



Teen Tech Network

People's Emergency Center - Center for Digital Inclusion & Technology
3939 Warren St. Philadelphia, PA 19104 | Phone: 267.777.5845 Fax: 267.777.5887 | Email: di@pec-cares.org

@ Student Application (to be completed by parent/guardian) Today's Date: _____

Student Information:

Student Name: _____ Date of Birth: _____
Student Email: _____ Student Home Ph. #: _____
Student Mobile: _____ Race/Ethnicity: _____
Address: _____ Zip: _____

School Information:

School: _____ Student ID: _____
Grade Level: _____ Teacher/Counselor: _____
School Last Year (if different from current): _____

Parent Information:

Parent/Guardian Name: _____
Address: _____
Parent Home Phone: _____ Parent Mobile: _____
Parent Email: _____
Parent/Guardian Occupation (Optional): _____
Monthly Income: _____ Number of household members: _____

Does the student have a computer at home? _____ If yes, how many? _____

If not, has the student owned a computer before? _____

What is the condition of the home computer(s): **Excellent/New** **Good** **Poor/Old**

Is there internet access at home? **Yes** **No**



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@ *Transportation Permission Slip* (*to be completed by parent/guardian*)

The Teen Technology Network afterschool program will take place at **699 Ranstead Street, Philadelphia, PA 19106.**

- I acknowledge that PEC program staff and instructors are not responsible for transporting students to or from class.
- In the event of a field trip only, PEC has permission to transport my child to and from the visiting site to Families First.

SIGNED: _____ DATE: _____
(Parent or legal guardian)

Students may have the opportunity to go on a class trip. Further details about this trip are forthcoming. If you should have any questions and/or concerns regarding this permission slip, please feel free to call us at 267.777.5845, or email us at di@pec-cares.org.



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@ **Medical Permission Slip** *(to be completed by parent/guardian)*

Name: _____ Age: _____ DOB: _____ Grade: _____

Address: _____ ZIP: _____

Parents' Names: _____

Home Phone: _____ Cell: _____ Work: _____

Emergency Contact: _____ Relationship to student: _____

Emergency Contact Phone: Home #: _____ Cell #: _____

Does the student have any allergies or medical problems?

Does the student take any medications? (Please list medication name and what it is used for.)

I give _____ permission to attend the TTN Program
(name of student)

sponsored by People's Emergency Center (PEC), with offices located at 3939 Warren Street. I, hereby, also give permission for my son/daughter to receive any medical treatment deemed necessary by one of the sponsors. I do hereby release, acquit, discharge, and covenant to indemnify and hold harmless PEC from any and all actions and causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment or accident, financial responsibility for all medical treatment or accident, and financial responsibility for all medical treatment provided during attendance of any activities and trips through PEC.

SIGNED: _____ DATE: _____
(Parent or legal guardian)

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@ Permission to Use Photographs and Video *(to be completed by parent/guardian)*

I give my permission for the use of photographs and video taken of me and/or my children at People's Emergency Center. These photographs may be used to describe PEC's and/or PECCDC's programs in any proposals or presentations in any form, including slides, news articles, or websites. Only first names will be used in any publication, and no student's personal details will be published unless express permission is granted by a parent or guardian.

My permission is given without restriction. I hereby relinquish all rights to the final use of these photographs.

Name: _____

Signature: _____

Date: _____

Names of Children:



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@ Report Card Release Form (*To be completed by parent/guardian*)

For data tracking purposes, it is important that PEC receive **a copy of the report card your child received BEFORE starting TTN as well as the report card they will receive AFTER completing the program.**

In order for your child to be eligible for the free end-of-program computer, we must receive a copy of his or her pre-program report card and post-program report card.

By signing below, I authorize PEC to access my child's pre- and post-program grades through his/her school counselor or me directly.

I, _____, agree to the terms stated above in reference to my
(Print name of parent or guardian) child, _____.
(Print name of child)

SIGNED: _____ **DATE:** _____
(Parent or legal guardian signature)



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@ *Student Statement* *(to be completed by student)*

Describe your interests in Technology, Media, and Computers.

Describe the role that technology, media, and computers has in your life now.



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@ Behavior Agreement *(to be completed by parent/guardian AND student)*

PEC staff is committed to a safe and productive environment. By signing, each participant agrees to adhere to the rules discussed on the first day of class. TTN participants are encouraged to explore and practice creativity, healthy communication, critical thinking, interest in learning new skills, and confidence in computer technology.

Certain types of behavior will not be tolerated in class and PEC staff will adhere to a strict escalation procedure to address violations of the signed TTN behavior agreement. Certain types of behavior could result in parental phone calls, loss of the end-of-program computer, or immediate expulsion from the program.

The following types of behavior are banned from the TTN classroom:

- Not following instructions in a timely manner
- Cursing or verbal abuse of other students
- Throwing objects in the computer lab
- Bullying or fighting of any kind
- Browsing the internet or listening to music during lessons
- Causing physical damage to property
- Excessive tardiness and absence (i.e. missing more than 3 classes)

I, _____, agree to honor the TTN Behavior Agreement. I understand that if I violate these rules I may be asked to leave the program and forfeit my right to the end-of-session computer.

SIGNED: _____ DATE: _____
(Parent or legal guardian)

SIGNED: _____ DATE: _____
(Student)

If you have any questions or concerns regarding this agreement, please contact us at 267.777.5845, or email us at di@pec-cares.org.



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@ Parent/Guardian Agreement *(to be completed by parent/guardian)*

In order for TTN to be a productive learning environment for your child, we ask each Parent/Guardian to honor the following requests:

- Submit student's report card as part of this application, and submit another report card at the TTN graduation ceremony in order to be eligible for free computer.
- Attend TTN orientation and graduation.
- Either attend parent/guardian conference evening during middle of program cycle, or schedule an in-person individual meeting or phone call with the TTN instructor to go over student progress and performance.
- Participate in FamilyNET workshop administered by the School District of Philadelphia to learn how to access your child's academic progress online.

I, _____, agree to follow the TTN Parent/Guardian Agreement. I understand that if I do not comply with this agreement, my child may be asked to leave the program and forfeit his/her right to the end-of-session computer.

SIGNED: _____ DATE: _____
(Parent or legal guardian)

If you have any questions or concerns regarding this agreement, please contact us at 267.777.5845, or email us at di@pec-cares.org.