

## FREE AFTER SCHOOL & WEEKEND ACADEMIC SUPPORT SESSIONS

The *On Your Mark* Academic Support Program is an after-school and weekend mentoring and Academic Support program offered to students of **Portuguese and Spanish speaking descent**. Eligible students work with a tutor individually or in groups of two. The program aims to help students with significant academic difficulties get help with their schoolwork, develop learning skills and help establish goals for their education. This program is not a home work club, so the student should complete homework that is understood at home, to allow the support session to be focused on specific areas of difficulty for the student.

The Academic Support program runs from November until the end of May. Students start as soon as they can be matched with a volunteer tutor. Sessions are 1 ½ hours a week at one of the *On Your Mark* Program locations as well as Saturday morning sessions from 9:45am to 12:00pm at St. Mary's Catholic Secondary School located near Dufferin St. & Bloor St. West.

Participants can expect that the program will encourage:

- ✓ More regular completion of homework
- ✓ Improved academic achievement
- ✓ More positive attitude towards learning
- ✓ Increased self confidence
- ✓ Exposure to positive role models

**To qualify for the program, Students must:**

- ✓ Be of Portuguese or Spanish-speaking descent
- ✓ Be experiencing significant difficulties in one or more subjects
- ✓ Be referred by a teacher, principal or social worker
- ✓ Commit to meeting with a tutor for a minimum of 1.5 hours per week
- ✓ Complete and submit a signed registration form ( with teacher referral form)
- ✓ Be enrolled full time in elementary or secondary school; grades 1 – 12

**To qualify for the program, Parents must:**

- ✓ **Parents that are NEW to the program must** attend a short Orientation where the registration forms will be submitted ***in person (see reverse) OR complete an Online Orientation through the Working Women website,***
- ✓ ALL parents (at least one parent per family) must register for and attend a **minimum of one** Parent Workshop over the course of the school year.

# Registration Package 2016/2017 ELEMENTARY

## Orientation Sessions & Online Orientation

There are two ways to complete the registration process; in person or online.

**ATTENTION:** If at least one parent has already completed an Orientation (in person OR online) you do not need to complete the Orientation again. Parents that are NEW to the program must *complete an Online Orientation through the Working Women website.* *If you do not have access to a computer please contact a Program Coordinator in order to complete it at the Working Women Community Centre.*

**COMPLETING THE ORIENTATION ONLINE:** Please visit the Working Women website, please use this link [www.workingwomenc.org/on-your-mark](http://www.workingwomenc.org/on-your-mark) . You will then click on "On Your Mark Online Orientation Session". Once you have completed the online orientation you must print the required page and attach it to the completed Student Registration Form. (If you are not able to print the required form please contact one of the Program Coordinators and inform them you have completed the online orientation, we can verify online). You can submit the Student Registration Form by scan & email, fax, mail or drop off at the Working Women Community Centre (please follow up with a phone call to confirm the forms were received). **We urge parents to try to submit the Student Registration Forms during the month of May or June as the program anticipates a waitlist as early as beginning of September.**

**Mailing Address:**

On Your Mark Academic Support Program  
Working Women Community Centre  
533A Gladstone Avenue, Toronto, ON M6H-3J1

**Drop Off Locations:**

Working Women Community Centre  
1081 Bloor St. W, Basement (Dufferin & Bloor) **OR**  
533A Gladstone Avenue (Dufferin & Bloor)

**If you have any difficulties completing the online Orientation please contact below:**

Sonia Neves  
Program Coordinator  
416-532-2824 ext.244  
416-532-1065 (fax)  
[sneves@workingwomenc.org](mailto:sneves@workingwomenc.org)

Mireya Arrechea  
Program Coordinator  
416-532-2824 ext. 246  
416-532-1065 (fax)  
[marrechea@workingwomenc.org](mailto:marrechea@workingwomenc.org)



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## MANDATORY REFERRAL FORM

(THIS PAGE ONLY To be filled out by a Teacher, Principal or Social Worker)

**Dear Teacher/School Official:** *On Your Mark* is a one on one Academic Support program to help students that are having significant difficulties in one or more subjects. The registration requires a referral in order to enrol the student as well as to determine the student’s area of significant difficulty and what areas the tutor should focus on when working with the student. Please complete the section below and return to the parent or student directly, as soon as possible. Thank you.

### STUDENT INFORMATION

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

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

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

Using the section below, please describe the student’s strengths and weaknesses in **DETAIL**. Please make any suggestions as to how the tutor can assist the student with his/her weaknesses. Feel free to note any further information that may assist the tutor. **If you would also like to communicate with your student’s tutor directly, please provide your name and email or phone contact:** \_\_\_\_\_

#### ACADEMIC PERFORMANCE:

- No Academic Problems
- Works Below Grade Level
- Incomplete Homework/Assignments
- Declining Quality of Work
- Lack of Motivation (Working Below Capacity)
- Easily Distracted
- Student Has an Individual Education Plan (IEP)

#### COMMENTS:

MANDATORY REFERRAL FORM Continued...

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**SPECIFIC AREA(S) OF STRENGTH:** (ie. math, reading, social studies...)

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**SPECIFIC AREA(S) OF WEAKNESS:** (ie. reading comprehension, math problems...)

Please indicate if student is performing at or below grade level.

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Teacher/ Evaluators Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

School: \_\_\_\_\_

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

**PARENTAL CONSENT TO RELEASE INFORMATION**

I, \_\_\_\_\_ give permission for my child's teacher to communicate with *On Your Mark* Tutors and/or Site Supervisors and or/ Program Staff about my child's progress during the school year.

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



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STUDENT PERSONAL INFORMATION: PLEASE PRINT CLEARLY (include a copy of student's report card)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_
Address: \_\_\_\_\_ Apt. # \_\_\_\_\_
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_
Mom Cell Phone #: \_\_\_\_\_ Dad Cell Phone #: \_\_\_\_\_
Parent Email Contact: \_\_\_\_\_
Gender: [ ] M [ ] F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
Languages Spoken: \_\_\_\_\_ & \_\_\_\_\_ & \_\_\_\_\_
School: \_\_\_\_\_ Grade: \_\_\_\_ (as of Sept. 2016)
Parent Name(s): \_\_\_\_\_
& \_\_\_\_\_
Has Student Been a Part of the Program Before? Yes [ ] No [ ] Waitlist [ ]
Is Student of Portuguese or Spanish-Speaking Descent? Port [ ] Span [ ]
Does Student Have an Individualized Learning Plan (IEP)? No [ ] Yes [ ]
(if yes, please provide a copy to Program Coordinator)
Preferred Language of Correspondence for Parents / Língua Preferida da Correspondência Para os Pais / Idioma Preferido Para Recibir la Correspondencia Para los Padres: Eng [ ] Port [ ] Esp [ ]

AVAILABILITY: (Sessions are available once a week, please indicate one or either session)

[ ] AFTERSCHOOL (3:30pm-5:00pm OR 4:00pm-5:30pm) [ ] SATURDAY (9:45am to 12pm)
If your child's school does not have an "On Your Mark" program, afterschool locations are available at:
[ ] St. Anthony's Catholic School – 130 Shanly St. (Dufferin & Bloor) [ ] Rawlinson Community School – 231 Glenholme Ave. (St. Clair Ave. W & Oakwood Ave.) [ ] St. Martha Catholic School – 1865 Sheppard Ave. West (Jane & Sheppard) 3:30pm-5:00pm OR 4:00pm-5:30pm and Saturdays at St. Mary's Catholic Secondary School – 66 Dufferin Park Avenue (Dufferin & Bloor) 9:45am - 12:00pm

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**PARENT'S/GUARDIAN'S COMMENTS:**

What subject areas does your child need help in?

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**EMERGENCY CONTACT INFORMATION:**

Student's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

& \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mom Cell Phone #: \_\_\_\_\_ Dad Cell Phone #: \_\_\_\_\_

**Emergency Contact Information:**

In Case Of Emergency Please Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Family Dr. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

OHIP #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Conditions or Allergies: \_\_\_\_\_

*This information is confidential and used for emergency purposes only. Please ensure that our information is up to date and inform us of any changes.*



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### STUDENT PICK UP PERMISSION FORM:

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Male       Female

### How will your child go home after their *On Your Mark* Academic Support session?

Go home by themselves

**OR**

Picked up    **(if child is to be picked up please complete below)**

The following people have permission to pick up the above named child from the *On Your Mark* Site location. It is the parent's responsibility to notify Program Staff in writing of any changes. ***Please be sure to include your name on this list if you will also be picking up the child.***

Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please Note:** Any person unfamiliar to Program Staff and/or Tutor and/or Site Supervisor will be required to show proof of identification even if they are on the authorized pick up list. In the event that children are being picked up by someone other than those listed here, parents will be contacted by phone in order to grant permission to the person performing the pick up. It is the responsibility of the parent to ensure that their child has arrangements to get home safely. Program Staff, Tutors and Site Supervisors are not allowed to walk or drive your child(ren) home.

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**PARENT CONSENT FORM:**

I, \_\_\_\_\_ give permission for my child(ren) to participate in the *On Your Mark* Program, where they will work with a tutor and *On Your Mark* Site Supervisor.

I, \_\_\_\_\_ understand that my child and I may need to complete surveys and/or interviews as part of the program evaluation process.

I also understand that I am to:

- Provide Program staff and /or tutor with copies of my child's current grades and tests.
- Notify program staff of any absences no later than noon of the day of the session.
- Expect to be contacted by phone in the event of lateness, absences, behaviour issues, cancellations or changes in schedule.
- Must attend a **minimum of one** parent workshop held throughout the year, in order for my child to continue in the program.
- Complete an Online Orientation (for NEW parents) through the Working Women website.

Please note that we must be able to communicate with you or another person responsible for picking up your child, on the day of the session in case of a last minute cancellation.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA RELEASE:**

For the purpose of sharing the exemplary work of the program with the community and funders; I give permission for my child to be filmed, audio taped, interviewed and/or photographed during their session or other *On Your Mark* Events

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT WORKSHOP SURVEY:**

**Please Select 1 Or More Workshops That Would Be Of Interest To You:**

- Understanding the School System (including Advocacy, Parent/Teacher Interviews)
- Understanding Curriculum & Report Cards
- Understanding IEP's (Individual Education Plan)
- Understanding Autism
- Financial Aid & Scholarship Information
- Stress & Your Health
- Other (*What Topic Would You Like Offered*): \_\_\_\_\_

**DEMOGRAPHIC INFORMATION: (Optional)**

From what country is the student descendant of? (for example, Portugal, Brazil, Mexico, Cuba, etc.)

\_\_\_\_\_

Was student born in Canada? Yes  No  If NO, what year did student arrive to Canada? \_\_\_\_\_