



## Overview

Face to Face Enrichment Center was established in September 2006 to meet the needs of the community's most disadvantaged populations.

The name of this program:



Aim High

## What is AIM HIGH?

Aim High involves a concerted focus on specific risks and needs, in an attempt to remove individual barriers faced by justice-involved youth. The program provides an array of services, such as counseling, life skills training, and academic support.

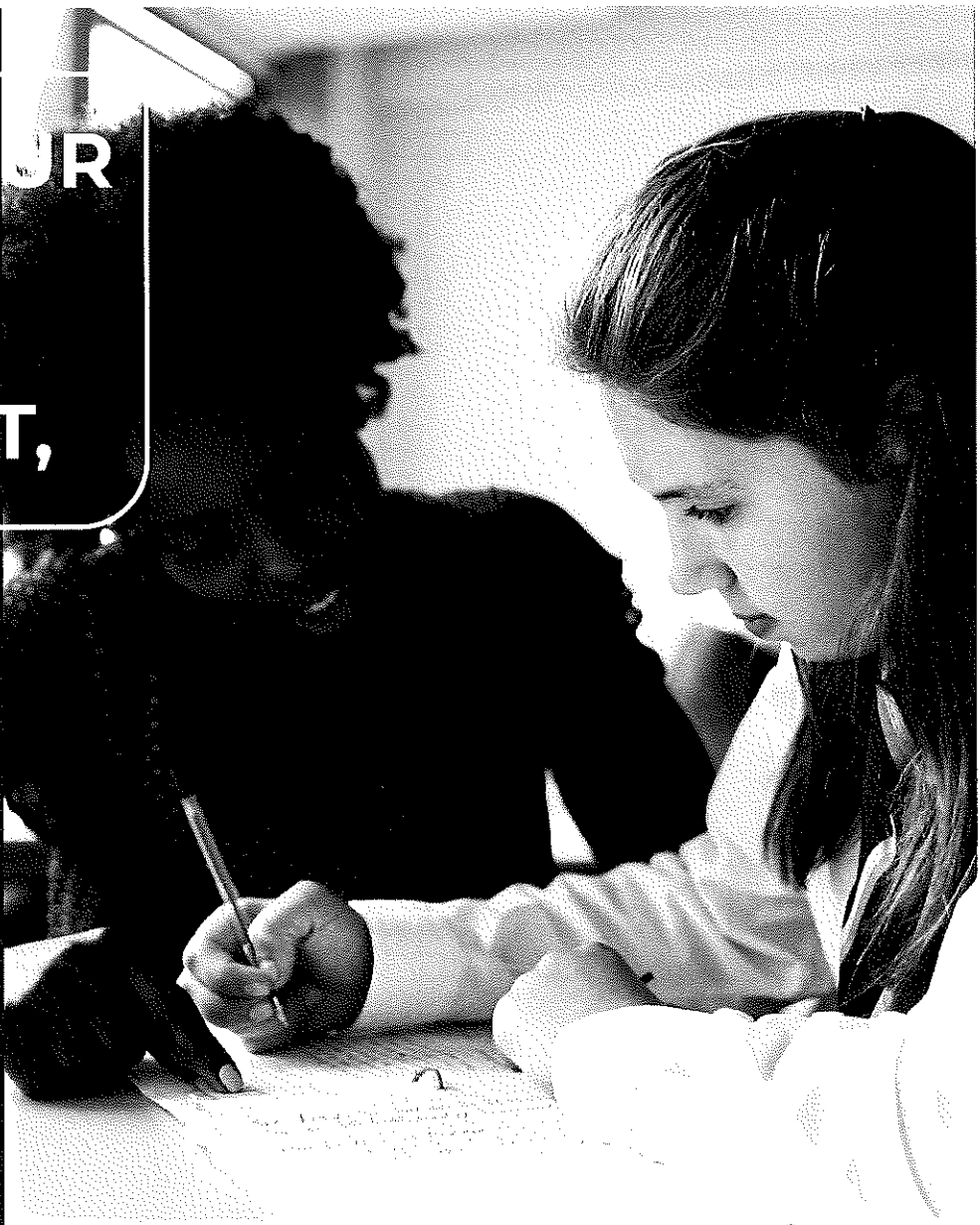
Counseling services will be provided by partnering counseling agencies.

# THROUGH OUR ACADEMIC SUPPORT COMPONENT,

youth will become more independent learners. Academic tutors provide individual and group tutoring to youth across a broad range of courses based on their personal area of expertise.

Three goals have been identified for the program:

- 1) Divert at-risk youth from the juvenile justice system
- 2) Reduce the number of chronic juvenile offenders
- 3) Increase protective factors for youth.



Our Life Skills Curriculum covers the following areas:

- Anger and conflict management
- Secrets of finding a job and keeping it
- Achieve your dreams using new time management skills
- Disarming the substance abuse self-destruct button
- Long term dangers of guns and violence
- Heads up on abusive sexual behavior
- Communication skills - non-verbal and verbal
- Relationship skills - sharing your feelings and more
- Building personal self esteem
- The skills needed for controlling your emotions
- Managing your money - credit cards and more
- Steps leading to a happy, successful, and meaningful life

Aim High is offered at our Hammond office located at



902 JW Davis, Hammond,  
LA 70403



985.345.8850



844.567.2491



[www.FaceToFaceCenter.org](http://www.FaceToFaceCenter.org)



[FaceToFaceCenter@yahoo.com](mailto:FaceToFaceCenter@yahoo.com)

<b>Staff Use Only:</b>  Date Accepted _____
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**Face to Face Enrichment Center**  
**Diversion Services**  
**Aim High Application**  
 (To Be Completed by the Parent/Guardian)

**Personal Information**

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Youth's Social Security Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Youth: Mother \_\_\_ Father \_\_\_ Other, specify: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Ethnicity: White: \_\_\_ Hispanic: \_\_\_ African American: \_\_\_ Asian: \_\_\_ Other: \_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list all members of your household:

Name	Gender	Age	Relationship to Applicant

**Application Questions**

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Is your child currently or previously involved in the juvenile justice system?
2. Was your child referred to the program? If so, by who or what agency?
3. Briefly describe your expectations for our program.

4. Is your child able to attend life skills sessions?
  
5. Is your child able to attend academic tutoring sessions?
  
6. Do you think that your child can benefit from counseling?
  
7. Is transportation a barrier for your child to attend sessions? If so, please explain.
  
8. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:
  
9. Is your child currently having any problems either at home or school?
  
10. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.
  
11. Can you provide any additional background information that may be helpful to us in ensuring your child receives the maximum benefits of participating in the program?

**Medical History**

Name of Primary Care Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Does your son/daughter have any physical problems or limitations?

Is your son/daughter currently receiving treatment for any medical issues?

Is he/she currently on any type of medication? If so, please specify.

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son/daughter have any emotional issues or problems right now?

Is your son or daughter currently seeing a counselor or therapist?

Therapist's Name: \_\_\_\_\_

**Please initial each of the following**

\_\_\_\_\_ I give my informed consent and permission for my child to participate in Face to Face Enrichment Center's diversion initiative and its related activities.

\_\_\_\_\_ I agree to have my child follow all program guidelines and understand that any violation on my child's part may result in suspension and/or termination from the program.

\_\_\_\_\_ I release Face to Face Enrichment Center and its program partners of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any volunteer, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

\_\_\_\_\_ (optional) I agree to allow Face to Face Enrichment Center and its program partners to use any photographic image of my child taken while participating in the diversion program. These images may be used in promotions or other related marketing materials.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

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

\_\_\_\_\_  
Date

Please return the completed application to:

**Hammond Location**  
**Face to Face Enrichment Center**  
**902 JW Davis**  
**Hammond, LA 70403**

Or Fax To:

**844-567-2491**

Face to Face Enrichment Center  
Hammond: 902 J W Davis Hammond, La 70403  
Phone: 985-345-8850  
Fax: 844-567-2491  
Email: FacetofaceCenter@yahoo.com



## Aim High Tutoring Agreement in Conjunction with the Face to Face Enrichment Center

THE PARTIES TO THIS AGREEMENT ARE:

Name of Student: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Contact Number and Email: \_\_\_\_\_  
\_\_\_\_\_

Whereas the Tutor shall provide tutoring to the student in the following subject(s):  
\_\_\_\_\_

**TARDINESS:** If a student is more than 15 minutes late to a session without any notification to the tutor, the session will be cancelled.

**CANCELLATION OF LESSONS BY STUDENT:** The tutor shall be notified as soon as possible if a cancellation is needed. Please allow the Tutor a 2-hour notification of cancellation prior to the appointed arrival time.

**PLEASE NOTE:** If a student is more than 15 minutes late to a session without any notification to the tutor, the session will be cancelled.

### **OBLIGATIONS OF THE TUTOR**

- ❖ The Tutor shall keep confidential all information of the student and shall contact other parties involved in the education of the student only if given written permission by the Parent to do so.
- ❖ The Tutor shall at no time be required or obliged to execute homework or assignments on behalf of the student.

**NO WARRANTIES:** AIM makes no promises or warranties with regards to a student's performance as a result of any tutoring provided.

**SESSIONS:** Sessions will be designed to address the learning needs of the student. Homework support will be provided if requested.

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**PLEASE NOTE:** Rude and disrespectful behavior will not be tolerated.

**TERMINATION:** This tutoring agreement may be terminated by either party at any time.

**WHOLE AGREEMENT:** This agreement constitutes the entire understanding between the parties regarding the subject matter thereof, and the parties waive the right to rely on any alleged expressed or implied provision not contained herein. Any alteration to this agreement must be in writing and signed by both parties.

**MINORS:** Where the Student is a legal minor, the Parent/Guardian shall enter this tutoring agreement on behalf of the student and shall accept and agree to all the terms and conditions contained herein on behalf of the student.

**Drop Off/Pick Up:** All Parents/Guardians are required to drop off and pick up their child(ren) at the appointed tutoring time.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 22 on behalf of the student who is a legal minor.

Parent/Guardian Name:

\_\_\_\_\_

Face to Face Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 22 .

Agencies making referral: \_\_\_\_\_ Rep/Title: \_\_\_\_\_

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 22