



Aurora Youth Options  
[aurorayouthoptions.org](http://aurorayouthoptions.org)

**Youth Enrollment for  
Homework Help and Tutoring**

## Youth & Parent Contact Information

### Youth

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### Parent or Guardian #1

Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

### Parent or Guardian #2

Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

### Close Relative /Emergency Contact Person

Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

# Homework Help and Tutoring Youth and Parent Agreement

Youth and Parents agree that...

- AYO supports youth with their academic success by helping them with their homework. We cannot provide support when homework assignments are not brought to, or shared with their tutor at a session. Parents please work with your child to identify what work they have and if they are getting their work done.
- Youth will bring homework to each homework help session. If they do not have homework they can only attend a session if engaged in reading a book or working on an educational worksheet.
- AYO Homework Help and Tutoring Program is a drop in program. This means youth can stop in to get help with their homework at any point during the session, but should also leave after their homework is complete. If a youth is not engaged in homework, reading, educational worksheets or an educational game they will need to be picked up. What is a cell number that we can reach a parent during Homework Help sessions? Parent cell number: \_\_\_\_\_. A drop in program also means that we do not restrict youth from coming and going from the premises.
- Snacks and drinks are provided at each session. Please make sure your child is aware of their allergies. AYO is not responsible if your child consumes food that he or she may be allergic to.
- AYO Homework help & tutoring is not an accredited academic program. Tutors are utilizing their knowledge in various subjects to support youth academically. Expertise is limited to volunteer support on any given day.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# AYO Homework Help and Tutoring Needs Assessment

## Tutoring location:

- Wednesday 4:00-6:00pm  
Aurora Youth Options, located in the Hoffman Youth Services Building  
1298 Peoria St., Aurora CO 80011

Please list the subjects that you would need homework help.

Subject	Grade Level
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If you have any questions, please contact:

**Tamika Greenwood, HHT Coordinator**  
[tamikagerenwood@aumhc.org](mailto:tamikagerenwood@aumhc.org)  
303-923-6311

Or

**Courtney Hjort, HHT Site Supervisor**  
[courtneyhjort@aumhc.org](mailto:courtneyhjort@aumhc.org)  
303-923-2922

**Aurora Youth Options**  
303-617-2660  
[Aurorayouthoptions.org](http://Aurorayouthoptions.org)  
1298 Peoria St.  
Aurora CO 80011



Physical Address: 1298 Peoria St., Aurora CO 80011 • Mailing Address: 11059 E. Bethany Drive • Suite 106 • Aurora, Colorado 80014 • 303-617-2660 • Fax 303-617-2669

### Media Release Form

I (Parents Name) \_\_\_\_\_ hereby consent to authorize the use of video footage, still photographs, artwork and published story of \_\_\_\_\_me\_\_\_\_\_ my son/daughter-(name \_\_\_\_\_) by Aurora Mental Health Center for purposes (including but not limited to), promotional material, TV shows, web site, social media, advertisements, periodicals, and outdoor media and national broadcast, sales or other uses deemed suitable by Aurora Mental Health Center.

Signature of Adult Subject/Parent or Legal Guardian:

\_\_\_\_\_

Agency Representative/Witness:

\_\_\_\_\_

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