



Wayman Community
Development Corporation

Youth Programs Enrollment Packet

Dear Parent/Guardian:

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

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

Partnerships:



STANDARD APPLICATION

MUST COMPLETE FORM TO BE CONSIDERED FOR THE PROGRAM

Office Use Only: Date: _____

WHITEHOUSE ELEMENTARY SCHOOL | 11160 GENERAL AVE | JACKSONVILLE, FL. 32220

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 _____

Name: _____ Grade _____ Name: _____ Grade _____

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: _____

RELEASE STATEMENT

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
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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: _____ / _____ / _____
Home Cell Work

*Parent/Guardian Name: _____ Relationship: _____
Contact Numbers: _____ / _____ / _____
Home Cell Work

***ANY PERSONS AUTHORIZED TO PICK UP STUDENTS MUST BE 18 YEARS OF AGE!
PICTURE I.D. REQUIRED! NO EXCEPTIONS!**

Name	Contact Number	Relationship
1 st Contact	_____	_____
2 nd Contact	_____	_____
3 rd Contact	_____	_____

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)*

Last Name	First Name	MI	Date of Birth	Student Number
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All of the following educational records are approved for release:

- | | |
|---|---|
| <ul style="list-style-type: none"> • All student and family demographics • All district/state/national student assessments • All student services data including discipline and health | <ul style="list-style-type: none"> • All academic data • All attendance data • All data contained on the OneView parent portal |
|---|---|

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

Parent/Guardian Name (Print)	Parent/Guardian Signature	Date
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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:

Name of DCPS Staff Fulfilling Request (Print).	Staff Signature	Date
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