

**TALLEVAST COMMUNITY ASSOCIATION, INC.,  
DBA TALLEVAST COMMUNITY CENTER, INC.**

P.O. Box 324 / Tallevast FL 34270  
7727 17th St. Ct. E. / Tallevast, FL  
Office: 941. 822.8952

Website: [www.tallevastcc.org](http://www.tallevastcc.org) / Email: [tallevastcommunitycenter@gmail.com](mailto:tallevastcommunitycenter@gmail.com)



**2018-2019 TCC AFTER-SCHOOL ENHANCEMENT PROGRAM APPLICATION**

NO REFUNDS

Today's Date: \_\_\_\_\_ Client ID: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\*\*Child's initials/and date of birth (month-day-year)\*\*

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Parent/Guardian's Email address: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Student's DOB: \_\_\_\_\_ Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**School Information:**

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Current Teacher: \_\_\_\_\_ Lunch: (Please Circle One) Free Reduced

**Child Identification:**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Other identifying features: \_\_\_\_\_

**Race:**

\_\_\_ Black/African-American \_\_\_ Hispanic \_\_\_ Asian/Pacific Islander \_\_\_ White/Caucasian \_\_\_ Bi-racial \_\_\_ Other

**Full Medical Information:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Permission for Treatment by Doctor/Hospital: \_\_\_ Yes \_\_\_ No Medicaid: \_\_\_ Yes \_\_\_ No

Does your family have health and/or accident insurance: \_\_\_ Yes \_\_\_ No

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ Date Health Info Received: \_\_\_\_\_

Serious Health Problems: \_\_\_ Yes \_\_\_ No If Yes, explain \_\_\_\_\_

Medications: \_\_\_ Yes \_\_\_ No If Yes, explain: \_\_\_\_\_

**Please list any allergies, special medications, dietary needs, or other areas of concern such as diagnosis of ADD/ADHA, learning disabilities, past discipline issues, gifted and special needs classes, etc.** \_\_\_\_\_

**Please list any additional information about your child/children that staff may need to know.** \_\_\_\_\_

**Household:** (Note: This information is collected for grant writing purposes only)

Member lives with: \_\_\_ Mom \_\_\_ Step Mom \_\_\_ Dad \_\_\_ Step Dad \_\_\_ Grandparent \_\_\_ Other: \_\_\_\_\_

Number in Household: \_\_\_\_\_ Is there a member of the household 65 years or older: \_\_\_ Yes \_\_\_ No

Is there a member of the household handicapped: \_\_\_ Yes \_\_\_ No / Current Head of household: \_\_\_ Female \_\_\_ Male /

Current Single Parent: \_\_\_ Yes \_\_\_ No / Receives TNAF: \_\_\_ Yes \_\_\_ No

**Do You Belong to Other Groups/Organization?**

\_\_\_ Boys /Girl Scouts \_\_\_ School Club \_\_\_ YMCA \_\_\_ Church Group \_\_\_ Other: \_\_\_\_\_

**Reason(s) for joining:** \_\_\_ Fun \_\_\_ Learning \_\_\_ Sports \_\_\_ Parent/Guardian working \_\_\_ Social Interaction

Other (Please specify): \_\_\_\_\_

**Annual Household Income Bracket - \*Please check one**

\_\_\_ \$550 --- \$5,000 \_\_\_\_\_ \$20,001 --- \$30,000

\_\_\_ \$5,001 --- \$10,000 \_\_\_\_\_ \$40,001 --- \$50,000

\_\_\_ \$10,001 --- \$15,000 \_\_\_\_\_ \$50,001 --- \$60,000

\_\_\_ \$15,001 --- \$20,000 \_\_\_\_\_ \$60,001 --- up

\_\_\_ \$30,001 --- \$40,000 Other, \_\_\_\_\_

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**Contact & Member Pick-Up List**

*Please provide, in writing to Tallevast Community Association, Inc., dba Tallevast Community Center, Inc., notifying our staff if someone other than the names listed on this form may pick up your child/children and/or sign him/her in/out prior to time of pickup.*

**Primary Contact:**

Relation to member: \_\_\_\_\_

Name of person(s) authorized to pick-up member: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Secondary Contact:**

Relation to member: \_\_\_\_\_

Name of person(s) authorized to pick-up member: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name of person(s) authorized to pick-up member:** \_\_\_\_\_

Relation to member: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name of person(s) authorized to pick-up member:** \_\_\_\_\_

Relation to member: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Only individuals listed on this form will be allowed to pick-up child/children participating in *Tallevast Community Association, Inc., dba Tallevast Community Center, Inc.*, programs. Law enforcement/authorities will be called on ANY person NOT listed on this form who attempts to pick-up said child/children without prior, written and verified authorized authority to do so.

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**Waiver of Participation/Disclaimer**

I, \_\_\_\_\_ (Parent/Guardian) do hereby give my son/daughter \_\_\_\_\_ (Child's legal name) permission to attend and participate in activities sponsored by the *Tallevast Community Association, Inc., dba, Tallevast Community Center, Inc.* I hereby release *Tallevast Community Association, Inc., dba Tallevast Community Center, Inc.* (TCC) its employees, associates, officers, Board of Directors, volunteers, funders, and contributors from liability from any injury, loss or theft incurred by my son/daughter. In consideration of your accepting my/our registration fee, I hereby, for myself, dependent(s), minor children, and our executors, administrators, waive and release any and all rights and claims for damages I or my dependent(s), minor children have or may have against *Tallevast Community Association, Inc., dba Tallevast Community Center, Inc.* (TCC), it's representatives, successors, volunteers, employees, Board of Directors, contractors for any and all injuries of death suffered by myself, my dependent(s), minor children at any activity sponsored/monitored by TCC, happen upon its property, or through the use of its equipment. If I or my minor children or dependent(s) should suffer injury, illness or death while participating in an activity, I authorize *Tallevast Community Association, Inc., dba Tallevast Community Center, Inc.* staff to use their sole discretion in having me, my dependent(s) or minor children transported to a medical facility and I take all responsibility for this action, including costs. I authorize the medical facility to render any emergency treatment deemed necessary. Also, I understand that no refunds are given unless the activity is canceled or a doctor's release is presented. I understand that this release is a full and final release of all claims of any nature whatsoever for myself, my minor children or dependent(s), including, but not limited to, claims arising due to the sole joint, contributory, concurrent or gross negligence of TCC. I understand that this release includes my minor children and I represent that I am the authorized guardian for my minor child. I understand that if I do not follow rules or code of conduct, myself and/or my family, and/or guests will be asked to leave and I will not receive a refund. I hereby authorize TCC and local newspapers to take pictures of myself, my child and understand that these pictures will be accessible to anyone with Internet access and may be used in a promotional setting. I understand that Representatives of Manatee County Government may request access to any or all agency records relating to the programs and/or the delivery of services for the purposes of evaluating or monitoring the programs or delivery of services to the client, and give consent to the release of records for these purposes.

**Parent/Guardian Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TCC Fees and Policy Acknowledgement**

I, \_\_\_\_\_, (Parent/Guardian) of \_\_\_\_\_, understand that my weekly/monthly payment is due the Friday, prior to my child/children attending TCC's programs. I understand that if my payment is not made, my child/children will not be able to attend TCC's programs. In signing this application for my child I attest that he/she is in good health and is able to participate fully in TCC's programs unless otherwise noted, in writing, to the Executive Director. It is further agreed and understood that in case of suspension, a right reserved by TCC (or voluntary withdrawal) there will be **NO REFUND**. I give my permission for my child/children to participate in food activities/special occasions where food is consumed. I hereby authorize my child/children to be transported in Tallevast Community Association, Inc., dba Tallevast Community Center, Inc., authorized vehicles.

**Parent/Guardian Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Auto-billing:**

I give *Tallevast Community Association, Inc., dba Tallevast Community Center, Inc.* permission to bill my credit/debit card/checking account weekly/monthly for the 2017 Summer Fun Camp/After-School Enhancement Program on Fridays. I understand that I must give at least a two-week (2) notice in order to discontinue any automatic charges to my credit card/debit card/checking account.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Last 4 digits of card on file: \_\_\_\_\_ Card type: MasterCard Visa American Express Discover

**Release of Information**

I understand that representatives of Manatee County Government may request access to any and all records relating to the programs and/or the delivery of services for the purposes of evaluating or monitoring the programs or delivery of services to the client, and I give consent to the release of records for these purposes.

**Parent/Guardian (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Media Release**

I hereby authorize *Tallevast Community Association, Inc., dba Tallevast Community Center, Inc.*, TCC, and local newspapers to take pictures of my child/children and understand that these photos become the property of TCC and/or the newspaper. I hereby give TCC permission to take pictures of me and to put the finished pictures on TCC's website, social media sites, and other literature pertaining to TCC's programs. I understand that these pictures will be accessible to anyone with Internet access and may be used in a promotional setting; however, no names of subjects will be published without written consent/authorization.

**Parent/Guardian (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sunscreen Waiver**

I, \_\_\_\_\_, (Parent/Guardian) agree \_\_\_\_\_, decline \_\_\_\_\_ to allow TCC staff, volunteers to apply sunscreen to my child/children. *Tallevast Community Association, Inc., dba Tallevast Community Center, Inc.*, nor any of their employees, volunteers, agents, officers, or board of directors will be held liable in any way for any injury, loss, death, or damages arising out of or resulting from applications of sunscreen, and further holds harmless and releases *Tallevast Community Association, Inc., dba Tallevast Community Center, Inc.*, their employees, volunteers, agents, officers, board of directors from liability for any claim resulting from administering such sunscreen.

**Parent/Guardian (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By completing this application, I attest that all questions answered are true, accurate and complete to the best of my knowledge.*

**Parent/Guardian (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only:**

- |   |  |
|---|--|
| <input type="checkbox"/> Form completed                       | <input type="checkbox"/> Credit Card Information on file |
| <input type="checkbox"/> Registration Fee Paid                | <input type="checkbox"/> Medical Information             |
| <input type="checkbox"/> After-School Enhancement/OST Survey  | <input type="checkbox"/> Media Release Signature         |
| <input type="checkbox"/> Waiver / Disclaimer of Participation | <input type="checkbox"/> Sunscreen Waiver Signature      |
| <input type="checkbox"/> Payment Acknowledgement Signature    |  |
| <input type="checkbox"/> Release Signature                    |  |
| <input type="checkbox"/> Auto Billing Signature               |  |

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Cash Check Credit Card/Debit Card Other: \_\_\_\_\_

## Risk Determination

Youth Name: \_\_\_\_\_

### At-Risk Youth

Youth has one or more of the following risk factors:

- Homeless
  - Youth who lack a fixed, adequate and stable night time residence
- Does not reside with either parent
  - youth lives in a foster home or kinship care
- Economically disadvantaged/Low income
  - household income is 200% or below of the federal poverty guidelines, family receives food stamps or TANF benefits, live in subsidized housing, family receives school readiness subsidy for child care
- Latch key child/youth
  - a youth who is at home without adult supervision for some part of the day, especially after school until a parent returns from work
- Single parent home
  - youth lives with single mother or single father
- Academic risk
  - youth has poor or failing grades, one or more grades behind, history of suspension, chronic absences, learning disability
- Attends a Title I school
  - youth attends a school with a designation of Title I school in Manatee County
- Exhibits potential for delinquent behavior
  - youth has been involved with juvenile justice, history of school suspension, detention, or truancy, enrolled in an alternative school, has been reported for bullying, or exhibits other behaviors requiring disciplinary action

Note proof and source of information used to determine existence of the risk factor(s) selected above:

**Risk Determination completed by:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Tallevast Community Center's After-School Enhancement / OST Survey**

*The purpose of this survey is help you communicate any concerns you may have regarding your child/children and to help us develop programing to reduce risk factors associated with crime, violence, victimization, school failure, teen pregnancy, and other risky behaviors by strengthening factors to protect children and youth and to encourage the development of positive decision making skills.*

**\*OST – Out of School Time Programs – includes spring break, summer camp, winter break and any non-school day of service**

- 1. How many years has your child been in the After-School Enhancement / OST Program at TCC?**
  - Less than one (1) year
  - One (1) year
  - Two (2) years
  - Three (3) or more years
- 2. What do you think of your child's After-School Enhancement / OST Program? (Your answers will help to make our programs better for students/families)** \_\_\_\_\_  
\_\_\_\_\_
- 3. How would you rate your child's After-School Enhancement / OST Program in the following areas:**  
(Please pick one answer per question and the appropriate program)  
(1) Excellent (2) Good (3)Fair (4)Poor (5)Undecided (6) N/A
  1. The overall After-School Enhancement / OST Program? \_\_\_\_\_
  2. The safety of your child/children while he/she is at the After-School Enhancement / OST Program? \_\_\_\_\_
  3. The atmosphere and comfort of the room(s) in which the After-School Enhancement / OST Program operates? \_\_\_\_\_
  4. The snacks that are served to your child/children on a daily basis? \_\_\_\_\_
  5. The hours of operation? \_\_\_\_\_
  6. The transportation provided to your child/children, if any? \_\_\_\_\_
  7. Staff interaction with students/parents? \_\_\_\_\_
- 4. To what extent do you agree/disagree with the following statements about the After-School Enhancement /OST Program?** (Please circle one answer per question and the appropriate program)  
1 Strongly Agree 2 Somewhat Agree 3 Strong Disagree 4 Somewhat Disagree 5 Undecided
  1. I am satisfied with the programs, services and activities offered during the After-School Enhancement / OST Program. \_\_\_\_\_
  2. There is adequate quiet time for my child/children to complete homework. \_\_\_\_\_
  3. The After-School Enhancement / OST Program have helped my child/children get his/her homework completed on time? \_\_\_\_\_
  4. There is adequate time for physical activities during the After-School Enhancement / OST Program? \_\_\_\_\_
  5. How many days per week would be adequate for your child/children? \_\_\_\_\_  
1 2 3 4 5
- 5. To what extent do you agree/disagree with the following statements describing your child/children's experience in the After-School Enhancement / OST Program?**  
(Please pick one answer per question and the appropriate program) My child/children.....  
1 Strongly Agree 2 Somewhat Agree 3 Strong Disagree 4 Somewhat Disagree 5 Undecided
  1. Enjoys attending the After-School Enhancement / OST Program \_\_\_\_\_
  2. Feels comfortable with the After-School Enhancement / OST Program staff \_\_\_\_\_
  3. Seems happier or less stressed since participating in the After-School Enhancement / OST Program \_\_\_\_\_

4. Has friends in the After-School Enhancement / OST Program \_\_\_\_\_

5. Has a better attitude towards school \_\_\_\_\_

6. Has a better attitude towards his/her peers \_\_\_\_\_

**6. To what extent do you agree/disagree with the following statements about the After-School Enhancement / OST Staffing?**

(Please pick one answer per question and the appropriate program) My child/children.....

1 Strongly Agree      2 Somewhat Agree      3 Strong Disagree      4 Somewhat Disagree

5 Undecided

1. I am comfortable talking with the After-School Enhancement /OST Program staff \_\_\_\_\_

2. The staff welcomes suggestions from parents \_\_\_\_\_

3. The staff keeps me informed about my child's day at the After-School Enhancement / OST Program \_\_\_\_\_

4. The staff welcomes parents who wish to observe \_\_\_\_\_

5. I am comfortable with how the staff handles discipline problems \_\_\_\_\_

6. The staff encourages positive interaction among the children \_\_\_\_\_

7. I am satisfied with the number of adult staff available to work with the children \_\_\_\_\_

8. The staff has clearly informed me about how to contact them during the After-School Enhancement / OST Program \_\_\_\_\_

9. I am satisfied with the overall performance of the After-School Enhancement / OST Program staff \_\_\_\_\_

**7. Please check all that apply**

**1. Why does your child attend the After-School Enhancement Program?**

- Student needs after-school supervision
- Student is interested because friends are attending
- Student is interested because of the enrichment activities offered
- Parent is interested in the enrichment programs/activities offered
- Parent/Friend/Teacher recommended program
- Student needs homework assistance/tutoring
- Additional reasons for attending program: \_\_\_\_\_

**2. What would your child/children be doing after-school if he/she were not attending this program?**

- Attending a private daycare center/other program
- Being cared for by neighbors/relatives
- Staying home with adult supervision
- Staying home without adult supervision
- Attending a variety of places during the week

List additional after-school options: \_\_\_\_\_

**3. What do you like best about the After-School Enhancement / OST Program?**

\_\_\_\_\_

**4. What would you like to see added to or changed about our current After-School Enhancement Program?**

\_\_\_\_\_

**5. How many times have you had a chance to observe the After-School Enhancement / OST Program? (Please circle one answer per question)**

Once      Two or three times      More than three times      Never

**6. Have you been involved as a volunteer in the After-School Enhancement / OST Program?**

\_\_\_Yes\_\_\_No    if no, please explain why: \_\_\_\_\_

If yes, please explain how you participate: \_\_\_\_\_

*THANK YOU for taking the time to complete this survey. We truly value the information you have provided. Your responses will contribute to our evaluation of current, future programs and services provided during TCC's After-School Enhancement / OST Programs.*

