Dear Parent/Guardian:

Please find your enclosed Youth Programs Enrollment Packet, which includes the following documents to be completed and returned.

<table>
<thead>
<tr>
<th>Document</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Application</td>
<td>2</td>
</tr>
<tr>
<td>Release Statements</td>
<td>3</td>
</tr>
<tr>
<td>Emergency Contact Form</td>
<td>4</td>
</tr>
<tr>
<td>OneView Consent Form</td>
<td>5</td>
</tr>
</tbody>
</table>

Please do not hesitate to contact us if you have any questions!

Partnerships:
REYNOLDS LANE ELEMENTARY SCHOOL | 840 REYNOLDS LANE | JACKSONVILLE, FL. 32254

CHILD’S PERSONAL DEMOGRAPHICS / INFORMATION

Child’s Name: ____________________________________________________________ Gender: _______ Child’s DOB: ____________

Age: _______ SS# (Last 4 digits): _______ Address: __________________________________________

Zip Code: ___________ Grade: _____ Student ID#: ___________ Current School: ______________________________

Ethnic Group: _____ African American _____ Asian/Pacific _____ Hispanic _____ Multi-Racial

_____ Native American _____ Other _____ White/Caucasian

What is your child’s Lunch Status? (Check One) _____ Free Lunch _____ Reduced Lunch _____ Other

Total Number in Household: _____ Adults _____ Children Household Income: ____________________________

Child lives with: _____ Both Parents _____ Mother _____ Father _____ Grandparent(s) _____ Other

Siblings: Name: ___________________________ Grade: _____ Name: _________________________ Grade: _____

Parent Signature: ________________________ Date: ______________________________

PARENT / HOUSEHOLD INFORMATION:

Parent Name: __________________________________________ Address: ______________________________

City/State/Zip: __________________________________________ Occupation: ______________________________

Place of Employment: __________________________________________ Work #: __________________________

Alternate Phone #: __________________________ Email Address: ______________________________

EMERGENCY CONTACT(S):

Name: ___________________________ Relationship: __________________ Phone #: __________________________

Name: ___________________________ Relationship: __________________ Phone #: __________________________

CHILD’S HEALTH INFORMATION:

List Health Problems: _________________________________________________________________

List Allergies: __________________________________________________________________________

List Medications Child is taking: __________________________________________________________

Persons Not Authorized to Pick Up Child:

Name: ___________________________ Relationship: __________________ Phone #: __________________________

Name: ___________________________ Relationship: __________________ Phone #: __________________________

Parent Signature: __________________________ Date: ______________________________
** General Release of Liability: ** In consideration of being allowed to participate in any way with a Wayman Community Development Corporation (WCDC) program, event or activity, 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 of 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 WCDC, Kids Hope Alliance (KHA), Duval County Public Schools (DCPS), Department of Juvenile Justice (DJJ), their employees and agents will exercise reasonable care while my daughter/son is in their custody and care engaging in activities through the WCDC. I agree to hold WCDC, KHA, DCPS, DJJ, 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 WCDC’s programs, events or activities.

____YES ____NO (Please initial) ______

** 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. WCDC adopts and exercises this policy. A written statement from the physician must be on file with the agency before medicine can be administered. I waive any claims or liability that may arise against WCDC, KHA, DCPS or DJJ personnel relative to the administration of medication of my child. ____YES ___NO (Please initial) ______

** Authorization for Emergency Care:** In case of accident or serious illness, and WCDC is unable to reach me, I hereby authorize WCDC to contact the physician indicated on the application and to follow his/her instructions: If it is impossible to contact this physician, WCDC 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 WCDC or its program site, WCDC will contact me or arrange emergency transportation for my child. If WCDC is unable to reach me, I authorize WCDC to contact one of the persons indicated on the enrollment or emergency contact forms and ask them to pick up and transport my child home. _____YES _____NO (Please initial) ______

** Photo/Media Release:** I acknowledge and understand that the publicity activities such as interviews, photos, and videotaping may occur. I consent and permit my child, as a participant in WCDC’s programs, events or activities to be photographed, videotaped, and/or interviewed for publicity activities. _____YES _____NO (Please initial) ______

** School Records Release Statement:** I give my consent for my son’s/daughter’s awards/school records to be accessed by WCDC, JCC, JJ and DJJ through 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 Participation:** I give my permission for my child to respond to surveys about participation in the after-school or summer camp program 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. _____YES _____NO

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

___________________________________  ______________________________   __________________
Child’s Name (Please print)  Parent or Guardian Signature  Date

RELEASE STATEMENT
# CONTACT FORM

WAYMAN COMMUNITY DEVELOPMENT CORPORATION

EMERGENCY CONTACT FORM

Student(s) Name: __________________________________________ Grade: ________________

Name: __________________________________________ Grade: ________________

Name: __________________________________________ Grade: ________________

Name: __________________________________________ Grade: ________________

*Parent/Guardian Name: __________________________________________ Relationship: ________________

Contact Numbers: __________________________________________

<table>
<thead>
<tr>
<th>Home</th>
<th>Cell</th>
<th>Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Parent/Guardian Name: __________________________________________ Relationship: ________________

Contact Numbers: __________________________________________

<table>
<thead>
<tr>
<th>Home</th>
<th>Cell</th>
<th>Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*ANY PERSONS AUTHORIZED TO PICK UP STUDENTS MUST BE 18 YEARS OF AGE!

PICTURE I.D. REQUIRED! NO EXCEPTIONS!

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Number</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd Contact</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE TO PARENT(S)/GUARDIAN(S):**

Please notify staff when there is a change in phone numbers or if you can no longer be reached at the numbers listed above.
ONEVIEW PORTAL PARENT FERPA CONSENT FORM

I consent to the disclosure of the following educational records of my child to ______________________________________________ and the Jacksonville Public Education Fund (“Data Recipients”). I understand that the following educational records will be available to facilitate research to improve instruction and student supports throughout Duval County.

Student Information: (please print)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>Student Number</th>
</tr>
</thead>
</table>

All of the following educational records are approved for release:

- All student and family demographics
- All district/state/national student assessments
- All student services data including discipline and health
- All academic data
- All attendance data
- All data contained on the OneView parent portal

Parent/Guardian Providing Consent to Above-Listed Data: (please print)

<table>
<thead>
<tr>
<th>Parent/Guardian Name (Print)</th>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Written consent of parents is usually required for the release of personally identifiable records or other information protected by the Family Education and Privacy Act to agencies or individuals. Agencies or individuals may not share information with any other party without the written consent of the parents unless entitled to do so under FERPA 99.33.

You may revoke this authorization at any time. Unless revoked earlier, this consent will remain in effect until one school year (August 1st to July 31st of the following year) after program enrollment.

Duval County Public Schools Use Only:

<table>
<thead>
<tr>
<th>Name of DCPS Staff Fulfilling Request (Print)</th>
<th>Staff Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
