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|--|--|--|--|--|--|--|--|--|--|

Student ID#



Communities  
In Schools



KIDS HOPE ALLIANCE  
The partnership for children  
and families



DUVAL COUNTY  
PUBLIC SCHOOLS

## Communities In Schools ■ Summer Learning Enrichment Program REGISTRATION INFORMATION SUMMER 2021

School Site  Last four numbers of Childs Social Security #

Child's Last Name:  MI:  First Name:

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

Race: 

|                          |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | White/Caucasian  |
| <input type="checkbox"/> | African American |

|                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | Native American |
| <input type="checkbox"/> | Hispanic        |

|                          |                |
|--------------------------|----------------|
| <input type="checkbox"/> | Asian/ Pacific |
| <input type="checkbox"/> | Multiracial    |

|                          |       |
|--------------------------|-------|
| <input type="checkbox"/> | Other |
| <input type="checkbox"/> |       |

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 removed 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 Summer Learning Program please contact the Summer Learning Project Managers 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!**  
**Summer Camp 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 Summer Learning 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 Summer Learning 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 Summer Learning 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 Summer Learning 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.

***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 Summer Learning, please complete and return to the front office immediately.

### STUDENT HEALTH FORM

|  |  |   |
|--|--|---|
| Student Name   |  |   |
| Address  |  | City: <b>Jacksonville</b> State: <b>Florida</b> |
| Parent/Guardian Name   |  | Phone Number                                    |
|  |  | Cell Number                                     |
| Emergency Contact  |  | Contact Number                                  |
| Relationship   |  |   |
| 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 camp by camp staff. We strongly suggest that medicine is administered prior to the beginning of the camp day. Youth who show signs of being sick may be asked to return home and or may not be allowed to attend camp. Only Parents/Guardian are only allowed to administer medication.  |  |   |
| <b>Authorization for Emergency Care:</b>   |  |   |
| 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

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><b>Student ID #</b></i> | <i><b>Student Name</b></i> | <i><b>School</b></i> | <i><b>Sibling/Relationship</b></i> | <i><b>Grade</b></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 Summer Learning program.***

Regular daily attendance is requirement. Summer Learning placement may be lost because the participant does not have regular daily attendance.

\_\_\_\_\_  
**Parent/Guardian Signature**

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



# Summer Camp 2021 Consent Form

Site: \_\_\_\_\_

Dear Parent/Guardian:

The Communities In Schools of Jacksonville Summer Camp is planning to take our students on a field trip to \_\_\_\_\_. The cost to attend this trip is **FREE**, the date of this field trip is \_\_\_\_\_. The buses will leave our site at \_\_\_\_\_ am/pm and will return at \_\_\_\_\_ am/pm. Please understand that the buses may run a little late that day.

The Parent/Guardian will give or not give permission for this student to attend this field trip. It should be understood that there will be no other activities taking place in the Summer Camp Program other than the field trip on the date listed above. Summer camp participants must adhere to the following COVID-19 guidelines in order to attend any field trips. **No Exceptions!**

- ***Wear a face covering at all times, unless actively eating or drinking***
- ***Stay at least 6 feet from others***
- ***Frequently wash your hands***

We consent to:

\_\_\_\_\_ going to the above mentioned field trip for supervised activities and agree to release and discharge Communities In School of Jacksonville, Inc., Kids Hope Alliance, and the Duval County School Board, its Officers, Agents and Employees, exercising reasonable care with their scope of employment from liability all claims and demands, rights growing out of personal injuries and property damage resulting or occurring during the aforementioned activity or in transit to and from activity.

Signature \_\_\_\_\_

Home Phone # \_\_\_\_\_

Emergency # \_\_\_\_\_

***\*No student will be allowed to leave the campus without a signed parent consent form. Students are subject to all disciplinary actions as a result of behavior during the Summer Camp Program. Please note that students must attend the Summer Camp Program at least 3-4 days a week in order to be eligible to participate on field trips. Field trip forms must be fully completed.***

**Notes from Parents/Guardians are not accepted for any reason.**

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: \_\_\_\_\_ Relationship: \_\_\_\_\_

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





## Parent-Guardian COVID-19 Liability Release Waiver

### **PLEASE PRINT**

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

Parent/Guardian: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

I, the undersigned parent or guardian of a child who is a participant in the Communities In Schools of Jacksonville Summer Camp Program (the "Program"), enter into and agree to become legally bound by this RISK ACKNOWLEDGMENT, RELEASE, AND LIABILITY WAIVER AGREEMENT RELATING TO CORONAVIRUS / COVID-19 (the "Agreement") and acknowledge and agree to the following as conditions of my child's participation in the Program.

- ❖ I am aware of the contagious nature of COVID-19, and have voluntarily chosen to allow my child to participate in the Program.
- ❖ Department employees will be exposed to multiple persons, and employees could be exposed to COVID-19.
- ❖ Although precautions may be taken to reduce the likelihood of transmission of COVID19, there are no promises, guarantees or expectations that my child will not become infected with COVID-19, but I acknowledge that my child must adhere to the guidelines recommended by the Center for Disease Control and Prevention ("CDC"):
  - ***Wear a face covering at all times, unless actively eating or drinking***
  - ***Stay at least 6 feet from others***
  - ***Frequently wash your hands***
- ❖ I represent and warrant that I have carefully read and fully understand all of the provisions of this Agreement, and I acknowledge that I and on behalf of my child have waived all rights to file a lawsuit or to commence an administrative action against the Agencies. If any other person acts on my behalf or my child's behalf later files a lawsuit or administrative action, I shall be liable for the actual attorney fees and costs incurred by Agencies in defending any such legal action.
- ❖ I represent and warrant that I am the parent or guardian of the child or children whose name appears below and that I have, as of the date hereof, have taken all necessary actions to authorize the execution of this Agreement and have the full power, authority, and legal right to execute, deliver, and perform the respective obligations under this Agreement.

Intending to be legally bound, I am executing this Agreement as of the date written below.

Name of child participating in the Program:

\_\_\_\_\_

Printed full name of parent or guardian: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

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



Communities  
In Schools

Jacksonville

6261 DuPont Station CT  
Jacksonville, FL 32217

PH: 904.344.3900  
F: 904.551.9421  
www.cisjax.org

## Mayport Coastal Sciences Middle School

### Student Contact Sheet

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Address: \_\_\_\_\_

City: Jacksonville

Parent/ Guardian: \_\_\_\_\_

Parent/ Guardian Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Emergency Contact Relationship to the Student: \_\_\_\_\_

Please List any person(s) other than yourself authorized to pick up your student:

1) Name: \_\_\_\_\_

2) Relationship: \_\_\_\_\_

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

3) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

4) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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



# MAYPORT COASTAL SCIENCES MIDDLE SCHOOL

Ms. E. Welch, Program Manager

## BEHAVIOR POLICY FORM

The Afterschool program is available to all students at Mayport Coastal Sciences Middle School regardless of race, color, religion, age, disability or socioeconomic status. In order for us to provide a well-planned after school program with a positive and supportive atmosphere for our students, it is important that all children understand and follow the behavior policy. At afterschool, we use problem solving techniques and logical consequences when corrective measures must be taken.

Parental involvement is strongly encouraged. All efforts will be made to contact the parent/guardian to discuss any behavior and/or safety issues that may arise. For this reason, it is important that parents/guardians keep their contact information current with the Afterschool staff. Parents and guardians are encouraged to speak with the program manager about their children during the school year if they have any questions or concerns.

Students may be removed from the program due to attendance or behavioral issues. The program manager makes all of the decisions regarding removal from the Afterschool Program. The following steps will be taken to deal with behavioral issues. *(Please note that serious infractions may be subject to immediate suspension or dismissal.)*

*FIRST BEHAVIORAL INCIDENT                      Verbal Warning/Parent Call*

*SECOND BEHAVIORAL INCIDENT                Suspension from Afterschool Program (1-10 days)*

*THIRD BEHAVIORAL INCIDENT                Dismissal from Afterschool Program*



## MAYPORT COASTAL SCIENCES MIDDLE SCHOOL

Ms. Welch, Program Manager

### PICKUP POLICY FORM

The Afterschool Program is designed to enhance the academic and social development of students after regular school hours. Afterschool Summer Camp hours are from 8:00 am to 4:45 pm. For the safety of our students and our staff, Afterschool asks that All parents and guardians honor the Time of the afterschool staff and pick up their children before closing time.

Please remember that Afterschool will only release students to those who are on the approved list and who are at least 18 years old. Minors under the age of 18 years of age are not authorized to pick up Afterschool students. Afterschool students will not be released to such unauthorized people or minors under the age of 18.

Violations of the above terms will be subject to the following corrective actions:

First violation      Verbal Warning

Second violation    Team Talk (Program Manager, Staff, Parent, Student)

Third violation      Dismissal from Afterschool

I have read the above pick up policy for Afterschool and understand that it is my responsibility to follow the pickup policy. I understand the consequences for failing to comply with the pickup policy.

Child's Name (PLEASE PRINT) \_\_\_\_\_

Parent/Guardian Name (PLEASE PRINT) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_