|  |
| --- |
| **To Apply**    Please complete and email to:    Chavon@fofmiami.org or Fax - 786-916-5984  For questions please call - 786-802-3448  To mail: 111 NW 183rd St, #110, Miami Gardens, FL 33169  **Contact Information**  Name of PYD Participant  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (First)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Last)  Name of Parent/Guardian  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (First)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Last)  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (City) (State) (Zip)  Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Best way to reach your parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PYD 2019-2020 Application**

|  |
| --- |
| **Background Information**  **Date of Birth** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  **Current Grade**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you participate in any extracurricular activities afterschool? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes, please specify the activity and the days of the week you attend: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Gender: Male Female**  **Transgender Other**  **Race/Ethnic Background:**  White/Caucasian Black/African-American    Asian/Pacific Islander Hispanic/Latino  Afro-Caribbean Middle Eastern  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Positive Youth Development - After School Program

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**CHILD INFORMATION FORM  
*Required as of 8/1/2018***

**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 #

**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](http://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…**

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

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

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

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

|  |  |
| --- | --- |
| Autism spectrum disorder  Developmental delay (only if under age 5)  Intellectual/developmental disability (over age 5)  Hearing impairment or deaf  Learning disability (school age)  Medical condition or illness | Physical disability or impairment  Problems with aggression or temper  Problems with attention and hyperactivity (ADHD)  Problems with depression or anxiety  Speech or language condition  Visual impairment or blind  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***](http://www.thechildrenstrust.org)**. *For special needs resources for your child, visit www.advocacynetwork.org or*** [***www.thechildrenstrust.org/cwd***](http://www.thechildrenstrust.org/cwd)

**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

**---EMERGENCY MEDICAL AUTHORIZATION---**

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under coach’s authority when parents or guardians cannot be reached. **THIS FORM MUST BE FILLED OUT AT THE BEGINNING OF THE PYD AFTER\_SCHOOL PROGRAM!**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name/ cell phone/ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name/ cell phone/ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian’s Name/ cell phone/ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependable relative or neighbor to call in an emergency (illness or injury) when parent or guardian cannot be reached

(Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication being taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Dosage) (Time(s) taken)

List of health problems: Example: asthma, vision, epilepsy, diabetes, hearing, bone or muscle problems, etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Firm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART I OR II MUST BE COMPLETED**

**Part I – TO GRANT CONSENT** if unable to reach parent or guardian, I hereby give my consent for 1) the administration of any treatment deemed necessary by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(physician) or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dentist) in the event that the designated practitioner is not available another licensed physician or dentist and 2) the transfer of my son/daughter to any hospital reasonably accessible.

The authorization does not cover surgery unless the medical opinions of two other licensed physicians or dentists concurring in the surgery are obtained prior to the performance of such surgery.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian’s Signature & Date Signed)

**Part II – REFUSAL TO CONSENT:** I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Positive Youth Development team to take no action or to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian’s Signature & Date Signed)

**PARTICIPANT DISMISSAL/LATE PICKUP POLICY AGREEMENT**

Dear Parent/Guardian of Participant,

Positive Youth Development (PYD) promotes a safe and encouraging environment for every participant of this after school program. In order to do so, PYD asks parent/guardian to identify how dismissal of youth will take place.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that my son/daughter as a member of the PYD After

(Name of Parent/Guardian of participant)

School program, will at dismissal:

\_\_\_\_\_\_\_Walk home

\_\_\_\_\_\_\_ Be picked up by: (**Must present a valid ID, to the PYD Team when picking-up your son/daughter**)

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to youth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to youth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to youth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Pickup Contacts**:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to youth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to youth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ Ride the Miami-Dade County Public school bus (Provided through PYD program only available to program

participants)

\_\_\_\_\_\_\_ Ride a private bus service home: (Name of Bus Company) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this agreement, I acknowledge that I am responsible for making arrangements for the safe transportation of my son/daughter by 6:00 PM at the end of each PYD Program session. I further acknowledge that if my son/daughter is not picked up by 6:15 PM, the PYD Staff will contact parent/guardian as well as all individuals authorized for pickup. If parent/guardian or individuals authorized for pickup cannot be reached by 6:30 PM, the PYD Staff will then contact individuals listed under Emergency Pickup Contacts. If PYD Staff is unable to contact any parent/guardian, individuals authorized for pickup, or Emergency Pickup Contacts, by 7:00 PM, the PYD Staff will then contact Principal of Country Club Middle and local Law Enforcement. The PYD Staff will remain with the youth until the youth is safely discharged.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PYD Staff Date

As a parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_), I am signing in consent of the above

(Participant Name)

PYD Participant Dismissal/Late Pickup Policy Agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Parent/Guardian Name Signature of Parent/Guardian Date

**Statement of Consumer Rights and Responsibilities**

As a recipient of services from Positive Youth Development (PYD), I understand that I am assured the following rights and agree to the following responsibilities.

Rights:

1. The right to competent, respectful care without discrimination on the basis of race, religion, creed, national origin, gender, age, disability, sexual orientation, or any other legally protected status. This care will be provided in the least restrictive setting possible.
2. The right to reasonable access to my records.
3. The right to confidentiality, whereby, information revealed by me during services will be kept strictly confidential and will not be revealed to anyone outside the PYD team without my written permission. The law provides for the following exceptions to this provision:
   1. If the provider has knowledge of child abuse.
   2. If the provider has knowledge of the consumer’s intent to harm him/herself or others.
   3. If the provider receives a court order to the contrary
   4. If the consumer enters in litigation against the agency
   5. If a medical emergency necessitates disclosure

Responsibilities:

1. You have the responsibility to actively and earnestly participate in your services.
2. You have the responsibility to attend the after-school PYD program as scheduled, or if it necessary to miss a program day, to notify the PYD Team at Federation of Families Miami-Dade Chapter, Inc., in advance.

I have received a copy of these Rights and Responsibilities and understand its content.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian Name) (Parent/Guardian Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

**PARTICIPANT BEHAVIORAL POLICY AGREEMENT**

Dear Parent/Guardian of Participant,

Positive Youth Development (PYT) promotes a safe and encouraging environment for every participant of this after school program. In order to do so, PYD asks each member, both parent/guardian and child, to agree to a set of behavioral guidelines.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that my child, as a member of the PYD after school

(Name of Parent/Guardian of Participant)

program, agrees to the following:

* + 1. He or she will respect all participants in the PYD program, even if there is a difference of opinions or belief among members.
    2. He or she will not engage in confrontational behavior at any time, verbal, or physical.
    3. He or she will follow the directions of all PYD facilitators and staff.
    4. He or she will personally assume responsibility to keep the area in which we work clean.

By signing this, I am aware that if my child violates any terms of this agreement, he or she can be dismissed from the program. I also understand that these guidelines, as well as ground rules, will be discussed with my child during the first day of the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PYD Staff Date**

Actions/steps if my child violates any terms of this agreement:

**Step One: Verbal Warning**

**Step Two: Written Warning**

**Step Three: Parent Conference**

**Step Four: Dismissal from Program**

As a Parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I am signing in consent of the above

(Name of PYD Participant)

Action/steps. 

**PYD Program Property and School Property Damage Policy**

Dear Parent/Guardian of Participant,

Positive Youth Development (PYT) promotes a safe and encouraging environment for every participant of this after school program/summer camp. In order to do so, PYD asks each member, both parent/guardian and youth participant, to please recognize that rules apply while participating in the PYD programming after-school, on school grounds, at our Youth and Family Center, on a school bus, PYD Summer Camp, or during an after-school/summer camp sponsored field trip. Students will be subject to disciplinary action any time rules are violated. The following procedures are in effect during participation in our PYD After-School/Summer Camp:

**Vandalism**

By state law, students and their parents are liable for damage to school property/PYD program property, or theft committed by student. Property damage and thefts will be reported to the police. Students and their parents will be billed for the repair and/or replacement of damaged items or property.

**Valuables**

Valuables and/or large sums of money should not be brought to the PYD program. The PYD program/school is not responsible for items lost or stolen during the PYD After-School program/Summer Camp.

**Electronic Devices**

Students are prohibited from using CD players, iPods, mp3 players, two-way radios, pagers, cell phones and other electronic communication or entertainment equipment during the After-School/Summer Camp program. Students who bring any of the above listed items to the After-School/Summer program do so at their own risk and must store the equipment in their backpacks.

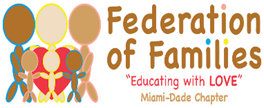
During PYD After-School/Summer Camp program if a parent should need to contact their youth, please call our office to have one of our staff contact the After-School program to have your youth call you. Federation of Families Office number: 786-802-3448

By signing this, I am aware that if my child violates any terms of this agreement, he or she can be dismissed from the program. I also understand that these guidelines, as well as ground rules, will be discussed with my child during the first day of the program.

As a Parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I am signing in consent of the above.

(Name of PYD Participant)



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**Movie/Video Media Consent Form**

Dear Parent:

Federation of Families’ Miami-Dade Chapter, Inc. PYD team believes that movies/digital media has significant educational value and can enhance instructional delivery and learning in the PYD Afterschool Program. The use of movies/video media will take into account the appropriateness of the content, the connection of the content to PYD Afterschool Program activities, the length of the movies/video media, and the appropriate use of programming time.

Please be advised that your child may view movies/digital media, on early release days or other days deemed appropriate, with the Motion Picture Association of America (MPAA) rating of G, or PG. Should there be any movie/digital media of consideration that does not fall within those ratings, you will be contacted in advance for consent.

Please indicate your viewing preference below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PYD Participant Name

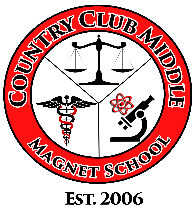
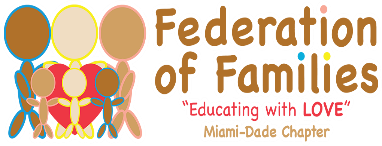
\_\_\_\_\_\_\_\_Yes – My child can view G or PG rated movies during the PYD Afterschool program.

\_\_\_\_\_\_\_\_ No – My child cannot view G or PG rated movies during the PYD Afterschool program. Please give my child an alternate assignment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent/Guardian Name Signature of Parent/Guardian Date

**Youth & Family Center – 111 NW 183 St. Suite #110 – Miami Gardens, FL. 33169**

 ****

**AUTHORIZATION FOR PHOTOGRAPHY/VIDEO**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent or guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize and give consent to service providers and the staff of The Children’s Trust of Miami-Dade County as follows:

I hereby:

 **consent and authorize or**  **do not consent and authorize**

the staff of The Children’s Trust of Miami-Dade County to take/use still photographs, digital photographs, motion pictures, television transmission, 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.

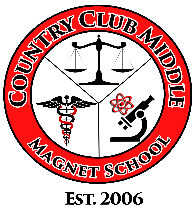
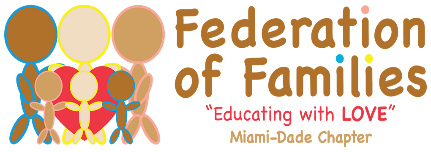
Any and all Recordings taken of you, your children or wards shall be the sole property of The Children’s Trust.

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, their staff, service providers, employees, agents, affiliates and Board members.

3150 SW 3rd Avenue, 8th Floor ● Miami, FL 33129

(305) 571-5700 ● Fax: (305) 860-2328

www.thechildrenstrust.org

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**Media Release Consent Form**

Dear Parent:

Please be advised that you or your child may be photographed, videotaped, interviewed and/or have their art (paintings/photographs/performance/written word) exhibited in a Federation of Families Miami- Dade Chapter, Youth M.O.V.E Through the Arts, Children’s Trust, Country Club Middle, or Sports Konnect sponsored event. With your consent, the photograph, video footage, interview and/or artwork may be reproduced and released for use by Federation of Families Miami-Dade Chapter, Youth M.O.V.E Through the Arts, Children’s Trust, Country Club Middle, or Sports Konnect and the media, i.e., newspapers, brochures, videos, television and internet.

Please indicate your preference below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PYD Participant Name

\_\_\_\_\_\_\_\_Yes – The photograph/video/interview/art may be reproduced and released for use by Federation of Families Miami-Dade Chapter, Inc., partner organizations mentioned above, and the media.

\_\_\_\_\_\_\_\_ No – The photography/video/interview/art may not be reproduced and released for use by Federation of Families Miami-Dade Chapter, Inc., partner organizations mentioned above, and the media.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

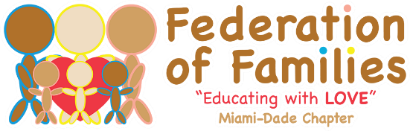
Print Parent/Guardian Name Signature of Parent/Guardian Date

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth & Family Center – 111 NW 183 St. Suite #110 – Miami Gardens, FL. 33169**



**PYD Program Withdrawal Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will be withdrawing my son/daughter,

(Parent/Guardian’s Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the PYD Program,

(Child’s Name)

effective immediately \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Date)

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature

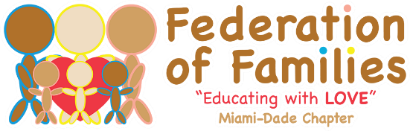
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Coordinator’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director’s Signature

**(Do not skip this page. Please place your signature next to the “X.” In the event that your child is withdrawn or stops coming, we need to have this form on file.)**

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Federation of Families, Miami-Dade Chapter Inc.

PYD Program Consent Form

CONSENT:

Parent/Guardian Consent: I consent for my youth to participate in the PYD Afterschool Program at Country Club Middle School/Youth and Family Center PYD Summer Camp offered by Federation of Families (FOF) and funded by the Children’s Trust. I consent and give permission for FOF to provide my and my youth’s information to The Children’s Trust through a secure data entry portal for monitoring and evaluation purposes. I understand that this information will be held strictly confidential and will not be disclosed to other organizations without my authorization. I agree to a mutually respectful alliance to ensure the safety of both parties.

INCIDENT REPORTING:

FOF employees are legally required to report any suspicion of child abuse or neglect to the Florida Abuse Hotline as required by Chapters 39 and 415, F.S. Employees will immediately report any knowledge or reasonable suspicion of a person intending to hurt themselves or others, abuse, neglect, or exploitation of a child, aged person, or disabled adult on the statewide toll-free telephone number (1-800-96-ABUSE).

PRIVACY PRACTICES POLICY and PARTICIPANT RIGHTS POLICY:

By signing this form, I acknowledge receipt of FOF’s Privacy Practices Policy which provides information about how my information is used and stored, as well as the Participant Rights Policy.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent for my youth, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate and complete the PYD Afterschool Program at Country Club Middle School and/or Youth and Family Center PYD Summer Camp Program and understand and agree with the above mentioned policies and practices of FOF.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Site Coordinator

