

**STARTING POINT
Out of School Time
Program Information Form**

For Office Use Only

Staff Name: _____ **Program ID No.** _____

Date Received: _____ **Date Entered:** _____

Program Name: _____

Site Address: _____

City: _____ **Zip:** _____ **County:** _____

Mailing Address: _____

City: _____ **Zip:** _____ **County:** _____

Program Contact Person: _____

Program Phone: () _____ **ext.** _____

Fax #: () _____ **E-Mail Address:** _____

Website: _____

Update Method: Phone Fax Postal Mail E-Mail

For Starting Point Information Only

Administrative Contact Person: _____ **Phone:** () _____ **ext.** _____

Accepted Age Range: **From:** [] Years **To:** [] Years

Days	Start Time	End Time
<input type="checkbox"/> Monday	[]	[]
<input type="checkbox"/> Tuesday	[]	[]
<input type="checkbox"/> Wednesday	[]	[]
<input type="checkbox"/> Thursday	[]	[]
<input type="checkbox"/> Friday	[]	[]
<input type="checkbox"/> Saturday	[]	[]
<input type="checkbox"/> Sunday	[]	[]

Schedule: *(Please Check one only)*

Operates:

Full Year School Year Only Summer Only

Open Holidays:

Yes No

Scheduling _____

Comments: _____

Program Fees *(Please Check all that apply)*

Sliding Fee Scale Sibling Discount Registration/Application Fee

Scholarship No Fee Meal/Snack Fee Supply Fee

Comments: _____

Out of School Time Program Capacity:

Does your program have a maximum capacity?

Yes

No

Youth/Adult Ratio

If yes, please indicate your maximum capacity: _____

Languages:

(Please check all that apply)

English

Spanish

Asian

American Sign Language

Hebrew

Russian

Arabic

Other

Transportation:

(Please check all that apply)

Transportation Provided

Near Public Transportation

Walking Distance to School

Bus Tickets

Specifics on bus routes/information on main intersections: _____

Physical Location

Faith-based Building

School Building

Social Service Agency

of Program:

College/University

Community Center

Library

Out of School

(Please check all that apply)

Time Activities:

Academic Achievement/Tutoring

Pregnancy Prevention/HIV & STDs Prevention

Substance Abuse Prevention

Social Skills/Self-Esteem Building

Physical Activity/Athletics/Nutrition

Exposure & Enrichment Programming

Leadership/Civic Engagement

Cultural Awareness/Self-Concept Programming

Arts & Culture

Career Exploration/Workforce Development

Other: _____

Additional _____

Program Notes: _____

Meals/Snacks:

(Please check all that apply)

Breakfast

Lunch

Afternoon Snack

Dinner

USDA Food Program

Professional

(Please check all that apply)

Development:

College Degreed

College Courses

Workshop/Training

Other

Affiliation:

For Profit

Non Profit

Update Completed by: _____

Date Completed: _____

Best time to reach: _____

am/pm

Please mail or fax the completed form to **Starting Point, 4600 Euclid Avenue, Suite 500, Cleveland, OH 44103**

216-575-0102 (Fax). This form is also available online at www.starting-point.org. If you prefer to speak with someone

directly, contact us at **216-575-0061** or **1-800-880-0971**. Thank you!