



YouthPride 2022-2023 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
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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



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