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Student ID# (Office use only)



Communities In Schools of Jacksonville • After School Enrichment Program
REGISTRATION INFORMATION Academic School Year 2020-2021

School Site: **SOUTHSIDE MIDDLE SCHOOL** Last four numbers of Childs Social Security#

Child's Last Name: MI: First Name:

Grade Level: Gender: M F DOB: / / Age

Race: ☐ White/Caucasian ☐ Native American ☐ Asian/ Pacific ☐ Other ☐
☐ African American ☐ Hispanic ☐ Multiracial

Number: Street Name:

Apt #: Zip Code: Student Shirt Size (Youth) S ☐ M ☐ L ☐ XL
(Adult) S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

Please select your total Household Income:

☐ Less than \$10,000 ☐ Between \$15,000 and \$25,000 ☐ Between \$50,000 and \$75,000
☐ Between \$10,000 and \$13,000 ☐ Between \$25,000 and \$35,000 ☐ Between \$75,000 and \$100,000
☐ Between \$13,000 and \$15,000 ☐ Between \$35,000 and \$50,000 ☐ More than \$100,000

Parent/Guardian/Foster Care/ Information:

Name: Home phone #: - -

Work phone # or Cell phone # : - - (Please include the area code)

Family Arrangement:

☐ 2 Parents ☐ Single Female ☐ Single Male ☐ Foster Care ☐ Relative
☐ Military Family

Person(s) authorized to remove child: (please circle) Mother: YES or NO Father: YES or NO

Person to be contacted in case of illness, accident, emergency, and authorized to remove the child from the facility in the absence of a parent/guardian. If none, please indicate ☐ None

Name: Address:

Phone #: () - Relationship:

Physician Name: Phone #: () -

Does your child have any special medical needs? ☐ Yes ☐ No

(If "Yes" please, explain):

For more information on the After School Enrichment Program please contact the After School Enrichment Program Project Manager at your child's school.

Students may be removed from the program for poor behavior and attendance.

Program participants are responsible for their own belongings.

Regular daily attendance is a requirement.

Please continue application on back page. Your signature is required!
Afterschool Enrichment will be offered based upon available funding received from the
Kids Hope Alliance

General Release of Liability:

In consideration of being allowed to participate in any way in the After School Enrichment Program and related events and activities the undersigned agrees to the following: I acknowledge and fully understand that each participant will be engaging in activities that may involve risk or serious injury; including permanent disability and severe social and economic losses, which might result not only from their actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be risks not known to us or not reasonably foreseeable at this time. To the best of my knowledge, my daughter/son is physically fit to engage in the activity in question. I understand that the Duval County School Board, the Kids Hope Alliance and the selected community based organization and their employees and agents will exercise reasonable care while my daughter/son is in their custody and care engaging in activities through the After School Enrichment Program. I agree to hold the Duval County School Board, the Kids Hope Alliance and the selected community based organization and its employees and agents harmless from any and all liability, which may arise while exercising their duty of care, relating to my daughter/son for personal injury or illness that may be suffered or any loss of property that may occur to my daughter/son while participating in the After School Enrichment Program.

Authorization for Emergency Care:

In case of accident or serious illness, and the school/program is unable to reach me, I hereby authorize the school/program to contact the physician indicated on the application and to follow his/her instructions: If it is impossible to contact this physician, the school may make whatever arrangements necessary to provide care and treatment for my child.

In case of accident/serious illness where the immediate treatment of my child is not necessary, but he/she is unable to remain at school, the school/program will contact me or arrange transportation for my child. If the school/program is unable to reach me, I authorize the school/program to contact one of the persons indicated on the enrollment form and ask them to pick up and transport my child home.

Administration of Medication & Medical Release Statement:

A policy has been established in Duval County to govern the administration of medicine to students in public schools. The policy states that before medicine can be administered in the school, a statement from the physician concerning the medicine must be on file at the school. Directions taken from the prescription bottle or box will not suffice. Only a written statement from the physician is acceptable. I waive any claims or liability that may arise against any school/program personnel relative to the administration of medication of my child.

Photo/Media Release:

I acknowledge and understand that publicity activities such as interviews, photos, and videotaping may occur. I consent and permit my child, as a participant in the After School Enrichment Program and events, to be photographed, videotaped, and/or interviewed for publicity activities. ☐ Yes, ☐ No

Parent or Guardian's Signature

Date

School Records Release Statement

I give my consent for my son's/daughter's/ward's school records to be accessed by the selected community based organization and the Kids Hope Alliance through the Duval County Schools Student Information Management System (SIMS) for the purpose of gathering data for analysis of program effectiveness. The data accumulated will be aggregated without identifying any individual child.

Survey Release Statement

I give permission for my child to respond to surveys about participation in the after-school or summer camp program(s) that are conducted by agencies including the Kids' Hope Alliance, affiliated community agencies, and the Florida Institute of Education at the University of North Florida.

Parent/Guardian is responsible for transportation of youth to and from camp. Elementary age participants must be picked up by and authorized individual 18+ and must be able to show identification. Students must be picked at the designated camp end time. Failure to comply may result in camper being removed from the camp.

Does your child have health insurance? ☐ Yes ☐ No

____ Yes, I would you like someone from the Kids Hope Alliance/Cover Jacksonville to contact me with more information about Florida KidCare coverage for children under 19

____ No, I do not want to be contacted with Florida KidCare coverage information.

(Application is not considered complete unless signed below to indicate agreement with all of the above.)

Child's Name

Parent or Guardian's Signature

Date



Communities
In Schools

Communities In Schools of Jacksonville, Inc.

Dear Parent/Guardian:

To assist in ensuring your child's well-being while attending After School Enrichment Program, please complete and return to the front office immediately.

STUDENT HEALTH FORM

Student Name			
Address		City: Jacksonville	State: Florida
Parent/Guardian Name		Phone Number Cell Number	
Emergency Contact Relationship		Phone Number Cell Number	
Is your child being treated for any of the following?			
A. Diabetes Yes <input type="checkbox"/> No <input type="checkbox"/> D. Hemophilia or bleeding disorder Yes <input type="checkbox"/> No <input type="checkbox"/> B. Asthma Yes <input type="checkbox"/> No <input type="checkbox"/> E. Other (list below) Yes <input type="checkbox"/> No <input type="checkbox"/> C. Epilepsy or seizures Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does your child have any history of chronic illness? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain:			
Does your child have allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please specify:			
Is your child currently taking any medication? Yes <input type="checkbox"/> No <input type="checkbox"/>			
No medication will be administered during the Afterschool Enrichment by enrichment staff. We strongly suggest that medicine is administered prior to the beginning of the afterschool enrichment program day. Youth who show signs of being sick may be asked to return home and or may not be allowed to attend the afterschool enrichment program. Only Parents/Guardian are only allowed to administer medication.			
Authorization for Emergency Care: In case of accident or serious illness, and the school/program is unable to reach me, I hereby authorize the school/program to contact the physician indicated on the application and to follow his/her instructions: If it is impossible to contact this physician, the school may make whatever arrangements necessary to provide care and treatment for my child. In case of accident/serious illness where the immediate treatment of my child is not necessary, but he/she is unable to remain at school, the school/program will contact me or arrange transportation for my child. If the school/program is unable to reach me, I authorize the school/program to contact one of the persons indicated on the enrollment form and ask them to pick up and transport my child home.			

Parent/Guardian Signature

Date



Communities In Schools of Jacksonville, Inc.
Sibling Notification
(This form helps us to identify siblings for program placement)

Date: _____

Parent Information:

Name: _____

Mailing Address: _____

Zip Code: _____

Home Phone: _____ Cell: _____

Please note that an enrollment form must be completed for each program participant. Listing a name on this form does not automatically enroll a participant in the program.

<i>Student ID #</i>	<i>Student Name</i>	<i>School</i>	<i>Sibling/Relationship</i>	<i>Grade</i>

Special Note:

An enrollment form must be completed for each program participant. Listing a name on this form does not automatically enroll a participant in the After School Enrichment Program.

Regular daily attendance is requirement. After School Enrichment Program placement may be lost because the participant does not have regular daily attendance.

Parent Signature

Date



Parent-Guardian COVID-19 Liability Release Waiver

Please print

Date:	
Parent/Guardian: Last Name	First Name
Child Name:	Age: Grade:

- I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. In placing my child(ren) in Communities In Schools of Jacksonville, Inc. (CIS) Afterschool Program.
I further acknowledge that Communities In Schools of Jacksonville, Inc has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. Throughout the afterschool program operation where my child(ren) attend.
I further acknowledge that Communities In Schools of Jacksonville, Inc (CIS) cannot guarantee that I my child will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, students and their families.
I voluntarily seek services provided by Communities of Jacksonville, Inc. (CIS) and acknowledge that I maybe increasing my child (ren) risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to in place to reduce the spread by my child (ren) attending the CIS afterschool program.
- I attest that:
 - * my child(ren) are not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
 - * I or my child(ren) have not traveled internationally within the last 14 days.
 - * I or my child(ren) have not traveled to a highly impacted area within the United States of America in the last 14 days.
 - * I do not believe me or any family member have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
 - * I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
 - * I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.
- I hereby release and agree to hold Communities of Jacksonville, Inc. (CIS) Board of Directors harmless from, and waive on behalf of myself and my child(ren), my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the CIS, or that may otherwise arise in any way in connection with any services received from (CIS). I understand that this release discharges Communities In Schools of Jacksonville, Inc. and its Board of Directors from any liability or claim that I, my heirs, or any personal representatives may have against Communities In Schools of Jacksonville, Inc. with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Communities In Schools of Jacksonville, Inc. (CIS). This liability waiver and release extends to all activities provided throughout Communities In Schools of Jacksonville, Inc. programs together with all partners, and employees.
- By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Date:	
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Please sign (Parent/Guardian signature)