



\*This program is funded by the US Department of Education's  
21<sup>st</sup> Century Community Learning Center Program

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

Student's School: \_\_\_\_\_

A COMPLETED APPLICATION MUST CONSIST OF THE FOLLOWING:

ALL SPACES OF THE APPLICATION FILLED IN

- Complete the entire application with your parent(s)
- Complete Student Interest Inventory
- Attached the most recent report card
- Attached most recent Smarter Balanced Assessment Scores
  - **Parent signature on the Choice not Chance Application will permit the counselor to release information regarding your grades and test scores**

Delaware Technical Community College  
300 N. Orange Street, Office E404  
Wilmington, DE 19801  
Phone: (302) 657-5118 Fax: (302) 657-5119

[sw-choicenotchance@dtcc.edu](mailto:sw-choicenotchance@dtcc.edu)

\*Applications will not be reviewed unless completed in their entirety.

**Student/Member Information (Please Print)**

<b>First Name:</b> <input style="width: 95%;" type="text"/>	<b>Middle Name:</b> <input style="width: 95%;" type="text"/>	<b>Last Name:</b> <input style="width: 95%;" type="text"/>
<b>Nick Name:</b> <input style="width: 95%;" type="text"/>	<b>Birth Date:</b> <input style="width: 80%;" type="text" value=" / /"/>	<b>Age:</b> <input style="width: 40%;" type="text"/>
	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Cell Phone:</b> <input style="width: 95%;" type="text"/>	<b>Last 4 of SS #:</b> <input style="width: 40%;" type="text"/>	<b>Email Address:</b> <input style="width: 95%;" type="text"/>

**Ethnicity:**

Hispanic/Latino ___ Yes ___ No ___ American Indian/Alaskan Native ___ Asian/ Pacific Islander ___ Black or African American ___ Caucasian/ white	<b>Membership Type:</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal	<b>Limited English:</b> <input type="checkbox"/> Yes ___ No
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<b>School District:</b> <input style="width: 95%;" type="text"/>	<b>School:</b> <input style="width: 95%;" type="text"/>	<b>Grade:</b> <input style="width: 95%;" type="text"/>
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<b>Member Lives with:</b>	<b>Family Setting:</b>	<b>Check all that apply:</b>
<input type="checkbox"/> Both <input type="checkbox"/> Father & Step Mother <input type="checkbox"/> Father only <input type="checkbox"/> Foster parent/Guardian <input type="checkbox"/> Grandparent/s <input type="checkbox"/> Mother & Step Father <input type="checkbox"/> Mother only <input type="checkbox"/> Other Relative	<input type="checkbox"/> 1 Parent Family <input type="checkbox"/> 2 Parent Family <input type="checkbox"/> Foster/Guardian <input type="checkbox"/> Relative(s) <input type="checkbox"/> Siblings	<input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> Purchase of Care (POC) <input type="checkbox"/> Free or reduced lunch <input type="checkbox"/> Medicaid <input type="checkbox"/> IEP * <input type="checkbox"/> 504 Accommodation*  <i>*please explain below</i>

**Student/Member Medical Information (Please Print)**

<b>Insurance Company:</b> <input style="width: 95%;" type="text"/>	<b>Medications:</b> <input style="width: 95%;" type="text"/>	<b>Medical Problems/Allergies:</b> <input style="width: 95%;" type="text"/>
<b>Insurance Policy Number:</b> <input style="width: 95%;" type="text"/>		
<b>Physician:</b> <input style="width: 95%;" type="text"/>	<b>Physician Phone:</b> <input style="width: 95%;" type="text"/>	<b>IEP or 504 details *</b> <input style="width: 95%;" type="text"/>
<b>Hospital:</b> <input style="width: 95%;" type="text"/>	<b>Hospital Phone:</b> <input style="width: 95%;" type="text"/>	

**Parent/Guardian #1** (Please Print)

<b>First Name:</b>		<b>Last Name:</b>		<b>Gender:</b>	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Family Income:</b>		<b>Address:</b>			
___ 15,001-20,000 ___ 20,001-25,000 ___ 25,001-30,000 ___ 30,001-35,000 ___ 35,001-40,000 ___ 40,001-45,000 ___ 45,001-50,000 ___ Over 50,000 ___ Under 15,000		<input type="text" value="(Line 1)"/>			
		<input type="text" value="(Line 2)"/>			
		<input type="text" value="(City)"/>	<input type="text" value="(State)"/>	<input type="text" value="(Zip)"/>	
<b>Family Size:</b>		<b>Phone Number:</b>		<b>Phone Type:</b>	
<input type="text"/>		<input type="text" value="( )"/>	<input type="text" value="-"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
		<input type="text" value="( )"/>	<input type="text" value="-"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
		<input type="text" value="( )"/>	<input type="text" value="-"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
<b>Employer:</b>		<b>Job Title:</b>		<b>Occupation:</b>	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
<b>Did you graduate from college?</b>		<b>If so, what college?</b>			
<input type="text"/>		<input type="text"/>			

**Parent/Guardian #2** (Please Print)

<b>First Name:</b>		<b>Last Name:</b>		<b>Gender:</b>	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Phone Number:</b>		<b>Phone Type:</b>			
<input type="text" value="( )"/>	<input type="text" value="-"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			
<input type="text" value="( )"/>	<input type="text" value="-"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			
<b>Employer:</b>		<b>Job Title:</b>		<b>Occupation:</b>	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
<b>Did you graduate from College?</b>		<b>If so, what college?</b>			
<input type="text"/>		<input type="text"/>			

**Delaware Technical Community College**

**Choice Not Chance School Year:** \_\_\_\_\_

**Two People Authorized to pick up student/member: (other than parent/guardian)**

**1. First Name**

**Last Name:**

**2. First Name**

**Last Name:**

 

Home  Work  
 Cell

 

Home  Work  
 Cell

**Relationship to member:** \_\_\_\_\_

**Relationship to member:** \_\_\_\_\_

I have read the completed application, understand the rules of the Boys & Girls Clubs of DE (B&GC's of DE) and request that my son/daughter be admitted into the club membership. I have explained the rules to my son/daughter and agree that the B&GCs of DE will not be responsible for any accident to my son/daughter while on the B&GCs of DE premises or while engaged in any of its activities away from the B & G Club. I give my consent for multimedia, interviews and press releases, in which my son/daughter may appear, to be used at the B&G Club's discretion. I hereby grant B&GC's of DE permission to admit the above named child to the hospital for emergency care and grant permission to any hospital or medical facility selected by adult leaders, to carry out whatever treatment, surgery, or anesthesia that is deemed necessary by the physicians or the staff. I also give permission for the school district to release report card, DSTP, educational, behavioral, and attendance data to the B&GCs of DE for purpose of data collection and analysis. I understand that all members 12 years and under must be part of the licensed child care program. I also understand that there is an open door policy for all teen members (13 years and older who are not part of child care) and that the B&GC's of DE will not be held responsible for my child leaving the premises.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Members Signature

\_\_\_\_\_  
Date

FOR INTERNAL USE ONLY (circle all that apply)

21<sup>st</sup> Century

English Tutoring

Math Tutoring

Open Door Policy

Attendance Recovery

Transportation (19805)

Fast Cats/Future Stars

Volunteer

Community Service

Kid Trax ID \_\_\_\_\_

**Choice Not Chance Program**  
**CONSENT AND RELEASE OF INFORMATION CERTIFICATION**

By signing this application, I certify that I have read this application and that the information given is accurate and factual. I give consent for my son or daughter to participate in the Choice Not Chance Program if he or she is selected. I further understand that selection to the program is the responsibility of the Admissions Committee and the decisions of this Committee are final. Additionally, I give consent for my child to participate in all program activities and I also give my consent for my son/daughter to receive routine and/or emergency medical services (if necessary). Moreover, I give permission to the Delaware Technical and Community College for my child to be photographed and/or interviewed by the press or by College personnel for program promotion only.

I authorize the Choice Not Chance Program as well as the College to secure a copy of my child's report card and State Test Scores. Communications with counselors and teachers regarding academic achievement and attendance will be submitted to the Choice Not Chance Program upon request. Falsifying this information will result in the denial of entrance into the program and/or expulsion from the program.

I, the undersigned parent or guardian of, (Print Name) \_\_\_\_\_ hereby grant the College my permission for my child to participate in all of the activities, including those occurring off of property owned or controlled by the College, scheduled for the Choice Not Chance Program. My permission extends to all activities which may occur during the course of the Choice Not Chance Program. My permission includes the transportation provided by the College unless I have indicated otherwise in writing to the College. In the event that I have chosen to arrange my child's transportation to and from the program, I acknowledge that the College, its employees, agents, and trustees, have no liability arising out of and from the transportation of my child to and from these activities.

I further understand that all of the terms, conditions, and information contained in the Choice Not Chance Program application as submitted by me on behalf of my child, including the assumption of the risks of program activities, medical authorization, promotional authorization and such related releases of liability shall apply during my child's participation in the activities occurring off of property owned or controlled by the College scheduled for the program as well as during the College's transportation of my child in conjunction with these program activities.

I understand that my child's participation in these activities carries with it the possible risk of physical injury, including serious disabling injury or even death, to my child. I acknowledge that my child has no physical or psychological problems that would prohibit his/her participation in these activities, and I understand that my child is expected to follow the instructions of B&G and/or College personnel during all program activities. On behalf of my child, I expressly assume all such risk of physical injury or death and hereby release and will hold the Delaware Technical and Community College, its trustees, employees and agents, harmless for any and all liability, including negligence actions, claims, debts and demands of every kind whatsoever which arise directly or indirectly from my child's participation in the program and the transportation provided by the College for my child's participation in program activities. Moreover, I understand that I am fully responsible for any and all losses or damages that my child inflicts upon any person or upon property, whether on or off of College grounds, during my child's participation in all program activities.

I further understand that all of the terms, conditions, and information contained in the Choice Not Chance Program application shall apply and are otherwise in full force and effect during my child's participation in all program activities, whether on or off College grounds, as well as during the College's transportation of my child in conjunction with these program activities.

**I HAVE CAREFULLY READ ALL OF THE INFORMATION ON THIS FORM AND THIS APPLICATION AND VOLUNTARILY AGREE TO ALL TERMS AND CONDITIONS. I AM THE LEGAL GUARDIAN OF THE PROGRAMER AND UNDERSTAND THAT THE INFORMATION, TERMS, AND CONDITIONS CONTAINED ON THIS FORM SHALL SERVE AS A RELEASE AND ASSUMPTION OF LIABILITY FOR MY HEIRS, EXECUTORS, AND ADMINISTRATORS.**

**By signing this application, I certify that I have read and understand this application and that the information given is accurate and factual.**

\_\_\_\_\_  
Parent Name (print)

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Student Interest Inventory

**Please answer in your own handwriting.**

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

What are your plans for after High School?

\_\_\_\_\_ Employment

\_\_\_\_\_ College

\_\_\_\_\_ Other (i.e. - military aspirations, vocational and technical training)

**Please explain why you selected the above goal:**

How do you plan to achieve your goal?

What would you like to learn (gain) while in the Choice Not Chance Program? (help with homework, learn about career options, make new friends, self-confidence, etc.)

Can you commit to coming to the program at least 3 times per week?

Yes ( ) No ( )

\*By signing below you are agreeing to participate in the Choice Not Chance program and give your full commitment.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## “Choice Not Chance” Participant Survey

**Please read each question carefully and completely fill in the appropriate box.**

*If you have any further suggestions, feel free to write on the back of this form.*

Name \_\_\_\_\_ Date \_\_\_\_\_

**1. What kind of grades do you usually earn?**

- ( ) Mostly A's      ( ) B's and C's      ( ) Mostly D's  
 ( ) A's and B's      ( ) Mostly C's      ( ) D's and F's  
 ( ) Mostly B's      ( ) C's and D's      ( ) Mostly F's

**2. Indicate what subject you need assistance with.**

Reading \_\_\_\_\_ English \_\_\_\_\_ Math \_\_\_\_\_

**3. Rate the following statements:**

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
A. I finish and turn in my homework in on time.	( )	( )	( )	( )	( )
B. I think doing well in school is important.	( )	( )	( )	( )	( )
C. I plan ahead for things that need to be done.	( )	( )	( )	( )	( )
D. I keep trying when things become difficult.	( )	( )	( )	( )	( )
E. I set goals.	( )	( )	( )	( )	( )
F. I know how my college education will be paid.	( )	( )	( )	( )	( )
G. I have researched colleges that I might want to attend.	( )	( )	( )	( )	( )

**e-School information:**

**Login:** \_\_\_\_\_

**Password:** \_\_\_\_\_