

Centro Campesino FarmWorkers, Inc.
After School Enrollment 2016 - 2017

SECTION I STUDENT INFORMATION

PK - K - 1 - 2 - 3

Student Name **X** _____ Birth Date **X** _____ SEX: M - F Grade: **4 - 5 - 6 - 7 - 8** Age: **X** _____
 (PRINT NAME) (Mo/Day/year) (Circle Gender) (Circle Grade)

Location/Site: **Centro** () **ECA** () Student ID # **X** _____
 School attending: **X** _____
 Home Address: **X** _____ APT/Trailer # _____
 City: **X** _____ State: **X** _____ Zip Code: **X** _____
 Home PH # **X** _____ Cell PH # **X** _____ Emergency PH# **X** _____
 Date: **X** _____

SECTION II PARENT INFORMATION

MOTHER'S NAME _____ WORK PHONE # _____
 FATHER'S NAME _____ WORK PHONE # _____
 LEGAL GUARDIAN _____ WORK PHONE # _____

SECTION III MEDICAL INFORMATION

CHILD'S DOCTOR _____ PHONE # _____
 ADDRESS _____ HOSPITAL/CLINIC _____
May we contact another doctor if unable to call the child's doctor? Yes No
Do you authorize Centro Campesino to provide emergency care at the closest hospital in case of emergency? Yes No
Does the child have any medical conditions that we should be aware of? Yes No
 (If so, Please describe) **X** _____
Does your child have any ALLERGIES we should be aware of? Yes No
 (If so, Please describe) **X** _____

Please list the names of person(s) whom you give permission to pick up the child from the program or may contact in case of an emergency if you cannot be reached. (*MUST PRESENT ID)

Name _____ Relationship _____ Phone # _____
 Name _____ Relationship _____ Phone # _____
 Name _____ Relationship _____ Phone # _____
 Name _____ Relationship _____ Phone # _____
 Name _____ Relationship _____ Phone # _____

Note: Please answer each question on the application without leaving blank spaces and sign

Demographic Tract Data

SECTION IV ENROLLMENT AGREEMENT

By signing this application, you are agreeing to enroll your child in the Summer Camp Program. As a parent or legal guardian, you also agree to provide any and all additional information requested by program staff, such as report cards, progress reports or other relevant information. **Also, you commit to attending all mandatory parent workshops and meetings, volunteering at planned events and attending other related activities when scheduled.** The program is free but certain costs for supplies may be required as needed. Every effort will be made to provide the best service possible for you and your child. Your child's success will depend on your involvement and your child's full cooperation. As a parent you will be required to participate in your child's education such as attending teacher/parent conferences, supporting educational activities and reviewing your child's periodic progress reports. You also agree to abide by all program requirements in reference to fieldtrips and program activities. Once a fieldtrip form is submitted the child must attend, in the event that an emergency arises you must notify proper office personnel. No exceptions. By signing this agreement, you agree to participate to the best of your ability in your child's education and that failing to participate in your child's education may be reason to withdraw your child from the program. By signing this agreement, you state that you have received the Influenza pamphlet.

Parent Signature _____

Date : _____

SECTION V STUDENT INFORMATION

Does your child receive free/ reduce lunch?	Yes _____	No _____
Is your child considered Limited English Proficiency (LEP)?	Yes _____	No _____
Does your child have a disability?	Yes _____	No _____

SECTION VI HOUSEHOLD INCOME (ANNUAL)

Bellow \$ 4,999
 \$5,000 – \$17,649
 \$17,650 - \$26,999
 \$27,000 - \$50,999
 \$51,000 & Up
 (Please check only one)

Public Assistance
 Food Stamps
 TANIF
 Section 8
 SSI
 Medicaid

Parent Information

Last Educational Level Completed	Farmworker Classification
Elementary _____	Migrant _____
Middle Sch. _____	Seasonal _____
High School _____	
GED _____	
Other _____	

Note: Please answer each question on the application without leaving blank spaces and sign

SECTION VI DISCIPLINARY PROCEDURES

Section 10M-12.013 requires that parents be notified in writing of the disciplinary practices used by the child care center. The parent's or legal guardian's signature verifies notification in writing of the disciplinary practices of the child care center.

DISCIPLINARY PROCEDURE

Positive behavior modification will be used as well as rewards for positive behavior. Children will be counseled and educated about how to properly conduct themselves in the after school environment. Student will also be educated in conflict resolution in all youth programs. Should it be necessary to discipline your child due to disruptive or unacceptable behavior, the following steps will be taken:

DISCIPLINARY PROCEDURE		
OFFENSE	PROCEDURE	FOLLOW UP
1ST STRIKE (OFFENSE)	After 3 VERBAL WARNINGS have been given, 1st strike will be issued <i>Temporary removal from group</i> Cool Down Time (15 minutes)	Counseling Contact & Notify Parent 1 st Parent Notification Letter Incident Report
2ND STRIKE (OFFENSE)	<i>Temporary removal from group</i> (Cool Down Time - 30 minutes)	Counseling Contact & Notify Parent 2 nd Parent Notification Letter Incident Report Teacher/Parent Conference
**3RD STRIKE (OFFENSE)	<i>Removal from classroom</i> Suspension (3-5 day) Place on Probation from Program Recreational Privileges removed	Counseling Contact & Notify Parent 3 rd Parent Notification Letter Incident Report Conference with Program Director Mandatory Suspension (3-5 day)
**1st repeat Offense from return from suspension	<i>Removal from classroom</i> Notify Program Supervisor Notify Program Director Automatic Withdrawal from program	Refer for further counseling Re-examine re-enrollment after suspension or expulsion
**SEVERE OFFENSE	Remove from classroom Escort to Director's Office Automatic suspension (3-5 day)	Refer for further counseling Re-examine re-enrollment after suspension or expulsion

**** Note: YouthPride reserves the right to remove / withdraw a child from the program and its activities based upon improper conduct. Misconduct or violation of the code of conduct may result in suspension of enrollment for next year's after school and summer camp.****

I have read and understood the disciplinary practices listed below.

Parent/Legal Guardian Signature **X** _____

Date: **X** _____

Student Signature **X** _____

Date: **X** _____

Note: Please answer each question on the application without leaving blank spaces and sign

Code of Conduct Agreement

I, **(student's name)** **X** _____, agree to conduct and behave myself according to the Code of Conduct listed below. I understand that I will be considered a student of the YouthPride program and that I am expected to behave and conduct myself in a positive manner. I agree to do any and all school assignments as instructed and that I will complete my work assignments to the best of my ability. I agree to turn in any and all school work assignments on time. I agree to follow any and all rules of conduct and if I violate any rule, I will have to face the consequences for my negative actions. By signing this agreement, I am making a commitment to develop myself as a productive member of this community through education, community service and leadership.

- I. I will report to the program on time.
- II. I will be ready to do any and all school work.
- III. I will respect my peers at all times.
- IV. I will show respect for other cultures, religion, gender and age differences.
- V. I will learn to communicate properly in a manner that is both polite and courteous.
- VI. I will not use foul or negative language to harm other people by making offensive comments about their gender, ethnic or religious backgrounds.
- VII. I will keep my hands to myself and will not cause harm to anyone else or behave violently towards myself or others.
- VIII. I will not bring vulgar, explicit or dangerous materials into Centro Campesino.
- IX. I promise to respect my parents, my teachers, my tutors, my peers, and adults in general.
- X. I promise to respect my home, my school, and my community and will not litter or destroy property and materials.
- XI. I will respect the authority of any appointed peer student leader, adult leaders, volunteers, parents, program staff, and adults in general.
- XII. I promise to perform my duties and obligations to the best of my ability.
- XIII. I promise not to cheat, steal or lie.

STUDENT:

PRINT NAME X _____ **SIGNATURE X** _____ **DATE X** _____

PARENT:

PRINT NAME X _____ **SIGNATURE X** _____ **DATE X** _____

Note: Please answer each question on the application without leaving blank spaces and sign.

Student Information Form

Child's: Last Name **X** _____, First Name **X** _____ Middle Initial _____

Mother's: Last Name **X** _____, First Name **X** _____ Middle Initial _____

Father's: Last Name **X** _____, First Name **X** _____ Middle Initial _____

Does child live with a legal guardian other than mother or father? Yes No

If yes, **Guardian's:** Last Name _____, First Name _____ Middle Initial _____

Street Address _____ **City** _____ **ZIP Code** _____

Parent/Guardian Phone _____ **Work Phone** _____ **Email** _____

Child's Gender Male Female **Child's Date of Birth** _____ / _____ / _____
(Month /Day /Year)

Child's Race: American Indian or Alaskan Asian Black or African American Pacific Islander White

Child's Ethnicity: Bahamian, Haitian, Jamaican, Black Other No-Hispanic Colombian, Cuban, Dominican, Guatemalan, Honduran, Mexican, Puerto Rican, Salvadorian Other: _____

Child's Country of Origin: **X** _____

Is Child Proficient in English? Yes No

Additional/Other language(s) spoken in the home: Spanish Haitian-Creole Other _____

Student ID: **X** _____

Child's Current Grade Level: **X** _____ **Child's Current School:** **X** _____

Does child have health insurance (ex., private insurance, Kid Care, Medicaid)? Yes No

Does child have a documented disability? Yes No

If yes, do you have (check all that applies):

- an Individualized Family Service Plan (IFSP; if under 3 years old)
- an Individualized Education Plan (IEP) from the school system
- a Section 504 Plan
- a medical diagnosis from a doctor
- a diagnosis by a state certified/licensed professional (ex., psychologist)
- disclosed by the parent or guardian describing the child's specific condition and/or need for accommodations

If yes, how would you best classify the type(s)? (Check all that apply):

- Autism Spectrum Disorders
- Speech/Language Impairment
- Developmental Delay (under 5 only)
- Emotional and/or Behavioral Disorder
- Hearing Impairment (or deaf)
- Intellectual Disability (or mental retardation)
- Chronic Medical Condition
- Visual Impairment (or blind)
- Physical Disability
- Other Disability _____

PARENT/GUARDIAN SIGNATURE: **X** _____ **DATE:** **X** _____

For Staff Use Only (MUST BE COMPLETED)

ORGANIZATION: **Centro Campesino Farmworker Center, Inc.** SITE LOCATION: **Centro / ECA**

Note: Please answer each question on the application without leaving blank spaces and sign.



SPECIAL PERMISSION FORM

PHOTO AUTHORIZATION

I hereby give consent to Centro Campesino and their representatives to Photograph my child and use their likeness for newspaper articles and publicity.

Yes ___ No ___

STUDENT RECORDS ACCESS AUTHORIZATION

I give consent to allow access of my child's academic records (grade / attendance reports, and progress reports) to Centro Campesino YouthPride After School Program and their authorized representatives to monitor and document for my child's academic progress.

Yes ___ No ___

WALK HOME AUTHORIZATION FORM

I understand that my child will walk to and from Centro Campesino Youth Pride After School Program. I understand that I may be expected to arrange for transportation as needed in the event of bad weather. In signing this authorization, I do render Centro Campesino and their representatives harmless and free from responsibility for any and all incidents or difficulties that may occur while my child is walking home.

Yes ___ No ___

TRANSPORTATION AUTHORIZATION FORM

I GIVE PERMISSION FOR CENTRO CAMPESINO TO TRANSPORT MY CHILD during YouthPride program hours. I understand that it may be necessary to transport my child to and from local locations such as the public library, schools, public parks and / or recreational locations and I give permission to transport my child to and from these locations. I further understand that special field trip forms will be required for any transportation trips that are farther and is located outside the county and that I will be contacted for those special trips that require my special permission.

Yes ___ No ___

Parent Name (Print Name) X _____

Parent Signature X _____

Date X _____

Note: Please answer each question on the application without leaving blank spaces and sign



Miami-Dade County Public Schools

Permission for Release of Records and/or Information From Records

Student's Name: X _____ DOB: _____

Records to be released: [Please check appropriate item(s)].

Psychological Report Test Scores Attendance Information

Grades Health/Medical Records Other (Specify)

The record(s) indicated above is/are to be released to:

Agency Centro Campesino Farmworker Center, Inc. Contact Person _____

Address 35801 SW 186 Ave. Florida City, Florida 33034 _____

The purpose for this release is: _____

I hereby grant permission for the release of the above record(s) and this release is to be in effect until _____
_____ (Date).

Signature of Parent or Eligible Student (Date)

School/Agency Releasing/Requesting Records

Signature of Authorized Personnel

Title (Date)

Miami-Dade County Public Schools is subject to the Family Educational Rights and Privacy Act of 1974 Codified at 20 U.S.C. §1232 g. Therefore, all documents contained in a student's educational records, except those specifically waived, are accessible to the parents or eligible student.

Personally identifiable information may be transferred to a third party only on the condition that it will not be released to any other parties without obtaining the consent of the parent or eligible student.

A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL

PRIVACY POLICY FOR CLIENTS OF THE YOUTH SERVICES, F.O.C.U.S: JOBS, AND WEATHERIZATION ASSISTANCE PROGRAM DEPARTMENTS OF CENTRO CAMPESINO FARMWORKER CENTER, INC.

Centro Campesino Farmworker Center, Inc. (CCFC) values your trust and is committed to the responsible management, use and protection of personal identifiable information.

During the course of your application and participation for services from our agency, we accumulate non-public personal information from your intake form as well as other sources such as your income and assets in order to make informed decision about your eligibility and / or processing documents related to your request for services. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your non-public personal information.

We collect non-public personal information about you from the following sources: (i) information we receive from you on our personal intake form (ii) other agencies or affiliates, and (iii) government agencies or programs which have provided services to you.

In order to assist you and/or meet our grant guidelines we may disclose the following kinds of non-public personal information about you (i) information we receive from you on our personal intake forms or other forms such as your name, address, assets and income (ii) information about your transaction with us and our affiliates.

We may disclose non-public personal information about you to the following types of third parties:

- Affiliated Agencies
- Others such as nonprofit organizations or government agencies who provide funding and/or monitor our compliance with grants and regulatory guidelines.

Non-affiliated parties are entities that are not owned or controlled, in whole or in part, nor are they subsidiaries of Centro Campesino Farmworker Center, Inc. However, these third party entities are essential to Centro Campesino Farmworker Center, Inc.'s ability to provide services to you.

I am signing here to acknowledge receipt of the above Privacy Policy.

Applicant Signature	Date	Co-Applicant Signature	Date
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If you prefer that we do not disclose non-public information about you to non-affiliated third parties, except as required by law, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures required by law). If you wish to opt out of disclosures to non-affiliated third parties, sign the space below.

I wish to opt-out of this disclosure described above.

Applicant Signature	Date	Co-Applicant Signature	Date
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Updated and Approved by CCFC Board of Directors, 12/14/2013