



## Community Adult Mentoring (CAM) After-School Program 2025-2026 Registration

Community Adult Mentoring (CAM) is a program of Asian Services in Action (ASIA) open to **all Multilingual Learner students in Cuyahoga County who will be in grades K-12 during the 2025-26 school year**. The program is funded by the ADAMHS Board of Cuyahoga County and run in coordination with Lakewood City School District. Program activities include academic support and enrichment, arts and crafts, skill building, acculturation activities, sports, games, and more!

### PROGRAM SCHEDULE & LOCATION

- ✦ Students attend on **2 days each week** throughout the school year **from 4:00-5:30pm**.
  - ✦ Students in **Grades K-1 and Grades 2-3** attend on **Mondays & Wednesdays**.
  - ✦ Students in **Grades 4-5 and Grades 6-12** attend on **Tuesdays & Thursdays**.
- ✦ The **first day** of program will be **Monday, September 15, 2025**, and the **last day** will be **Thursday, May 21, 2026**.
- ✦ The program follows the Lakewood City School District calendar. Any school closings such as holidays, voting days, school breaks, and snow/weather days will result in our program closing.
- ✦ Our program is hosted at **Roosevelt Elementary School**, located at 14237 Athens Avenue in Lakewood. Students should **enter at Door #11**, facing the intersection of Bayes Rd. and Lincoln Ave., near the swings on the playground.

### TRANSPORTATION

- ✦ Students should be dropped off & picked up by a parent/guardian or other designated adult.
- ✦ If designated at registration or if the Program Coordinator is notified in advance, students are also permitted to walk or bike to/from program without an adult.
- ✦ At this time, ASIA is unable to provide regular transportation to the program, but may do so under special circumstances or for field trips.

### PROGRAM COST

#### If paying by the semester:

\$25 per child  
\$12 for each additional child

#### If paying for the full year (2 semesters):

\$40 per child  
\$20 for each additional child

*This is a SUGGESTED COST for enrollment. If the paying is a challenge for your family, please contact the Program Coordinator – we will work with your budget!*

**TO REGISTER, fully complete & sign pages 3-6 and return by August 29, 2025.**

*Registrations received after this date may be waitlisted.*

**To submit or if you have any questions,  
contact Rys Schelat, Program Coordinator:**

📞 330.389.9020    ✉️ [sschelat@asiaohio.org](mailto:sschelat@asiaohio.org)

Rys Schelat, c/o ASIA, 3631 Perkins Avenue, Suite 2A-W, Cleveland, OH, 44114

Completed forms can also  
be sent to the ASIA mailbox  
at the Roosevelt Elementary  
School Main Office.



**Get CAM Program updates & see what we are up to at @CAM.ASIAOhio on Instagram!**

### PROGRAM EXPECTATIONS

*PARENTS KEEP THIS PAGE*

✧ **Each day, students should bring:**

- ✧ homework and school work to be completed
- ✧ their Chromebook and charger
- ✧ a book to read
- ✧ Students are expected to behave in a **kind and respectful** manner at all times. Disrespect towards others, offensive language, and/or physical aggression will **not be tolerated** and may result in removal from the program.
- ✧ Students should **NOT** bring cell phones, electronics, or valuable personal items with them to program.
- ✧ Students must wear school appropriate attire and **shoes with backs on them and that stay on their feet** when playing and running. Students without safe footwear may not be allowed to participate in some activities.

### ATTENDANCE

- ✧ Students are **expected to attend on their scheduled days** throughout the school year.
- ✧ If your child will be **ABSENT**, please let staff know in advance or by sending a text or WhatsApp message to the Program Coordinator, Rys Schelat, at 330.389.9020.
- ✧ If your child will not be able to attend for a period of time or will not be able to continue attending, please notify the Program Coordinator as soon as possible so that needed adjustments can be made.

### DROP-OFF & PICK-UP

- ✧ Students should be dropped off and picked up at **Door #11** at Roosevelt Elementary, facing the intersection of Bayes Rd. and Lincoln Ave., near the swings on the playground.
- ✧ Students **must be signed out by an adult each day** unless it has been indicated at registration that they will walk/bike to program each day.
- ✧ Students should be dropped off at the program start time and picked up at the end of program. **If they need to arrive late or be picked up early**, the Program Coordinator should be told in advance.

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### There will be **NO AFTER-SCHOOL PROGRAM** on the following days:

October 30	Parent/Teacher Conferences
November 4	Staff Professional Day & Election Day
November 26	Thanksgiving Break
November 27	Thanksgiving
December 22 – January 6	Winter Break
January 19	MLK Jr. Day
February 16	President's Day
April 6-10	Spring Break
May 5	Election Day

## CAM AFTER-SCHOOL PROGRAM 2025-2026 REGISTRATION FORM

**REGISTRATION DEADLINE: AUGUST 29, 2025**

*Registrations received after this time may be waitlisted.*

### FAMILY REGISTRATION INFORMATION

**Home Address:**

**School District:**

**City:**

**Zip Code:**

**PRIMARY CONTACT Parent/Guardian Name:**

**Phone Number:**

☐ Texting preferred

☐ Speaks English

**Secondary Contact Parent/Guardian Name:**

**Phone Number:**

☐ Texting preferred

☐ Speaks English

**The emergency contact and medical emergency information below is REQUIRED for program participation.** The emergency contact will only be contacted if the parents/guardians cannot be reached. **THE EMERGENCY CONTACT CANNOT BE THE PARENT/GUARDIAN.**

**Emergency Contact Full Name:**

**Phone Number:**

**Relationship to student(s):**

**Preferred medical provider:**

☐ NFP

☐ Metro Health

☐ Cleveland Clinic

☐ ICHC Clinic

☐ Other: \_\_\_\_\_

☐ None

**Doctor (optional):** \_\_\_\_\_

#### CONSENT for MEDICAL TREATMENT

In the event of a **medical emergency**, after reasonable attempts to contact the parents and emergency contact listed above have been made, I give consent for medical treatment for my child/children by trained medical professionals.

**SIGNATURE:** \_\_\_\_\_

**The demographic information requested here is used to help us provide support to your child & family, and is required by our funders.**

**Parents' country of origin:**

**Years in US:**

**Race:**

☐ African

☐ Asian

☐ Indigenous American

☐ Middle Eastern or North African

☐ Multiracial

☐ White

☐ Other: \_\_\_\_\_

☐ Prefer not to answer

**Language(s) spoken at home:**

**Ethnicity:** (e.g. Karen, Chinese, Nepali, Somali, Vietnamese, etc.)

☐ \_\_\_\_\_

☐ Prefer not to answer

**How did you hear about our program?**

☐ I have registered for the program before

☐ I heard about it through a friend/family member

☐ I heard about it through my school

☐ Other: \_\_\_\_\_

## CAM AFTER-SCHOOL PROGRAM 2025-2026 REGISTRATION FORM

**REGISTRATION DEADLINE: AUGUST 29, 2025**

Registrations received after this time may be waitlisted.

### INDIVIDUAL STUDENT REGISTRATION INFORMATION *(Attach additional pages as needed)*

<b>#1 Student Name:</b>	<b>Gender:</b>	<b>Date of Birth: (month/day/year)</b> / /
<b>School Name:</b>	<b>Grade for 2025-2026:</b>	<b>My child has a/an:</b> <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP <input type="checkbox"/> WEP
<b>Medical concerns/disabilities:</b>	<b>Allergies/dietary restrictions:</b>	
<b>My child will attend:</b> <input type="checkbox"/> Monday & Wednesday (for Grades K-1 and Grades 2-3) <input type="checkbox"/> Tuesday & Thursday (for Grades 4-5 and Grades 6-12)		<b>Transportation:</b> <input type="checkbox"/> Adult pick-up/drop-off <input type="checkbox"/> Student walk/bike
<b>#2 Student Name:</b>	<b>Gender:</b>	<b>Date of Birth: (month/day/year)</b> / /
<b>School Name:</b>	<b>Grade for 2025-2026:</b>	<b>My child has a/an:</b> <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP <input type="checkbox"/> WEP
<b>Medical concerns/disabilities:</b>	<b>Allergies/dietary restrictions:</b>	
<b>My child will attend:</b> <input type="checkbox"/> Monday & Wednesday (for Grades K-1 and Grades 2-3) <input type="checkbox"/> Tuesday & Thursday (for Grades 4-5 and Grades 6-12)		<b>Transportation:</b> <input type="checkbox"/> Adult pick-up/drop-off <input type="checkbox"/> Student walk/bike
<b>#3 Student Name:</b>	<b>Gender:</b>	<b>Date of Birth: (month/day/year)</b> / /
<b>School Name:</b>	<b>Grade for 2025-2026:</b>	<b>My child has a/an:</b> <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP <input type="checkbox"/> WEP
<b>Medical concerns/disabilities:</b>	<b>Allergies/dietary restrictions:</b>	
<b>My child will attend:</b> <input type="checkbox"/> Monday & Wednesday (for Grades K-1 and Grades 2-3) <input type="checkbox"/> Tuesday & Thursday (for Grades 4-5 and Grades 6-12)		<b>Transportation:</b> <input type="checkbox"/> Adult pick-up/drop-off <input type="checkbox"/> Student walk/bike

# CONSENT FOR SERVICES

**PLEASE READ AND COMPLETE ALL SECTIONS BEFORE SIGNING AT THE BOTTOM.**

I hereby grant permission for my child/children to participate in the Community Adult Mentoring (CAM) After-School Program at Roosevelt Elementary School in Lakewood and I agree to the program details and requirements below. I have been provided my consumer rights and grievance info (pages 7-8).

**Registration & Cost:** All registration forms must be fully completed prior to students attending program. Program costs are explained on page 1.

**Schedule:** Students attend from **4:00-5:30pm** on the **2 days each week** designated for their grade level in school. Program begins on **September 15, 2025**, and concludes on **May 22, 2026**. Any Lakewood City School District school closings such as holidays, voting days, school breaks, and snow/weather days will result in our program closing. **Parents/guardians are expected to notify the program coordinator of any absences or schedule changes.**

## Transportation & Field Trips:

- ASIA is **unable** to provide regular transportation to or from the program at this time.
- Off-site field trips may be part of this program and families will be provided information (where, when, requirements, etc.) about the trips in advance. Transportation will be provided at no cost for these field trips, or students may walk with ASIA staff to nearby locations.
- **I hereby grant permission for my child to be transported by staff members or affiliates of Asian Services In Action (ASIA).** I understand that drivers must have a valid driver's license and be over the age of eighteen years. I do not hold the organization or its staff responsible for any injuries incurred by my child during transport and release and hold them harmless for any damages or liabilities resulting from any injuries incurred by my child while being transported.

**Behavior:** Students are expected to behave in a **kind and respectful manner** at all times. Your child's safety is our first concern. Disrespect towards others, offensive language, and/or physical aggression will not be tolerated and may result in removal from the program.

**Daily Preparedness:** Students should bring their school work, their Chromebook and charger, and a book to read. Students must wear school-appropriate attire and activity appropriate footwear.

**PHOTO/MEDIA RELEASE:** The program may use photos/videos of students and/or work or projects created by students during the program on ASIA's website, social media, newsletters, or press releases.

- ☐ Check here ONLY if you **DO NOT** wish for your child's likeness or work to be used in ASIA's website, social media, newsletters, or press releases.

**PLEASE SIGN BELOW TO CONSENT/AGREE TO ALL SECTIONS ABOVE.**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

- ☐ After receiving verbal consent, have signed on behalf of the parent/guardian named above.

**TRANSLATOR/ADVOCATE NAME:** \_\_\_\_\_ **ORGANIZATION:** \_\_\_\_\_



## Community Adult Mentoring (CAM) Program Consent for School Records Release

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School District:** \_\_\_\_\_ **Building:** \_\_\_\_\_

I consent for the staff of ASIA's CAM Program to obtain access to the following school records for my child while they are enrolled in the program (choose as many as apply):

- ☐ Report cards, progress reports, and grades
- ☐ Educational support documents such as an IEP, 504 Plan, WEP, etc.
- ☐ Testing information and data

I understand that the staff of ASIA will keep these records confidential and that this information will be used in order to support the learning and development of my child.

**Parent/Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

- ☐ I, \_\_\_\_\_ (translator/advocate), after receiving verbal consent, have signed my name on behalf of the parent/guardian named above.

**RIGHTS**

As a client of Asian Services in Action, you are entitled to certain rights. The following are the client rights for all ASIA Program Participants:

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy
2. The right to reasonable protection from physical, sexual or emotional abuse, neglect and inhumane treatment
3. The right to receive services in the least restrictive, feasible environment
4. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation
5. The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency
6. The right to participate in the development, review, revision of one's own individualized treatment plan and receive a copy of it
7. The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others
8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures
9. The right to be advised and the right to refuse observation by others and by techniques such as one way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas
10. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations.
11. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to the remove the restriction
12. The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary.
13. The right to be informed of the reason for denial of a service
14. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus, or any manner prohibited by local, state, or federal laws.
15. The right to know the cost of services
16. The right to be verbally informed of all client rights, and to receive a written copy upon request
17. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations
18. The right to file a grievance
19. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested
20. The right to be informed of one's own condition
21. The right to consult with an independent treatment specialist or legal counsel at one's own expense



### GRIEVANCES

If you feel that any of your client rights have been violated, you have the right to file a grievance. To file a grievance internally within the ASIA organization, here is the contact for filing an internal grievance:

Mao Vue  
Asian Services In Action  
370 E Market St.  
Akron, OH 44304

Phone: 330.535.3263 ext. 5302  
Fax: 330.535.3338

Please include the date in which the incident occurred, name and contact information, description of incident, and signature and date of submission in the letter. You may also submit complaints or incident reports orally by contacting the individual above.

You also have the right to file a grievance with any one of the following outside organizations:

ADAMHS Board of Cuyahoga County  
2012 W. 25<sup>th</sup> Street, 6<sup>th</sup> Floor  
Cleveland, OH 44113  
216.241.3400

ADM Board of Summit County  
1867 W. Market Street, Suite B2  
Akron, OH 44313  
330.762.3500

Ohio Department of Mental Health and Addiction Services  
30 E. Broad Street, 36<sup>th</sup> Floor  
Columbus, OH 43215-3430  
614.466.2596

Disability Rights Ohio  
200 Civic Center Drive, Suite 300  
Columbus, OH 43215  
614.466.7264

US Department of Health and Human Services, Civil Rights Regional Office  
233 N. Michigan Ave, Suite 240  
Chicago, IL 60601  
312.886.2359