

Nonprofit Resources

Youth Development Program
Student Intake Process



Compliments of Merge Education

Nonprofit Resources

Student Intake Process

(excerpt from *Risks Worth Taking*)

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Additional publications by Merge Education:

Venturing Together: Empowering Students to Succeed (a two-book volume)

Book One: *Fanning an Inner Flame: A Case for the Effectiveness of the Creative Arts in Human Services and Education*

Book Two: *Enlivening the Creative Spirit: A Strengths-based Educational & Mentoring Approach Using the Creative Arts*

Play By Heart (Music Curricula)

SETS: Student Evaluation & Tracking System

(After-school assessment software)

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Student Application/Intake Process

- Student's support person (Parent/Guardian, Staff, Social Worker, or Counselor) contacts Program Director to initiate application process for student. Program Director uses the Inquiry Form to take notes during conversation.
- Program Director emails/mailed/faxes application package to prospective student's support person. The application package should include the Application Form (this is the Student ID Form, see SETS or contact Merge if you'd like a copy), your lesson policy, a Financial Aid Application form if necessary, and any other forms required by your funder or organization such as a permission for release of personal information.
- Application form is completed – with student - by student's support person.
- Program Director contacts support person to arrange initial interview with student.
- Program Director conducts a formal interview intake of student, utilizing the Student ID form and other referral materials to guide in the process. At this interview, Program Director arranges for first lesson/ teacher intake with student, which can be attended by staff, social worker, parent/guardian if in best interest of student. **Encourage students to bring any visuals/audios of previous relevant experience to the intake.**
- Teachers conduct informal intake during the first lesson or two, filling out the back of the Student ID form and returning the form to the Program Director.
- Program Director and teacher should consider the following guidelines during intakes:
 - Engaging the Student: Discuss student's interest in the class he or she is signing up for, and any previous history with like subjects, favorite subjects in school, and other interests. (Refer the application form). Let students know that these classes are by choice, and that after 4 classes, student and teacher will revisit student's interest in class to determine if the student will make a long term commitment or possibly investigate another class. During this period of time, teacher will investigate the strengths of the student; this will help guide the student toward her area of strength.
 - Determine length and frequency of classes student will attend (for example, once weekly at 1 hour each).
 - Get information about:
 - How student will get to lesson
 - Who will be responsible for phoning in cancellations: Staff? (name) Student? Social Worker? Parent/Guardian?
 - Additional contact numbers.
 - Who will be responsible for class fees (if applicable)?

- Schedule 1 month of classes.
- Student and instructor explore art/music/dance forms to determine student's area of artistic strengths.
- Discuss possible beginning goals.
- Student, parents, and support people should be invited to any events to further engage the student and her support people in the program.

Inquiry Form

This form is used to collect information from people first seeking information about the Program by phone or website contact, before actually applying to the Program. The Program Director can refer to it in the future if a person makes a formal application, making the process more efficient, or the PD can refer to it if he/she chooses to follow up.

Date of 1ST Inquiry: _____

Taken By: _____

Name:	Phone#:	
Address:	Student:	Age:
	Student:	Age:
	Referred By:	
NOTES (Areas of Interest, Special Needs, Scheduling/Location, Follow up, etc., use back if needed)		

SEND:

General Info

Donation Form

Date Sent: _____

Schedules

Other:

Application(s)

_____ Processed By: _____

Financial Aid Form

_____ (Initials)

Registration (Student File Coversheet)

Student Name: _____

Parent/Guardian: _____ Phone #: _____

Other Contact: _____ Phone #: _____

Schedule/Payment Information

1. Course of Study: _____ Instructor: _____

Location: _____ Day: _____ Time: _____ Duration: _____

Cost per Session: _____

Self Pay: _____ Other Source: _____ Internal FA: _____

Notes: _____

2. Course of Study: _____ Instructor: _____

Location: _____ Day: _____ Time: _____ Duration: _____

Cost per Session: _____

Self Pay: _____ Other Source: _____ Internal FA: _____

Notes: _____

1. Course of Study: _____ Instructor: _____

Location: _____ Day: _____ Time: _____ Duration: _____

Cost per Session: _____

Self Pay: _____ Other Source: _____ Internal FA: _____

Notes: _____

___ Inquiry Form

___ Application

___ Financial Aid Application

___ Financial Aid Determination

___ Hold Harmless/Medical Information

___ Cancellation Policy

Financial Aid Application

Student Name _____ Birth date: ____/____/____

Address: _____

Address (con't.) _____

City: _____ State: _____ Zip: _____

Parent/Guardian/Agency: _____ Phone: _____

It is our policy to work with the families and sponsoring agencies of students to identify ways to make lessons affordable. It is our belief that no student should be denied the opportunity to have this valuable experience. Our financial aid is limited, however, so we ask that you (students/families/agencies) work to identify ways to contribute to the cost of lessons as much as possible.

What amount are you and your family able to contribute towards lessons?

\$ _____ Per month

If there are any other possible resources available for this purpose (i.e. employer subsidies, agency sponsorship, etc.) please list them below and indicate whether we should contact this source directly to establish a payment schedule.

Signature Date

Financial Statement

Please complete the financial statement below to the best of your ability.

Name _____ **Phone** _____

Monthly Income

Salary \$ _____

Other Income \$ _____

TOTAL INCOME \$ _____

Monthly Expenses

Rent/Mortgage \$ _____

Utilities \$ _____

Household Maintenance \$ _____

Auto/transportation \$ _____

Medical/Dental \$ _____

Food \$ _____

Childcare \$ _____

Education \$ _____

Insurance \$ _____

Other (please list):
_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES \$ _____

Including the student, the total number of people in the family/living unit: _____

The information you provide is maintained in the strictest confidence.

Lesson Policy / Hold Harmless Agreement

Lesson Policy

As a music and art school with an established faculty, _____'s lesson policy is quite like other private schools: tuition is paid in advance, no-shows are forfeited, and cancellations with 24 hours' notice will be considered for rescheduling. This policy is necessary so that we can continue to attract and keep an excellent faculty. We are able to offer the following flexibility:

- Lessons will be rescheduled *occasionally* if reasonable notice (24 hours) is given prior to cancellation;
- Extraordinary circumstances will be considered to reschedule a no-show;
- Holidays lessons will be rescheduled. All rescheduling will be based on the mutual convenience of the student and teacher;
- Instead of quarterly payments, students may pay each month in advance. Payment is due at the last lesson of the preceding month. We ask that parents/or students maintain responsibility for remembering payments.

We thank you for your assistance.



Hold Harmless Agreement

I, _____, agree to allow my child,
(printed name of guardian)

_____ to receive medical treatment, should the need arise.
(printed name)

I also give my permission for my child to be transported to the nearest hospital in the event of a medical emergency. As parent and/or guardian of the above-named child, I promise to hold (PROGRAM NAME) harmless from any liabilities it may incur from the above-named minor in connection with participation in music and/or art instruction except as might arise because of negligence on the part of (PROGRAM NAME) or its employees. By signing below I am agreeing to both the lesson policy and the hold harmless agreement.

(Signature)

(Date)

Cancellation Policy

As a private music and art program with an established faculty, our cancellation policy is quite like that of private schools: refunds and credits are not given for student absences. This policy is necessary so that we can continue to attract and keep an excellent faculty.

While we understand that unforeseen events can happen that may occasionally prevent students from attending scheduled sessions, we are still obligated to charge for these sessions. Studio costs are incurred whether the student attends the session or not, as well as administrative time spent processing payments and cancellations. Additionally, we must pay the teacher for the time reserved for the student. When teachers hold space available in their schedule for students, they forgo other professional opportunities. Thus, we cannot ask them to reserve that time without providing a guarantee to pay them for it. We cannot afford to absorb the cost of paying teachers for missed sessions on behalf of our students.

Following are policies for specific cancellation situations. We thank you for your understanding and cooperation.

- ◆ Regardless of circumstances, for the reasons outlined above, students will not receive a refund or credit to their account for scheduled sessions that are cancelled or otherwise not attended by the student. When scheduling a session, be aware that once you have scheduled it, you have agreed to pay for it.
- ◆ If 24 hours notice (or greater) of a student cancellation is provided to the (PROGRAM NAME) office, every effort will be made to reschedule the missed session at the student's convenience.
- ◆ If less than 24 hours notice of a student cancellation is provided, the student is **not guaranteed** a make-up session, but may receive one based on the circumstances.
- ◆ If the student fails to attend a scheduled session and no contact is made with (PROGRAM NAME) regarding the no-show, the session is forfeited and will not be rescheduled.
- ◆ If the student fails to attend two consecutive sessions without contacting (PROGRAM NAME) regarding the absence, the student will be terminated from the program until arrangements are made with the office to reinstate the student.
- ◆ If a session is cancelled by (PROGRAM NAME), it will be rescheduled at the student's convenience or the student will receive a credit at the following rate: 1 hour - \$_____; ½ hour - \$_____.

I understand and agree to the foregoing policy.

_____ Date _____
(Parent/Guardian Signature)

_____ Date _____
(Student Signature)

We are pleased to provide you with this material!

We hope it helps you develop a strong organization to better serve your students - check out our site for our growing library of useful resources!



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