



Bryant Montessori Extended Learning Opportunities Program Application

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Thank you for considering to be an Extended Learning Opportunities (ELO) provider. Once the application is submitted, the SCDM and PTO will review it and make their decisions. If there are any questions throughout the process, a member of the SCDM or PTO will contact you. The SCDM and PTO meetings are open meetings and non-board members are welcome to attend, however they do not have voting privilege. If you would like to personally submit your application to one or each of the boards and provide a brief presentation at a meeting, you may arrange it with the SCDM chair or the PTO president.

The purpose of the application process is to ensure that all programs associated with Bryant remain true to its mission and purpose, there is continuity in the educational environment and most importantly, the students have the safest, best possible educational experience at Bryant. In reviewing the application, the SCDM and PTO will take many things into consideration. Some of which are:

- *Does this program align with Bryant's mission and purpose*
- *Affordability and accessibility to Bryant Families*
- *Qualifications of the provider*

ELO's are not funded by the Tacoma School District, Bryant Montessori or the Bryant PTO. These are to be self-sustaining, self-running programs under the supervision of the SCDM and Sponsored by the PTO. The Tacoma School District (TSD) requires all activities not sponsored by the TSD to provide proof of liability insurance. The Bryant PTO is a 501c3 non-profit organization that carries such insurance. If a provider does not have liability insurance, they are automatically sponsored by the PTO, if approved, and are required to use the PTO as their fiduciary agent as well.

What you'll find on the application:

SECTION 1 – ELO PROVIDER INFORMATION

- Fill this section out completely and be sure to attach:
 - Tacoma School District Volunteer Form with a **copy of your drivers license**
 - Copies of all licenses and certificates that are applicable
 - Copy of liability insurance policy – if carrying your own
 - Resume, if you have one
- See Section 4 to fill out Qualifications

SECTION 2 – ELO PROGRAM INFORMATION

ELO – Extended Learning Opportunity

All ELO's are to be education in nature and follow the Montessori philosophy to provide continuity for the students. (If you need training in the basics of the Montessori philosophy, it will be provided.) Please select which type of ELO you will be providing along with frequency, months, days and time. If providing an **ENRICHMENT** ELO, make sure to include the frequency (times per week), days and time you plan to meet. For **NAME OF ELO**, please indicate what you will call the program, i.e., French Class, Peace Committee, Pottery Club, etc....

- **Clubs** – a club is defined as a group of interested persons gathering to explore common education interests. This is a yearlong program in which you can set the frequency at which your group meets within the year.
- **Enrichment** – This ELO is defined as short term education programs that supplement the academic curriculum with special projects or activities.



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- **Class** – A class is defined as a program that provides an education opportunity not offered at Bryant Montessori. A curriculum outline is required to be submitted to the SCDM. This is yearlong program in which you can set the frequency at which your group meets within the year.

Sponsoring Teacher

For the safety of the students, each program is required to have a sponsoring teacher. This teacher will volunteer his or her time to be available during your program if any emergency, medical or disciplinary issues arise.

Min/Max Student Allowed

If the provider does not hold the appropriate WA State credentials for teaching or child care, then the maximum ratio is 1:10 (Teacher to student). If the provider does (and provides them) the maximum ratio is 1:15. *Exception* if the program is a club, the maximum ration is 1:30, based on the sponsoring teacher's and SCDM's approval.

Student Application/Student Contract

A format can be provided for a student application and or student contract.

See Section 4 to describe the program, its goals and eligibility requirements.

SECTION 3 - PROGRAM FINANCIAL INFORMATION

It is the goal of Bryant Montessori that all programs are made accessible and affordable to ALL Students. You will need to attach a budget to this application if you plan on charging participation fees and/or seeking funding from an outside source. If seeking funding, you also need to provide a funding plan.

Accessibility and Affordability

If programs will be charging a participation fee, it must be reasonable. It is required that all ELO's reserve 40% of its slots for reduced fee participants (50% reduction) to ensure availability to all students. The PTO has developed a formula for establishing a reasonable fee structure to include covering the cost of the reduced fee participants. Qualifying should be based on eligibility for free and reduced lunch. This is private information that the school cannot provide, however, you may ask for this information on the application.

SECTION 4

This is the fill in format section of the application.

WHAT TO ATTACH

- **Program Budget**
- **TSD Volunteer Form (with copy of driver's license)**
- **Curriculum Outline (Course Syllabus for classes only)**
- **Certificates, credentials and licenses**
- **Copy of Liability Insurance (if providing own)**
- **Funding Plan (if applicable)**
- **Student Application**
- **Parent/Student Contact**

Once your application is approved, you will be provided with a program folder and be guided on the next steps.



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Please fill out completely. All applications will be reviewed by the SCDM and PTO for approval. Attach a copy of ALL pertaining documents, licenses and certificates, as well as extra pages, if needed.

Application Date: _____
SCHOOL YEAR: _____

PROGRAM PROVIDER INFORMATION

<input type="checkbox"/> Bryant Family	<input type="checkbox"/> Community Volunteer
Name	
Organization/ Employer	
Phone	
Email	

- Are you CPR/First Aid Certified? YES NO
- Are you a certified Child Care Provider? YES NO
- Do you hold a Washington State Teaching Certificate? YES NO
- Do you carry your own liability insurance? YES NO

Please fill out a Tacoma School District (TSD) volunteer form and attach to application with a copy of your drivers license. Volunteer Forms are valid for two years from the date submitted.

ELO PROGRAM INFORMATION

Please select which type of ELO you will be providing. Also the Frequency, Months, Days and Time. If providing an ENRICHMENT ELO, make sure to include the Frequency (times a week), Days and Time you plan to meet. For NAME OF ELO, please indicate what you will call the program, i.e., French Class, Peace Committee, Pottery Club, etc...

<input type="checkbox"/> Club	<input type="checkbox"/> Class	<input type="checkbox"/> Enrichment	Name of ELO: _____						
Frequency	_____ x WEEK		_____ x MONTH		_____ x YEAR				
Months <small>(class/club only)</small>	September	October	November	December	January	Session (enrichment only)			
	February	March	April	May	June	Fall 1	Fall 2	Winter 1	Winter 2
Days	Monday	Tuesday	Wednesday	Thursday	Friday				
Time	Before school _____ - 8:55a				After school _____ - _____ (must begin after school day ends)				

Do you have a SPONSORING TEACHER yes no Name of Sponsoring Teacher: _____

Location for ELO (use room # if meeting in classroom)	Grades/Ages Admitted	Min# students	Max # allowed
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Will the students be required to complete an application? <input type="checkbox"/> yes <input type="checkbox"/> no	Will there be a signed Parent and/or Student Contract? <input type="checkbox"/> yes <input type="checkbox"/> no	Please complete PART 2 to outline DESCRIPTION OF PROGRAM, PROGRAM GOALS, PARTICIPATION/ELIGIBILITY REQUIREMENTS
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PROGRAM FINANCIAL INFORMATION

Is there a participation fee? <input type="checkbox"/> yes <input type="checkbox"/> no	Cost per student \$ _____	Do you plan to draw a stipend? <input type="checkbox"/> yes <input type="checkbox"/> no	Will you offer scholarships or reduced fees for students with need? <input type="checkbox"/> yes <input type="checkbox"/> no (if yes see PART 2)
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Will you be using the Bryant PTO as the Fiduciary Agent for all monies collected? <input type="checkbox"/> yes <input type="checkbox"/> no	Will you be applying for any outside funding (grants, loans, etc...) to run this program: <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, see PART 2)
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I understand and agree, by signing, that the Extend Learning Opportunities program at Bryant Montessori is not funded by the Tacoma School District, Bryant Montessori or the Bryant PTO. That each individual program is self sustaining and I am considered an independent contractor. I also understand that by making a commitment to be a program provider, I agree to:

- See the program through in it's entirety.
- Ensure that an educational and Montessori environment is to be maintained during the program
- Be knowledgeable of Bryant Montessori's Emergency Plan and keep a copy in my program folder
- Be accountable to my sponsor teacher, the Bryant PTO and Bryant SCDM
- Submit a END OF PROGRAM self review to the SCDM and PTO
- Be responsible to report to the IRS any income earned

Signed _____ Printed Name _____ Date _____

- Attached:
- | | | | |
|---|--|---|--|
| <input type="checkbox"/> PART 2 | <input type="checkbox"/> Curriculum Outline (Course Syllabus for classes only) | <input type="checkbox"/> Copy of Liability Insurance (if providing own) | <input type="checkbox"/> Parent/Student Contract |
| <input type="checkbox"/> Program Budget | <input type="checkbox"/> Certificates, credentials, licenses | <input type="checkbox"/> Funding Plan | |
| <input type="checkbox"/> TSD Volunteer Form | | <input type="checkbox"/> Student Application | |

SCDM ONLY	DATE RECEIVED _____	<input type="checkbox"/> APPROVED	PTO ONLY	DATE RECEIVED _____	<input type="checkbox"/> APPROVED
	DATE REVIEWED _____	<input type="checkbox"/> NOT APPROVED		DATE REVIEWED _____	<input type="checkbox"/> NOT APPROVED

COMMENTS:

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PART 2

Qualifications *(Certificates, licenses, experience, etc... you may attach a resume instead):*

Description of Program:

Program Goals:

Participation/Eligibility Requirements:

Scholarship/Reduced Fees process:

Funding Plan *(use additional sheet if needed):*