



**NHL at SJUCC**  
**Application for Acceptance and Scholarship -Parental/Guardian Permission**

**General Information**

**What:** The Nancy Hackworth Literacy (NHL) Initiative at SJUCC (St. John's United Church of Christ) is an outreach program that provides literacy coaching for students ages 5 – 12. Our purpose is to support students by increasing their confidence in reading which we believe will improve their academic success. If you think your child is a good candidate for acceptance to the NHL at SJUCC please complete the form below answering all questions and return it to: The Nancy Hackworth Literacy (NHL) Initiative at SJUCC, 801 S. Mechanic St, Jackson, MI 49203.

**Where and When:** Literacy coaching will take place after school or on weekends at the Nancy Hackworth Library at SJUCC, 801 S. Mechanic St, Jackson, MI at mutually agreeable dates and times between the coach, student and SJUCC.

**Transportation:** It is the responsibility of the Parent/ Guardian to provide transportation to and from coaching sessions for the student. Coaches are not permitted to drive students home.

**24 Hours' Notice:** Please provide at least 24 hours' notice if student will miss a coaching session. Coaches is to be contacted directly via text or email to inform them of cancellation. Coach contact information will be provided.

**Please Note:** If more than two (2) sessions are missed without 24 hours' notice, student may lose coaching session time and/or continued participation in the NHL initiative.

**Student and Parent/Guardian Information**  
**Please complete all information and answer all questions**

School:			Teachers Name:	
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Students Name:		Age:		Birthdate:		Grade:	
Address:							

Parent/Guardian:		Relationship to Student:	
Phone Number:		Cell Number:	
Address:		Email:	

Parent/Guardian:		Relationship to Student:	
Phone Number:		Cell Number:	
Address:		Email:	

In order to better serve your child, may we view your child's school records such as grades, attendance and test scores? YES or NO (circle one)
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May we talk to your child's teacher and/or guidance counselor to get additional educational information? YES or NO (circle one)
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May we use a picture of your child and his or her coach in a brochure, newsletter, website or social media about the NHL at SJUCC and for celebrating student achievement ? YES or NO (circle one)
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Please include any additional information about your child below that might be helpful to us.  
All information will be kept confidential.

**Permission to Participate if Application Accepted**

My child/student (whose name is referenced above) has my permission to participate in The Nancy Hackworth Literacy (NHL) Initiative at SJUCC (St. John's United Church of Christ). Students must comply with all safety procedures and policies and code of conduct while taking part in this program.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**No Express or Implied Warranty.**

THERE ARE NO WARRANTIES OR GUARANTEES, EXPRESS OR IMPLIED, RELATING TO THE NHL at SJUCC, SERVICES OR PRODUCTS TO BE PROVIDED HEREUNDER, OR ANY PROSPECTS OR OUTCOME THEREOF. THE NHL at SJUCC DISCLAIMS ANY AND ALL, AND PARENT/GUARDIAN OF STUDENT ACKNOWLEDGES AND AGREES THAT THERE ARE NO, REPRESENTATIONS, WARRANTIES, COVENANTS, OR CONDITIONS, WHETHER EXPRESS, IMPLIED, ARISING AT LAW, IN EQUITY, OR BY CUSTOM OF TRADE, STATUTORY OR OTHERWISE, ORAL OR WRITTEN, INCLUDING WITHOUT LIMITATION, THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, NON-INFRINGEMENT, TITLE OR QUIET ENJOYMENT.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**More Information about the NHL and SJUCC**



Nancy Hackworth was a graduate of Jackson College and EMU and retired from the Jackson Public Schools after 30 years of service. Among her lifelong pillars were reading, teaching and church. The NHL at SJUCC was established in her memory by the Hackworth Family in 2022.

SJUCC was established in Jackson in 1883. Current community service partners include NAACP, Red Cross, Head Start, Nation Outside, MyPlace, Community Action Agency, Dungytrees Heritage Foundation and many others. Also, a monthly Community Dinner, Food Pantry, Baby Sprinkle and annual Community Baby Shower serve the community.



**Below for Office Use Only**

Applicant Number:	
Date Application Received:	
Initial Review by:	
Final Review by:	
Date all Reviews Completed:	

Recommend for Acceptance to NHL at SJUCC?  
**YES NO** Initials: \_\_\_\_\_

Return this completed form to

St. Johns UCC, 801 S. Mechanic St, Jackson MI 49203 or scan and email to [albertsteck8@gmail.com](mailto:albertsteck8@gmail.com)

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Students Name:		Birthdate:	
Address:	number and street	city	state zip code
parent/legal guardian name		home phone	parent/legal guardian name home phone
home address (if not same as childs)		cell phone	home address (if not same as childs) cell phone
city	state zip code	city	state zip code
email address		email address	
employer name		work phone	employer name work phone
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number	
Hospital Preferred for Emergency Treatment (optional)			
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)			
<b>Emergency Contact &amp; Release of Child:</b> List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)			
1-	phone 1	phone 2	
2-	phone 1	phone 2	
3-	phone 1	phone 2	
<b>Release of Child Only:</b> List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)			
1-	phone	2-	phone
3-	phone	4-	phone
<b>Parent/Legal Guardian Initials:</b> _____ I give permission to Nancy Hackworth Literacy initiative at St. John's United Church of Christ to secure emergency medical treatment for the above named minor child while in care.			
<b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form. I also agree with the following:</b> 1 - provide transportation to and from coaching sessions for the student. Literacy coaches are not permitted to pick up or drive students home. 2 - escort students to the coaching location inside SJUCC. Literacy coaches are not permitted to meet student at the exterior door. Directions to coaching location inside SJUCC will be provided. 3 - drop off student on time at the beginning of the coaching session. 4 - pick up students at the coaching location inside SJUCC. Literacy coaches are not permitted to escort students to the exterior door. Directions to coaching location inside SJUCC will be provided. 5- pick up student on time at the conclusion of the coaching session. Literacy coaches will advise parent at what time student is to be picked up. 6 - provide at least 24 hours' notice if student will miss a coaching session. Coach is to be contacted directly via text or email to be informed of cancellation. Coach contact information will be provided.  <b>A- If Parent/Guardian does not appear on time to pick up student, coach will call the parent first, then call each emergency contact on this information form. If no one can pick up the child and coach has not heard from the parent, we will then call CPS @ 855-444-3911 after 30 minutes has elapsed from the scheduled pick up time.</b> B - If two (2) sessions are missed without 24 hours' notice, student may lose tutoring time and/or continued participation in the NHL initiative. C - Photo ID of Parent/Guardians and Emergency Contact must be provided for identification and safety purposes. Confidentiality will be maintained by NHL at SJUCC.  <b>Signature of Parent or Guardian:</b> _____ <b>Date Signed:</b> _____			
Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
<b>Return this completed form to</b> <b>St. Johns UCC, 801 S. Mechanic St, Jackson MI</b> <b>or scan and email to albertsteck8@gmail.com</b>			