

*Delta Kappa Omega Foundation, Inc.*  
**Empowering Youth for the Future 2020-2021 Distance Learning/Virtual  
Homework Assistance Program  
Monday-Thursday**

Parent/Guardian Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

Phone No.: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Family Income: (Please check the range that applies): \_\_\_ 0-\$10,000; \_\_\_ \$10,000-\$20,000;  
\_\_\_ \$30,000-\$40,000; \_\_\_ \$40,000 - \$50,000; \_\_\_ \$50,000-\$60,000; \_\_\_ \$60,000-\$70,000;  
\_\_\_ \$70,000-\$80,000; \_\_\_ \$80,000-\$90,000; \_\_\_ \$90,000-\$100,000; \_\_\_ \$100,000+

**CHILD'S INFORMATION**

Child's Name: \_\_\_\_\_

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

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

Was Your Child Promoted? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If No, Why? \_\_\_\_\_

Does Your Child Have Any Difficulty Learning?

If So, Please Explain: \_\_\_\_\_

Does your child need special help with a subject(s)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY**

Mathematics \_\_\_\_\_ Reading \_\_\_\_\_ Language Arts \_\_\_\_\_ Spelling: \_\_\_\_\_ Science \_\_\_\_\_

Social Studies/History: \_\_\_\_\_

Does Your Child Have Any Behavioral or Discipline Problems? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, Explain: \_\_\_\_\_

Does your child have access to a \_\_\_ Smart Phone \_\_\_ Computer \_\_\_ Tablet \_\_\_ Internet?

Authorization:

I, \_\_\_\_\_, (parent/guardian) give my permission for  
(Print)

\_\_\_\_\_ to participate in the EYFP Distance Learning/  
(Print)

Virtual Homework Assistance Program. I further understand that my child must have access to a telephone, computer, or tablet/internet during the designated time and days in order to participate.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

