Alaska Native; (2) Black or African American; (3) Asian; (4) Native Hawaiian or other Pacific Islander; (5) White.

Starting with the 2010-2011 school year, all schools in Delaware will report student data to the Department of Education using the new categories. Please complete the enclosed form and return it to us.

Sincerely,

Rhonda L. Raines
Rhonda L. Raines
Principal

STUDENT DATA COLLECTION FORM

Student's Name: _____

Student's Grade: _____

School's Name: _____

School District the student lives, circle one: **Brandywine, Colonial, Christina or Red Clay**

Please answer **BOTH** 1 and 2

1: No: My child is NOT Hispanic or Latino

Yes: My child is Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

2: What is your child's race, select one OR MORE:

- 1-**American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America who maintains a tribal affiliation or community attachment).
- 2-**Black or African American** (A person having origins in any of the Black racial groups of Africa)
- 3-**Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent).
- 4-**Native Hawaiian or other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands).
- 5-**White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

Parent or Guardian's Signature

Date



EMERGENCY TREATMENT DATA CARD

Student Name: (Last) _____ (First) _____ (M.I.) _____

Grade: _____ Birthdate: ____/____/____ Teacher: _____

Home Address: _____ City/State/Zip: _____

Home Phone _____ Cell Phone: _____ Email: _____

Transportation: Carpool: ____ AM & PM ____ AM only ____ PM only Family: ____

Approved Driver Names:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Mother/Guardian: _____ Employer: _____

Mother's Cell #: _____ Mother Work #: _____

Father/Guardian: _____ Employer: _____

Father's Cell #: _____ Father's Work: _____

Emergency Contacts: *If parents/guardians cannot be reached, please call:*

1. Emergency Contact #1: _____ Phone: _____

Address: _____ City/State/Zip: _____

1. Emergency Contact #2: _____ Phone: _____

Address: _____ City/State/Zip: _____

MEDICAL/DENTAL INFORMATION:

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Indicate student's serious medical problems: _____

Indicate student's allergies: ____ Penicillin ____ Aspirin ____ Other: _____

____ I do ____ I do not give my permission for the school to administer Tylenol.

____ I do ____ I do not give my permission for the school to administer ibuprofen.

MEDICAL INSURANCE INFORMATION:

Insurance Provider: _____ Student's Insurance ID # _____

SCHOOL EMERGENCY PROCEDURES:

Urban Promise School has adopted the following procedures in caring for your child if he/she becomes ill or injured at school. In case of emergency and/or need of medical care:

- 1. The school will call the home. If there is no answer,
2. The school will call the mother/father/guardian's place of employment. If there is no answer,
3. The school will call the other telephone number(s) listed and the physician.
4. If none of the above answer, the school will call an ambulance, if necessary, to transport the child to a local medical facility.
5. Based upon the medical judgment of the attending physician, the child may be admitted to a local medical facility.
6. The school will continue to call the parents, guardians, or physician until one can be reached.

PARENT PERMISSION:

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures, or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



STUDENT PICK-UP AUTHORIZATION

In order to keep our records current and for the protection of your child, we ask that you provide an updated list of people who have permission to pick him/her up from school. Please list as many (or as few) people as you'd like, but please try to include anyone who may be picking up your child. You may put additional names on the reverse side.

The following people are authorized to pick up _____ (name of child) from UrbanPromise School.

Name	Relationship	Phone #
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Signature _____ Date _____

WALKING PERMISSION FORM FOR FIELD TRIPS/FIRE DRILLS

I hereby give my permission for _____
to participate in walking trips (in close proximity to UrbanPromise School) during the school year.

Parent Name _____ Date _____

PICTURE PERMISSION

UrbanPromise School has permission to photograph and/ or video my child _____ and use his/her name and picture and/or video in UrbanPromise Ministries or UrbanPromise School materials.

Parent Signature _____ Date _____

FIELD TRIP PERMISSION SLIP



I understand that from time to time my child, _____,
(Name)

may have an opportunity to participate in trips that will take him/her away from the campus.

I understand that these trips will be under the direct supervision of a faculty member(s) of the UrbanPromise School, and that my child will be transported in a school owned or contracted, or designated vehicle (or by chartered service for certain trips/outings).

I request that my son/daughter be allowed to attend such field trips.

I also authorize any medical treatment in case of an emergency, and agree that I am responsible for the cost of such treatment.

The undersigned agrees to release, hold harmless and indemnify the UrbanPromise School, its agents, representatives, and employees from all claims, damages, or other liabilities for injuries to my son/daughter which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the school, or its agents, representatives, or employees.

Please complete the following:

Emergency Contacts: _____
Home Phone: () _____ Work Phone: () _____

Medical or Physical Condition

If the trip supervisors should be aware of any medical or physical conditions, please list the conditions below to assure that all participants have a safe trip without medical emergencies:

Condition: _____ Condition: _____
Medication: _____ Medication: _____
Dosage: _____ Dosage: _____

Name of Prescribing/Treating Physician: _____

Special Needs: _____

Date: _____

Signature: _____
(Parent or Legal Guardian)



AFTER CARE CONTRACT

URBANPROMISE SCHOOL IS COMMITTED to a partnership with you to facilitate the education of your child. To that end, UPS will provide limited care for children after the school day. The following policies will be used for the After Care Program. These requirements are for the safety and security of your child.

1. Only UrbanPromise School students are eligible to participate in the After Care program.
2. **After Care is available from 3:00 to 5:30 pm.**
3. Children must be picked up from After Care no later than 5:30 pm. Late fees will be charged after that time.
4. **The cost of this service is \$2.50 per hour.** Statements will be issued monthly. Payment in full is due by the end of the following week.
5. Children will be released from After Care directly to their parent or guardian or those listed on the Student Pick-Up Authorization form. They will not be released to any other person or activity without signed, written instructions from you.
6. Your child's attendance in After Care is dependent upon timely monthly payments and cooperation with and respect for the After Care policies and staff.
7. **After Care will not be available on early dismissal days (half days). School pick-up time is 12:00 PM on half days.**

Please detach and return the After Care agreement below and keep the above for your records.

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In order to assure adequate staffing for the **After Care** programs, we need to know how many families will utilize this service. Please indicate your intentions below.

- _____ I will **not** need After Care for my child(ren)
 _____ I will need After Care occasionally.
 _____ I will need After Care regularly as follows:

- | | |
|---------------------|---------------|
| _____ 5 days a week | _____ 1 hour |
| _____ 3-4 days | _____ 2 hours |
| _____ 1-2 days | _____ 3 hours |

Student Name _____

Parent Phone(s) _____

I agree to the terms and conditions of the After Care contract.

Parent Signature _____ **Date** _____