

Student Name: _____

Team Up Site: _____

2023-2024 KIDS HOPE ALLIANCE TEAM UP AFTER SCHOOL ENROLLMENT APPLICATION

Students' Last Name: _____ MI _____ First Name: _____ DOB: _____

Age: _____ Gender M/F _____

Ethnic Background: _____ African American _____ Asian Pacific _____ Hispanic _____ Multi-Racial _____ Native American
_____ White/Caucasian _____ Other

Address: _____ Apt# _____ Zip Code: _____

Student ID: _____ SS# Last 4: _____ Does your child have an IEP/504 evaluation? ___ No ___ Yes

Behavioral/Developmental Concerns: _____

The name of the school the student will be attending for the 23/24 school year: _____

Grade: _____ Student Shirt Size: (Youth) S M L XL (Adult) S M L XL XXL XXXL

What is your Lunch Status? (Check One) _____ Free Lunch _____ Reduced Lunch _____ N/A

Total Living in Household _____ Adults _____ Children

Siblings that attend the same school:

Name: _____ Grade _____ Name: _____ Grade _____

Name: _____ Grade _____ Name: _____ Grade _____

Name: _____ Grade _____ Name: _____ Grade _____

PARENT(S)/GUARDIAN(S)

Family Arrangement: ___ 2 Parents ___ Single Female ___ Single Male ___ Foster Care ___ Relative ___ Military Family

Student Lives With: _____

Mother or Legal Guardians Name: _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Business Name _____ Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Father or Legal Guardians Name: _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Business Name _____ Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent's Annual Income:

___ \$0 - \$9,999 ___ \$10,000 - \$19,000 ___ \$20,000-\$29,000 ___ \$30,000-\$39,000 ___ \$40,000-49,999 ___ \$50,000-\$59,000

___ Over 60,000



PROPER ID IS REQUIRED DAILY TO PICK UP YOUR CHILD

AUTHORIZED ADULT TO PICK UP STUDENT:

Please provide the name, relationship, and phone number of the authorized individuals you permit to sign your child out of our facility.

LAST NAME	FIRST NAME	RELATIONSHIP	PHONE NUMBER

EMERGENCY INFORMATION FORM

Must be completed by Parent or Legal Guardian:

Primary Emergency Contact	Secondary Emergency Contact
Contact Phone	Contact Phone
Address	Address
City, State Zip Code	City, State Zip Code

HEALTH INFORMATION:

Physician: _____ Phone Number: _____

Hospital Preference: _____ Allergies: _____

Medications: _____ Medical Diagnosis: _____

Name of Insurance Plan: _____ ID# _____

Subscriber's name (on insurance card): _____

Parent/Guardian Name (Print) _____ Parent Signature _____

Date: _____

Staff Only:

Any school accommodation? ☐ No ☐ Yes: Please describe: _____

Please list any special talents or skills your child may have: _____

**** Please submit a copy of IEP/evaluation**** ☐ copy attached

PROVIDER USE ONLY: DCPS STUDENT ID# _____ ENROLLMENT START DATE _____



PLEASE SIGN THE ATTACHED WAIVERS

General Release of Liability:

In consideration of being allowed to participate in any way in the After School 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, there may be risks not known to us or not reasonably foreseeable at this time. To 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 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 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 an 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. As a participant in the After School Program and events, I consent and permit my child to be photographed, videotaped, and/or interviewed for publicity activities. ☐ Yes, ☐ No

Parent or Guardian's Signature

Date

Survey Release Statement

I give permission form 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.

The parent/guardian is responsible for transporting the youth to and from camp. Elementary- age participants must be picked up by an 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 the 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 Name

Date





Communities
In Schools

Jacksonville

Mayport Coastal Sciences Middle School Behavior Policy Form

The After-school program is available to all students at Mayport Middle regardless of race, gender, or economic background. Because of this, all children must adhere to the behavior policy, a well-planned program with a positive and supportive atmosphere for children to maximize good student behavior. We use problem-solving techniques, with 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 behavioral issues. Please keep contact information current throughout the year and speak with the project manager about your child(ren).

Below are the procedures taken to deal with behavior problems/ issues. Students may be removed from the program for poor attendance and disruptive behavior. At the discretion of the project manager, any action step can be skipped depending on the severity of the behavior problem/ issue, i.e., fighting.

- Action 1** **Verbal Warning** (speaking with the parent/ guardian)
- Action 2** **Suspension** (from 1 day up to 10 days)
- Action 3** **Written Warning (may result to a school referral)**
- Action 4** **Dismissal from Program)**

By signing below, I agree to the behavioral policy above and understand the consequences.

Child's Name: _____

Parent/ Guardian (Please Print) _____

Parent Signature: _____

Current Phone Number: _____



Communities
In Schools

Jacksonville

Mayport Coastal Sciences Middle School

Pick-Up Policy Form

The After-school program is designed to enhance the academic and social development for students after normal school hours. The after-school hours are from 4:10 pm- 6:45 pm on regularly scheduled school days and from 2:25 pm-5:45 pm on early release days. The staff and students would have endured a full day of activity. For the safety of our students and our staff, Therefore, we ask that parents/ guardians pick up their students **on time**.

If an emergency happens to occur, we encourage you to contact the Program office, 904-247-5977 ext.2, to notify our desk and project manager that you will be running late.

Below are the procedures taken to deal with late pick-up problems/ issues. Students may be removed from the program for continuous late pick-ups. At the discretion of the project manager, any action step can be skipped depending on the severity of the pick-up time.

- | | |
|-----------------|--|
| Action 1 | Verbal Warning (speaking with the parent/ guardian) |
| Action 2 | Suspension (1 day up to 1 week) |
| Action 3 | Dismissal from After school |

By signing below, I agree to the pick-up policy above and understand the consequences.

Child's Name: _____

Parent/ Guardian (Please Print): _____

Parent Signature: _____

Current Phone Number: _____

