COMMUNITY ADULT MENTORING AFTER-SCHOOL PROGRAM

2026-2027 Registration

ASIA
ASIAN SERVICES IN ACTION

ADAMHS
BOARD OF CUYAHOGA COUNTY

Community Adult Mentoring (CAM) is a program of Asian Services in Action (ASIA) open to Multilingual Learner students in Cuyahoga County in grades K-12 during the current school year. If space allows, other underserved or disadvantaged students may also be admitted into the program.

Program activities include academic support and enrichment, skill building, prevention education and social emotional learning, enrichment and acculturation activities, and more. Funding is provided by the ADAMHS Board of Cuyahoga County and the program is run in coordination with Lakewood City Schools.

SCHEDULE

GRADES K-3 Monday & Wednesday
GRADES 4-12 Tuesday & Thursday
from 4:00-5:45pm

FIRST DAY is September 14, 2026.
LAST DAY is May 27, 2027.

Our program follows the Lakewood Schools calendar. There will be no program on days school is closed.

LOCATION

Roosevelt Elementary School
14237 Athens Ave.
Lakewood, Ohio 44107

DROP OFF & PICK UP
is at Door #11

Door 11 is found at the intersection of Bayes Rd. & Lincoln Ave., on the rear side of the building, near the swings

FEES/COST

$40 for the first child in a family
$25 for each additional child

Please submit payment with your completed registration forms.
(cash or checks made out to ASIA, Inc.)

If paying is a challenge, please talk to us - we will work with your budget!

QUESTIONS? NEED HELP?

Please contact the Program Coordinator, Rys Schelat, with any questions or if you need assistance!

330.389.9020 (Text/WhatsApp)
sschelat@asiaohio.org (email)

We can help with program registration or questions, but we can also help with other support needs that you might have related to school, home, family, work, medical care, and daily life.

HOW TO REGISTER

Read & KEEP
Pages 1-2 and 7-8

FULLY Complete & Submit with Payment
Pages 3, 4, and 5

OPTIONS FOR SUBMITTING REGISTRATION & PAYMENT:

1. Email to sschelat@asiaohio.org
2. Contact Ms. Rys by email, text, or phone to make pickup arrangements (sschelat@asiaohio.org, 330.389.9020)
3. Drop off or send to the Main Office at Roosevelt Elementary in Lakewood

REGISTRATION DEADLINE: September 8, 2026
Registrations received after this date or during the school year will be accpeted as space allows.

CAM AFTER-SCHOOL PROGRAM

Important Information for Families

STUDENTS ARE EXPECTED TO...

- behave in a kind and respectful manner at all times.
- participate in program activities with a positive attitude.
- bring their school work and their charged Chromebook with them every day.
- wear school-appropriate clothing that is safe for program activities.
- wear 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.)
- leave cell phones, electronics, toys, and valuable personal items at home.

Disrespect towards others, offensive language, and/or physical aggression will not be tolerated and may result in removal from the program.

PARENT EXPECTATIONS

- Sign up for our parent notification messages.
- Sign out your child/children at the door each day unless you have given permission for them to walk/bike.
- Notify us if your child will be ABSENT by texting, calling, or emailing.
- Drop off and pick up at the scheduled times unless you have let us know ahead of time.
- Communicate with us about any academic or personal support we can provide to your child and/or family - we want to help!

ATTENDANCE

- It is VERY IMPORTANT that you notify us if your child will be ABSENT or will no longer attend!
- To notify us of an absence, TEXT 330.389.9020 or EMAIL sschelat@asiaohio.org
- Students are expected to attend a MINIMUM of one day every week except in cases of illness or special circumstances.
- Repeated absences may result in removal from the program so that space is available for other students.

PARENT NOTIFICATIONS

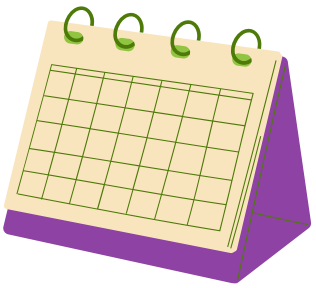
At least ONE parent, guardian, or responsible family member MUST REGISTER for our notification messages so that we can share important program information with you.

Please let Ms. Rys know if you need help to sign up!

PROGRAM CLOSED DATES

October 28 & 29	Elementary/MS Conferences
November 3	Election Day
November 25 & 26	Thanksgiving Break
December 21 to January 4	Winter Break
January 18	Martin Luther King, Jr. Day
February 15	President's Day
March 29 to April 1	Spring Break

REMEMBER - if school is closed due to the weather, there will be NO PROGRAM that day!



CAM PROGRAM REGISTRATION FORM

After-School 2026-2027

ASIA ASIAN SERVICES IN ACTION

ADAMHS BOARD OF CUYAHOGA COUNTY

FAMILY INFORMATION

Home Address:	**City:**	**Zip Code:**
PRIMARY CONTACT Parent/Guardian Name:	**Phone:**	☐ Speaks English ☐ Texts preferred
SECONDARY CONTACT Parent/Guardian Name:	**Phone:**	☐ Speaks English ☐ Texts preferred

EMERGENCY & MEDICAL INFORMATION

The EMERGENCY CONTACT below is REQUIRED for participation and CANNOT BE THE PARENT/GUARDIAN.
They will only be contacted if the parents/guardians cannot be reached.

Emergency Contact Name:	**Phone:**	**Relationship to child:**
Preferred Medical Provider: (circle one) NFP MetroHealth Cleveland Clinic University Hospitals ICHC Other:		**Doctor:**

DEMOGRAPHICS INFORMATION

This information is used to help us provide support to your child & family and is required by our funders.
It will not be shared except where required by law or our funders.

Race: (circle one or more) African Asian or Pacific Islander Hispanic or Latino Indigenous American Southwest Asian/North African White Prefer not to answer Other: _____	**Parents' country or countries of origin:** **Years in the US:**
Ethnicity:	**Languages other than English spoken in the home:**
How did you hear about the program? (circle one or more) Participated before School Friend/family member Other: _____	

PAYMENT & CONFIRMATION

Email address to confirm registration:
Payment: (circle one) Cash Check Pay on first day Assistance needed **Amount included:**

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STUDENT #1 INFORMATION

Full Name:	**Date of Birth:**	**Gender:**
Building Name:	**School District:**	**Grade:**
Medical & Dietary Information: ☐ NO PORK	**Transportation:** ☐ Parent/guardian ☐ Student walk/bike ☐ Other adult - Name: _____	
Needs support with: (circle or list others) Reading Writing Math Science Social Studies Motor skills Social/emotional skills English language		**My child has an IEP:** ☐ yes ☐ no

STUDENT #2 INFORMATION

Full Name:	**Date of Birth:**	**Gender:**
Building Name:	**School District:**	**Grade:**
Medical & Dietary Information: ☐ NO PORK	**Transportation:** ☐ Parent/guardian ☐ Student walk/bike ☐ Other adult - Name: _____	
Needs support with: (circle or list others) Reading Writing Math Science Social Studies Motor skills Social/emotional skills English language		**My child has an IEP:** ☐ yes ☐ no

STUDENT #3 INFORMATION

Full Name:	**Date of Birth:**	**Gender:**
Building Name:	**School District:**	**Grade:**
Medical & Dietary Information: ☐ NO PORK	**Transportation:** ☐ Parent/guardian ☐ Student walk/bike ☐ Other adult - Name: _____	
Needs support with: (circle or list others) Reading Writing Math Science Social Studies Motor skills Social/emotional skills English language		**My child has an IEP:** ☐ yes ☐ no

CAM PROGRAM REGISTRATION FORM

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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 ASIA's Community Adult Mentoring (CAM) After-School Program at Roosevelt Elementary School in Lakewood and I agree to all program requirements below and have been provided my consumer rights and grievance information (pg. 7-8).

FORMS & FEES: All registration forms must be ***fully completed prior to students attending program***. The program cost is **$40** for the first child in a household; each additional child costs **$25**. Payment or a payment arrangement must be made prior to students attending the program.

SCHEDULE: Program begins on **September 14, 2026**, and concludes on **May 27, 2027**. Students attend from 4:00-5:30pm on the 2 days each week designated for their grade level in school. Any Lakewood City School District school closings such as holidays, voting days, school breaks, and snow/weather days will result in the program closing. ***Parents/guardians are expected to notify the program coordinator of any absences or schedule changes.***

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 and their Chromebook and charger, and must wear school-appropriate attire and activity appropriate footwear. Cell phones, other electronics, and toys are ***not permitted*** to be used during program activities.

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

TRANSPORTATION & FIELD TRIPS:

- **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.
- 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.
- At this time ASIA is **unable** to provide regular transportation to or from the program.

SCHOOL RECORDS RELEASE: I consent for the staff of ASIA's CAM Program to obtain/have access to the following school records for my child while they are enrolled in the program: report cards, progress reports, and grades; educational support documents such as an IEP, 504 Plan, WEP, etc.; and 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.

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 this way.

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

X _____ _____ _____

PARENT/GUARDIAN SIGNATURE **Parent/Guardian Printed Name** **Date**

☐ *I, _____, have signed on behalf of the parent/guardian named above.*
Translator/Advocate Printed Name

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Please do NOT omit this page when printing.

CAM PROGRAM REGISTRATION FORM

After-School 2026-2027 *PARENTS KEEP THIS PAGE*

ASIA ASIAN SERVICES IN ACTION

ADAMHS BOARD OF CUYAHOGA COUNTY

CLIENT RIGHTS & GRIEVANCES

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

CAM PROGRAM REGISTRATION FORM

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CLIENT RIGHTS & GRIEVANCES

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. 25th Street, 6th 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, 36th 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
312.886.235