



What is KidsCode?

KidsCode is a cutting edge curriculum we utilize to teach students in grades 4-8 STEM through programming. Our curriculum is designed for both in-school contracts and after school programs, and our differentiator is that we scaffold on new programming knowledge to apply STEM concepts to real-world applications. These are the primary goals:

- Fun, engaging way for students to meet S.T.E.M. requirements
- Students learn the foundations of programming
- Students learn to use programming for problem solving techniques and strategies
- Students learn how to apply S.T.E.M. in real-world applications
- Leads to increases in both math and language scores

How do you reach these goals?

Our program is delivered in three phases, each scaffolding on the last.

- **Foundations** – Using graphical programming tools like Scratch (hour of code), students are taught programming concepts
- **Problem Solving** – Using programming methods to solve problems, i.e., math and physics equations, game design, supply and demand.
- **Application** – Applying learning outcomes to create useful and innovative projects, i.e., web design (HTML5), robotics, controls, software applications

Want more information?

Fill out this packet and **signup on the KidsCode website** to be invited to an orientation:

<http://Kids-Code.org>

Shawn Wilkinson

KidsCode Manager, Computer Mentors Group, Inc.

kids-code@computermentors.org

(m) 352-942-6184



Student Information – All Information Is Confidential

First Name: _____ Last Name: _____

Birth Date (Month/Day/Year): ____/____/____ Sex (Circle One): M F

School: _____ Student Number: _____

Current Grade: 4 5 6 7 8 9 10 11

Student Email Address: _____

Student Cell Phone: _____

Ethnicity: Hispanic or Latino? Yes No

Race:

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> American Indian/Alaskan Native and White | <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> American Indian/Alaskan Native and Black | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian and White | |

Emergency Contact Information

Name: _____

Relationship to Student: _____

Contact Phone Number: _____

I, the undersigned, attest that the information contained within this application is true to the best of my knowledge. I have read the authorizations and release of liability statements on the back of this form and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



Family Information Form – All Information Is Confidential

Parent/Guardian Names: _____

Student Address: _____ City _____ Zip Code _____

Relationship to Student: _____

Parent Cell Phone: _____ Parent E-mail: _____

My residence is within the City of Tampa City limits? Yes No (Response does not affect eligibility)

Annual Household Income: \$ _____

Free or Reduced Lunch? Free Reduced Full Price

Total in Household: _____

Highest Level of Education in Household:

Number of Adults in Home: _____

Some or No High School Technical Certificate

Number of Children under Age 5: _____

High School Diploma/GED Associate's Degree

Number of Children Ages 6 to 13: _____

Some College Advanced Degree

Number of Children Ages 14 to 18: _____

Bachelor's Degree

Household Structure:

- Female (Single) Head of Household
- Male (Single) Head of Household
- Other Relative/Kinship Care
- Dual 2 Parent Household
- Dual 2 Other-Relatives/Kinship
- Other

Does the student have his/her own personal computer? Yes No

Is there Internet connection in the home? Yes No

How Did You Hear About This Program?

- Other Student or Parent
- CMG Staff
- Newspaper/TV/Radio
- School District
- Court System
- Other _____

I, the undersigned, attest that the information contained within this application is true to the best of my knowledge. I have read the authorizations and release of liability statements on the back of this form and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.



Parent Signature: _____ Date: _____

Bill of Student Rights & Responsibilities

Student Responsibilities

Responsible behavior in the KidsCode Program by each student is the only way in which the rights set forth in this document can be preserved. Violation of responsibilities may lead, in accordance with the Discipline Code, to disciplinary measures.

Students have a responsibility to:

1. Attend regularly and punctually *and to inform staff if unable to attend*;
2. Be prepared for the program with appropriate materials.
3. Follow program regulations regarding entering and leaving CMG building and property;
4. Help maintain an environment free of weapons, illegal drugs, controlled substances and alcohol;
5. Behave in a manner that contributes to a safe learning environment and which does not violate other students' right to learn;
6. Show respect for CMG property, properly maintain CMG equipment, and respect the property of others, both private and public;
7. Be polite, courteous and respectful toward others regardless of actual or perceived age, race, creed, color, gender, gender identity, gender expression, religion, national origin, citizenship/immigration status, sexual orientation, physical and/or emotional condition, disability, marital status and political beliefs, and refrain from making slurs based on these criteria;
8. Promote good human relations and build bridges of understanding among the members of the CMG community;
9. Use non-confrontational methods to resolve conflicts;
10. Refrain from obscene and defamatory communication in speech, writing and other modes of expression in their interactions with the CMG community;
11. Adhere to the guidelines established for dress and activities on CMG property and in assigned training environments;
12. Provide leadership to encourage fellow students to follow established CMG policies and practices;
13. Keep parents informed of CMG-related matters, including progress in the Youth Program, social and educational events, and ensure that parents receive communications that are provided by staff to students for transmittal to their parents.



The Right To Due Process

Every student has the right to be treated fairly in accordance with the rights set forth in this document.

Students have the right to:

1. Know what is appropriate behavior and what behaviors may result in disciplinary actions;
2. Be counseled by members of the professional staff in matters related to their behavior as it affects their education and welfare within the KidsCode Program;
3. Know possible dispositions and outcomes for specific offenses;
4. Receive written notice of the reasons for disciplinary action taken against them in a timely fashion;
5. Due process of law in instances of disciplinary action for alleged violations of program regulations for which they may be suspended or removed from by the CMG Executive Director, Program Manager, or any other assigned authority;
6. Know the procedures for appealing the actions and decisions of CMG management with respect to their rights and responsibilities as set forth in this document;
7. Be accompanied by a parent/adult in parental relationship and/or representative at conferences and hearings;
8. The presence of program staff in situations where there may be police involvement.

Discipline Code

First Offense

The KidsCode Program staff will hold a conference with the student to provide clarification of the program's purpose and the student's rights and responsibilities and document the discussion.

Second Offense

The KidsCode Program staff will contact a parent or guardian to inform him/her about the student's non-compliance with the program guidelines and document the discussion.

Third Offense

The Program Director will use their discretion to determine if the program is a good fit for the student, and decide on withdrawing the student.

Student Signature

I have received a copy of the ***Student Rights and Responsibilities and Discipline Code***, and understand this contract. I agree to follow the rules of behavior. (Please Print)

Student Name: _____

Signature: _____



Parent Signature

I have received a copy of the *Discipline Code and Bill of Student Rights and Responsibilities*. I will support its implementation and wholly understand the behavior that is required of my child.

I agree to help my child follow this agreement by:

- Encouraging my child to be a respectful and peaceful member of the program and its community
- Discussing the contents of the Bill of Student Rights and Responsibilities with my child
- Participating in any discussions and decisions concerning my child's education
- Attending scheduled appointments with program staff
- Providing the program with current telephone numbers and emergency contact information

Parent/Guardian Name: _____

Signature: _____

Date: _____



Hold Harmless Agreement between Computer Mentors Group, Inc. and:

Student Name _____

Parent/Guardian Name _____

Physical Address (no Post Office Box) _____

City _____ State _____ Zip _____

Phone Number _____

I, (Print Name) _____, grant the above named student permission to participate in the KidsCode Program provided by Computer Mentors Group, Inc. I understand that my student will be provided free computer training. I understand and accept that my student's participation in this Program is required in order for him/her to be provided with agreed upon incentives throughout the computer training. These incentives are contingent upon his/her compliance with all of the rules, policies, and attendance guidelines. I further understand that my student's failure to comply with stated rules and regulations may result in his/her forfeiture of the said incentives throughout the program.

In consideration of permission for my student's participation in the KidsCode Program, I do hereby release and discharge Computer Mentors Group, Inc., its agents, officers, and employees from any and all claims, demands, grievances, and causes of action of every kind whatsoever, including, but not limited to, all liability for property damages and personal injury of every kind as part of said program. I agree to indemnify and hold harmless Computer Mentors Group, Inc., KidsCode Program, Board members, officers, employees and volunteers from any claims, liability, loss or expense, including reasonable attorney's fees, suffered by any of the foregoing indemnities and arising out of a claim related directly or indirectly to my student's enrollment and participation in the KidsCode Program.

I understand that this hold harmless agreement also requires that Computer Mentors Group, Inc. is indemnified from any losses or damages resulting from the acts or omissions from any guest, participant, visitor or other person participating in the KidsCode Program herein referred to.

DATED this _____ day of _____, 20_____.

Parent/Guardian Signature

Parent/Guardian Printed Name



Parent/Guardian Consent to Services and Release of Information

Computer Mentors Group, Inc. is a not-for-profit agency dedicated to implementing positive programs in our community including the KidsCode Program. Participation in the program is voluntary and all services provided are free.

To ensure that the program delivers excellent services to all students we will regularly be collecting information. Information to be collected will include school records including grades, standardized test scores, disciplinary records, and school attendance records. Students and parents/caregivers *may* also be given surveys. These forms of information are requested from all students so that the program can perform at its best and grade its achievements. Further, on a voluntary basis some students will be interviewed about their views on the KidsCode Program.

All information collected is confidential and no information will be released with students' names or any identifying information. Furthermore, this information will only be retained for the period of the program evaluation or one year, whichever comes first.

I, the legal parent or guardian of _____ give permission for his or her participation in the KidsCode Program.

I fully understand that my student must satisfy behavior and attendance requirements to remain in the program and receive any student incentives.

I further grant permission for the release of student information about my child by the Hillsborough County Public Schools to the Computer Mentors Group, Inc. for the KidsCode Program.

_____	____/____/____	
Parent/Guardian Signature	Date Signed	
_____	____/____/____	_____
Student Name	Date Signed	Student Number



Student Assent to Services and Release of Information

Computer Mentors Group, Inc. is a not-for-profit agency dedicated to implementing positive programs in our community including the KidsCode Program. Participation in the program is voluntary and all services provided free.

To ensure that the program delivers excellent services to all students we will regularly be collecting information. Information to be collected includes, but is not limited to school records, including grades, standardized test scores, and school attendance records. Students and parents/caregivers *may* also be given surveys.

I, _____ have decided to participate in the KidsCode Program.

I fully understand that I must satisfy behavior and attendance requirements to remain in the program and receive any student incentives.

_____/_____/_____
Student Signature Date Signed Student Number

MEDICAL INFORMATION

Family Physician/Clinic _____ Location _____ Phone # _____

Health Statement: (to be completed by Parent/ Legal Guardian) Please note that the **Computer Mentors** does **not** administer medications. Are there any medical or psychiatric conditions that the Computer Mentors staff should be made aware of in order to provide for the safety of your child? (i.e. allergies, asthma, epilepsy, diabetes, ADD, etc.) YES___NO___

If yes, please explain below. Please include any information which would be helpful to us in serving your child’s best interests.



Photography Consent Form / Release

I, (print name) _____, parent or official guardian of (student's name) _____, hereby grant permission to Computer Mentors Group Inc. to take and use: photographs and/or digital images for use in news releases and/or educational materials. These materials might include printed or electronic publications, Websites or other electronic communications. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Computer Mentors Group, Inc.

(Signature of Parent/Guardian)

Date

(Physical Address)

(City, State, Zip)