

# Starting Point Out-of-School Time Activity Referral Form

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

Location & Address of Organization (ex:  
4600 Euclid Ave.  
Ste. 500  
Cleveland, OH. 44103):  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ County: \_\_\_\_\_

School District: \_\_\_\_\_

Website (URL):  
\_\_\_\_\_

Please Check ALL That Apply:

Organization Type: \_\_\_\_\_ For Profit \_\_\_\_\_ Non-Profit

Year Schedule: \_\_\_\_\_ Full Year \_\_\_\_\_ School Year \_\_\_\_\_ Summer Only

Organization's Contact Person: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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



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

# Starting Point Out-of-School Time Activity Referral Form

**Activity Description:** \_\_\_\_\_

A brief synopsis of the activity using words such as: Baseball, Soccer, Dance (Hip Hop and Jazz), Tutoring, Visual Arts (Crafts and Drawing), Performing Arts (Theater and Music)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Location & Address of Activity:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Activity Start Date:** \_\_\_\_\_

**Activity End Date:** \_\_\_\_\_

**Activity Category**  
 (Please check all that apply):

Academic Achievement / Tutoring	
Arts & Culture	
Career Exploration	
Cultural Awareness	
Exposure & Enrichment	
Physical Activity/Nutrition	
Pregnancy/HIV/STDs Prevention	
Social Skills/Self Esteem	

Days	Time: (From and To)	
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Ages Served:** \_\_\_\_\_ **Minimum** \_\_\_\_\_ **Maximum**

**Fee:** \_\_\_\_\_ (Include Material Costs and/or Registration Fees)

Gender Specific	
Male	
Female	
Both	

**Activity Contact Person:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_

**Secondary Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Capacity:** \_\_\_\_\_

**Vacancy:** \_\_\_\_\_

**Updated Completed By:** \_\_\_\_\_

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

Please mail or fax the completed form to **Starting Point, 4600 Euclid Avenue, Suite 500, Cleveland, OH 44103, (216)575-0102 (Fax)**. If you prefer to speak with someone directly, contact us at **216-575-0061** or **1-800-880-0971**. Thank you!

*For Office Use Only*

**Staff Name:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Data Entry Date:** \_\_\_\_\_

**Neighborhood SPA:** \_\_\_\_\_