



United Way of Miami-Dade

YouthPride 2021-2022 After School Application

Received by: _____

Date: _____

SECTION I STUDENT INFORMATION

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 _____

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 # _____

SECTION IV ENROLLMENT AGREEMENT

By signing this application, you are agreeing to enroll your child in the Afterschool 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.** 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

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: _____

Does your child have health insurance Yes No (Circle one - private insurance, Kid Care, Medicaid)
 If they do, what is the name of the insurance _____

Does the parent/guardian have insurance Yes No (Circle one - private insurance, Kid Care, Medicaid)
 If you do, what is the name of the insurance _____

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)

Annual Household Income: _____

Public Assistance Food Stamps TANIF Section 8 SSI Medicaid

Veteran Yes No Active Military Yes No

Parent Information

Last Educational Level Completed	Farmworker Classification
Elementary _____	Migrant or Seasonal Yes _____
Middle Sch. _____	No _____
High School _____	
GED _____	
Other _____	

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 _____

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

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

Updated and Approved by CCFC Board of Directors, 12/14/2013



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)].

<input type="checkbox"/> Psychological Report	<input type="checkbox"/> Test Scores	<input type="checkbox"/> Attendance Information
<input type="checkbox"/> Grades	<input type="checkbox"/> Health/Medical Records	<input type="checkbox"/> 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



CHILD INFORMATION FORM

Child's Last Name _____ First _____ Middle Name _____

Child's Date of Birth (MM/DD/YYYY) [][] [][][][] Child's Gender Male Female

Miami-Dade County Public Schools ID # [][][][][][][][] No M-DCPS ID #

ALL STUDENTS ATTENDING PUBLIC OR CHARTER SCHOOLS SHOULD HAVE A SCHOOL ID ENTERED.

Child's current school _____

Is your child proficient in English? Yes No

Other language(s) spoken in your home Spanish Haitian Creole Other: _____ None

Street Address _____ City _____ Zip Code _____

Child's ethnicity Hispanic Haitian Other, please specify: _____

Child's race (select only one) American Indian or Alaskan Asian Black or African-American Pacific Islander White Other Multiracial

Child's current grade [][]

Does child have health insurance? (ex., private insurance, KidCare, Medicaid) Yes No (If not, we may be able to help you find affordable coverage – call 211 or visit www.thechildrenstrust.org/parents/health-connect/insurance.)

Child's primary caregiver (full name) _____

Primary caregiver email address _____

Primary Phone Number [][][] [][][][] [][][][] Is this a cell/mobile phone? Yes No

(Please note that The Children's Trust may contact you via postal mail, email and/or text to ask about your satisfaction with these services, and to make you aware of other Trust-funded programs, initiatives and events you may be interested in.)

We want to get to know your child better so that we can provide the best possible experience in our programs. Please tell us more about your child...

What are the main ways in which your child communicates? (Mark all that apply)

- Speaks and is easily understood
 Speaks but is difficult to understand
 Uses communication devices like pictures or a board
 Uses gestures or expressions like pointing, pulling, smiling, frowning or blinking
 Uses sign language
 Uses sounds that are not words like laughing, crying or grunting

What, if any, help does your child receive at this time? (Mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Behavioral therapy or services | <input type="checkbox"/> Physical therapy (PT) |
| <input type="checkbox"/> Counseling for emotional concerns | <input type="checkbox"/> Special education services in school |
| <input type="checkbox"/> Daily medication (not including vitamins) | <input type="checkbox"/> Speech/language therapy |
| <input type="checkbox"/> Occupational therapy (OT) | <input type="checkbox"/> None of the above |

What conditions does your child have that are expected to last for a year or more? (Mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Physical disability or impairment |
| <input type="checkbox"/> Developmental delay (only if under age 5) | <input type="checkbox"/> Problems with aggression or temper |
| <input type="checkbox"/> Intellectual/developmental disability (over age 5) | <input type="checkbox"/> Problems with attention and hyperactivity (ADHD) |
| <input type="checkbox"/> Hearing impairment or deaf | <input type="checkbox"/> Problems with depression or anxiety |
| <input type="checkbox"/> Learning disability (school age) | <input type="checkbox"/> Speech or language condition |
| <input type="checkbox"/> Medical condition or illness | <input type="checkbox"/> Visual impairment or blind |
| | <input type="checkbox"/> None of the above |

If you marked "None of the above" on the previous question, please skip the next two questions and sign below. If you marked any other answer on the question above, please answer the remaining questions and sign below.

Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do? Yes No

To support your child's successful participation in this program, in what areas might s/he need extra assistance? No specific help needed

- Holding a crayon/pencil, writing, using scissors or other fine motor tasks
- Sports or physical activities like running or other gross motor tasks
- Managing feelings and behavior
- Academic, learning or reading activities
- Adapting activities to take into account a visual or hearing impairment
- Using assistive device(s) like a wheelchair, crutches, brace or walker
- Personal services like help with feeding, toileting or changing clothes
- Other _____

Please tell us anything else you think it is important for us to know about your child:

If you are interested in other services funded by The Children's Trust, please call 211 or visit www.thechildrenstrust.org. For special needs resources for your child, visit www.advocacynetwork.org or www.thechildrenstrust.org/content/children-disabilities.

I give my permission for this information to be submitted to The Children's Trust for program quality and evaluation purposes. The Children's Trust provides funding for the program.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

FOR STAFF USE ONLY (MUST BE COMPLETED)

ORGANIZATION _____ SITE _____
POPULATION MEMBERSHIP (check all that apply): Dep Syst Delin Syst



AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of _____, hereby authorize and give consent to the staff of The Children's Trust of Miami-Dade County and/or its funded service providers as follows:

I hereby:

consent and authorize **OR** **do not consent and authorize**

the staff of The Children's Trust of Miami-Dade County and/or its funded service providers to take/use still photographs, digital photographs, motion pictures, television transmissions and/or videotaped recordings (hereinafter "Recordings") of me, my children or my wards for educational, research, documentary and public relations purposes.

Signature of Parent or Guardian

Signature of Witness

Date

Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of The Children's Trust and its funded service providers.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against The Children's Trust of Miami-Dade County and its staff, funded service providers, employees, agents, affiliates and board members.

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____
 Child's Name: _____
 Date Received: _____
 Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

**"The Flu"
A Guide
for Parents**

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

INFLUENZA VIRUS





FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.



⚠️ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session,

a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fall to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

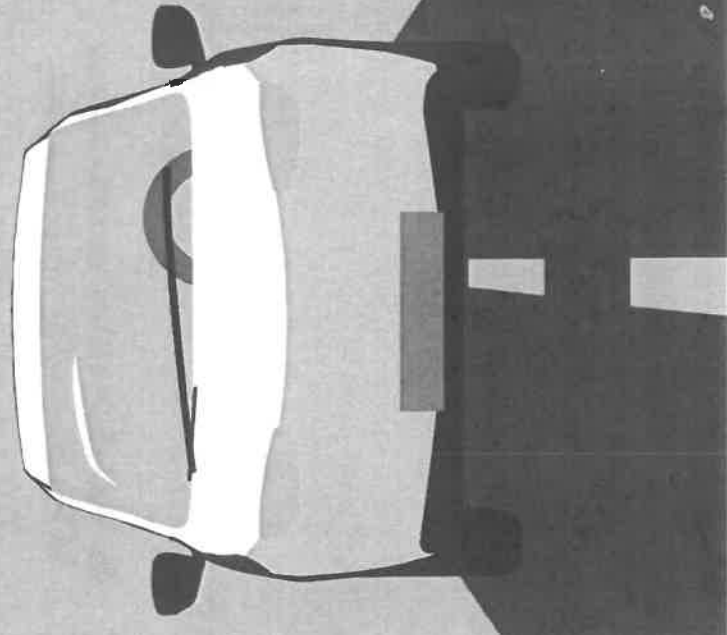
Date:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

A change in daily routine, lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...



When life happens... Don't be a
**DISTRACTED
ADULT**



Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2019