| Child's Name:<br>Nombre del nino:   | Child Info  | ormation   |                                 |
|---|---|--|---------------------------------|
| Date of Birth: Dia de Nacimiento:   | Race:<br>Raza:  | Circle One: Male / Female<br>Circula uno: Masculino / Feme   | Pnino                           |
| Current Address:<br>Direction:  |   |  |                                 |
| City:<br>Ciudad:  | State:<br>Estado:   | Zip Code<br>Codico Postal:   |                                 |
| School:<br>Escuela:   | Grade<br>Grado  | , ,8 <del>c</del> .  |                                 |
| Name:<br>Nombre:<br>Address:  | Parent / C  | Guardian   |                                 |
| Direction: City: Ciudad: Phone:   | State:<br>Estado:<br>Email:   | Zip Code:<br>Codico Postal:<br>Relationship to child:  |                                 |
| Telephono: Employer: Empleado:  | Correco Electronico:  Work #:  # de trabajo:  | Relacion al nino:  Custody of Child:  Tiene Custodia del nino:  Si / No  |                                 |
| Does not reside w Single parent fam Economically disa Latch Key child/yo Academic risk (You Attends a Title I So Exhibits potential truancy, enrolled in an | no lack a fixed, adequate and stable night time re ith either parent (Youth lives in foster home ily (Youth lives with single mother of single fathed dvantaged/Low Income (Family receives Fouth (Youth would be at home without adult sup th has poor or failing grades, one or more grades shool (Youth attends a Title I school in Manatee for delinquent behavior (Youth has been in alternative school, has been reported for bullyin | or kinship care) r) od Stamps, TANF, Subsidized Housing or School Readiness Sub ervision for part of the day i.e. after school while parent is at v behind, history of suspension, chronic absences, learning disa | vork)<br>bility)                |
| By signing below, I attest that   | luced Lunch Yes No I lunch, copy of letter is required. uced Lunch, proof of income is required.  | ue and accurate. If any information I reported is  | Adults Children found untrue, I |
| Signature<br>Firma:   |   | Date<br>Fecha:   | ,                               |

### CHILD RELEASE INFORMATION/EMERGENCY CONTACTS

Child will be released only to the custodial parent or legal guardian and the persons listed below.

The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

| Name  | Address   |
|---|---|
| Phone Number (Cell)   | (Work)  |
| Name  | Address   |
| Phone Number (Cell)   | (Work)  |
| I will need the following services for my child:  |   |
| School days:   Before School Only   | □ After School Only □ Before and After School                       |
| Non School Days:   □ In-Service & Record  | □ Spring Break □ Summer Break □ Winter Break                        |
| Days of week in care:   | □W □TH □F   |
| CHILD'S MEDICAL INFORMATION   |   |
| I hereby grant permission for the staff of this faci<br>emergency medical care for my child if warrante | ility to contact the following medical personnel to obtain<br>d.    |
| Doctor:   | Phone:  |
| Address:  |   |
| Hospital Preference:  |   |
| MEDICAL CONDITION   |   |
| Please list below any medical conditions to inclure require our special attention while in our care.    | ude allergies and prescription medications your child has that will |
|   |   |
|   |   |
|   |   |

#### **PROGRAM SURVEY**

Purpose:

The purpose of this survey is to help Palmetto Youth Center address any concerns you may have regarding your child/children and to help the Palmetto Youth Center develop meaningful programming to reduce risk factors associated with crime, violence, victimizations, school failure, and other risky behaviors. Palmetto Youth Center goal is to provide programming to strengthen those protective factors that will support social emotional learning to include school, family, and community.

Please provide your answers to the following questions:

1. I am concerned about my child's school adjustment issues, including one or more of the following:

| YES | NO | My child has missed 10 or more days in the last school year. |  |
|-----|----|--|--|
| YES | NO | My child has been suspended or threatened with expulsion.    |  |
| YES | NO | My child is enrolled in an alternative school                |  |
|     |    | My child does not like school                                |  |

2. I am concerned about my child's behavior:

| YES | NO | My child is disrespectful towards adults, friends, and family. |
|-----|----|--|
| YES | NO | My child does not do well with following instructions.         |
| YES | NO | My child needs to develop his/her interpersonal skills.        |
| YES | NO | My child has a low self-esteem.                                |
|     |    |  |

3. I am concerned about my child's environmental exposures:

| YES | NO | My child has family members who have been in trouble with the law.   |
|-----|----|--|
| YES | NO | My child has friends who are criminals, delinquent, or gang involved |
| YES | NO | My child is exposed to a lot of crime in my neighborhood             |
|     |    |  |

4. Does your child have:

| YES | NO | My child has a learning disability.                      |
|-----|----|--|
| YES | NO | My child has a physical disability.                      |
|     |    | My child has a 504 Plan or IEP from the School District? |

| 5. | Please provide any other concerns you might have: |
|----|---|
|    |   |
|    |   |

#### **PROGRAMS & ACTIVITIES**

| The Palmetto Youth Center offers a variety of progressive programs that are designed to       |
|---|
| facilitate the development of our community's youth from ages 5-17. As we continue to grow    |
| more programs will be added. Please select all programs that your child may be interested in: |
| . O many so medicated in.   |
|   |

| Basketball                       |   |
|----------------------------------|---|
| Football                         |   |
| B.L.A.S.T Male Mentoring Program |   |
| Teen HYPE Program                |   |
| Other (Please List):             |   |
|                                  |   |
|                                  | - |

#### PALMETTO YOUTH CENTER'S HAND BOOK

The Palmetto Youth Center Handbook contains important information about the Policies and Procedures, I understand that I should consult with the Office Administrator and/or Program Director regarding any questions not answered in the handbook. I have entered into my childcare relationship with the Palmetto Youth Center voluntarily, and understand that there is no specified length of enrollment. Accordingly, either the Palmetto Youth Center or I can terminate the relationship at will, at any time, with or without cause, and with or without advance notice. I have received a copy of the Palmetto Youth Center's Handbook on the date listed below. I understand that I am expected to read the entire handbook. I understand that this form will retain in my child's personnel file.

| Signature: | Date: |
|------------|-------|
| 9          | Date: |

#### RECORDS CONSENT FORM

To promote the success and academic achievement of students that attend our program, your child will receive education support services from the Trojan Reading Improvement Program offered at the Palmetto Youth Center.

In order to implement effective strategies and programs that help your child achieve academic success, we will need access to student records that include grades, test scores, progress reports, academic records, student ID number, and registration records.

The purpose for accessing academic data related to your child is to better provide supplement education services. Accessing or sharing records will be done with the express purpose of promoting your child's academic success and achievement and to increase the effectiveness of the services being offered by the Palmetto Youth Center. No records will be used for any purpose other than a legitimate educational interest.

By signing below, you provide written consent and authorization for the Palmetto Youth Center to access your child's educational records, information, or data regarding your child from the School District of Manatee County. You also consent and authorize the Palmetto Youth Center to share our educational records, information, or data with school officials and our funding agencies upon their request.

I have read the above information and consent to the Palmetto Youth Center and staff

#### PHOTOGRAPHY CONSENT/ MODEL RELEASE FORM

| l,   |  |
|--|--|
| Parent/Guardian Name (Please Pr  | int)   |
| Do hereby grant permission to The Palmetto Youth Center and and use: photographs, videotape and/or digital images of me/educational materials pertinent to the Palmetto Youth Center   | my child for use in promotional or                   |
| <ul> <li>In printed publications or materials</li> <li>In electronic publications or presentations</li> <li>On the Palmetto Youth Center's website</li> </ul>  |  |
| l agree that my/ my child's identity: (please check one) 🛛 🗆 M   | ay be revealed                                       |
| Child's/Children's Name(s):  |  |
| In connection with the images, descriptive text or commentar indefinitely without compensation to me/my child. All negative and videotapes shall be the property of the Palmetto Youth Contains Print:                           | es, positives, prints, digital reproductions, enter. |
| Signature:   |  |
| Address:   |  |
| (City, State   | Zip code)  |
|  |  |
| RELEASE OF LIABILITY   |  |
| I,,  (Parent/Guardian Print Name)  child/children named above. I have read and I understand the  the participant taking part in the above described activities. I  assumption of risk and release the Palmetto Youth Center from | ully enter and agree to the above                    |
| Signature Parent/Guardian  | Date Signed  |

| Date://  |
|--|
| To Whom It May Concern:  |
| This letter is to verify that the Palmetto Youth Center will be picking up the child/children listed below from school starting: |
| Date:/   |
| School Name:   |
|  |
| Student(s):  |
| 1  |
| 2.<br>3.   |
| 4.   |
| 5<br>6   |
| 7.   |
|  |
|  |
|  |
|  |
|  |
| Authorizing Parent/Guardian Signature  |

You are Greatly Appreciated!!!

Thank you for choosing and allowing Palmetto Youth Center to care for your child/children. Here at the Palmetto Youth Center, we pride ourselves in providing a safe place where children can thrive. Our best practice shows that this is done by providing a fluid service delivery.

As a friendly reminder, all tuition is due by the 5<sup>th</sup> of the month.

Please choose your method of acceptable payment listed below:

- Personnel Check
- Money Order
- Debit Card
- Credit Card

Unfortunately, cash payments are not accepted.

Non-Sufficient Fund (NSF) checks will accrue a \$25.00 NSF check fee. Parents will be notified about the NSF and have 2 days in which to pay in full by another acceptable method of payment as listed above. If tuition Is not paid in full, services provided by the PYC will be suspended immediately.

Please note, children may not be left on premises until tuition is paid in full by one of the acceptable methods listed above.

**Late Payments:** A late fee charge of \$10.00 will be assessed after the 5<sup>th</sup> business day of each month.

**Late Pickup** is after 6:00pm. The \$1.00 per minute per child policy will be enforced and due at the time of pickup. Repetitive late pick up may result in suspension from the program.

If you have any questions or need additional information, please call 941-722-0783 during business hours.

We look forward to an ongoing rewarding experience with you and your family.

| Child/Children's Name: |   |  |
|------------------------|---|--|
|                        | - |  |

# Membership Application Checklist

| All pages completed or marked with a N/A (Not Applicable)there should |
|---|
| be no blank linesPYC Staff Initial                                    |
| All Signatures are complete to include dates. PYC Staff Initial       |
| Proof of employment and income is providedPYC Staff Initial           |
| Payment receivedPYC Staff Initial                                     |
| Orientation completePYC Staff Initial                                 |
|   |

Please note your child/children are not registered until all the above is done and checked by Palmetto Youth Center. Thank you for allowing us to serve you and your family.