

CENTERS FOR SUCCESS, INC.

"CHANGING COMMUNITIES ONE CHILD AT A TIME."



Mailing: P.O. Box 324 / Tallevast FL 34270

Physical: 7727 17th St. Ct. E. / Tallevast, FL 34243

Office: 941.822.8952 / Fax: 941.822.8458

Email: centersforsuccess@gmail.com / Website: www.centersforsuccess.org

20__-20__ CFS

- AFTER-SCHOOL ENHANCEMENT
- OST (OUT OF SCHOOL TIME) – SPRING BREAK / THANKSGIVING / CHRISTMAS
- SUMMER CAMP
- REGISTRATION FEE _____
- MONTHLY FEE _____

NO REFUNDS

Client ID: _____/_____-_____-_____/_____ Todays Date: _____

****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 and 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
- \$5,001 --- \$10,000
- \$10,001 --- \$15,000
- \$15,001 --- \$20,000
- \$20,001 --- \$30,000
- \$30,001 --- \$40,000
- \$40,001 --- \$50,000
- \$50,001 --- \$60,000
- \$60,001 --- up
- Other, _____

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CONTACT & MEMBER PICK-UP LIST

Please provide, **in writing** to Centers For Success, 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: _____

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: _____

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

Home Phone: _____ Cellphone: _____ Email: _____

Employer: _____ Phone: _____

CFS STAFF/REPRESENTATIVE SIGN-IN/SIGN-OUT PERMISSION:

I, _____ (Parent's Name/Guardian) give my permission for CFS

Staff member/representative to sign-in _____ (Child's Name) upon arrival and to

Sign-out _____ (Child's Name) upon departure from CFS's premises/programs/grounds daily.

Parent/Guardian Signature: _____ **Date:** _____

**Only individuals listed on this form will be allowed to pick-up child/children participating in Centers For Success, 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.*

Waiver of Participation/Disclaimer/Field Trips/Photographs

I, _____ (Parent/Guardian) do hereby give my _____ son/daughter _____ (Child's legal name) permission to attend and participate in field trips, activities sponsored by the *Centers For Success, Inc.* I hereby release *Centers For Success, Inc.*, (CFS) its employees, associates, officers, Board of Directors, volunteers, funders, and contributors from liability for 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 *Centers For Success, Inc.*, (CFS), it's representatives, successors, volunteers, employees, funders, 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 CFS, 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 activities, field trips, etc., I authorize *Centers For Success, 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/field trip is canceled by the staff, 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 CFS. 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 CFS 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 (Print): _____ **Date:** _____

Parent/Guardian (Signature): _____ **Date:** _____

CFS Fees and Policy Acknowledgement

I, _____, (Parent/Guardian) of _____, understand that my weekly/monthly payment is due at the time of service, or one week prior to my child/children attending CFS's programs. I understand that if my payment is not made, my child/children may not be able to attend CFS'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 CFS's programs unless otherwise noted, in writing, to the Executive Director or his/her designee. It is further agreed and understood that in case of suspension, a right reserved by CFS (or voluntary withdrawal) there will be **NO REFUNDS**. 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 *Centers For Success, Inc.*, authorized vehicles.

Parent/Guardian (Print): _____ **Date:** _____

Parent/Guardian (Signature): _____ **Date:** _____

Auto-billing:

I give *Centers For Success, Inc.* permission to bill my credit/debit card/checking account weekly/monthly for the _____ Summer Fun Camp/After-School Enhancement Program/OST (Out of School Time) Programs 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 this program receives funding from Manatee County Government and that from time to time County representatives may request access to any or all agency records relating to this program and/or the delivery of services for the purposes of evaluating or monitoring the programs or delivery of services. I understand that any records provided to the County shall become public records, may be subject to any applicable state or federal exemptions, and be inspected by third persons.

Parent/Guardian (Print): _____ **Date:** _____

Parent/Guardian (Signature): _____ **Date:** _____

Media Release

I hereby authorize Centers For Success, Inc., CFS staff, and local newspapers to take pictures of my child/children and understand that these photos become the property of CFS and/or the newspaper. I hereby give CFS permission to take pictures of me and to put the finished pictures on CFS's website, social media sites, and other literature pertaining to CFS'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 (Print): _____ **Date:** _____

Parent/Guardian (Signature): _____ **Date:** _____

Sunscreen Waiver

I, _____, (Parent/Guardian) agree _____, decline _____ to allow CFS staff, volunteers to apply sunscreen to my child/children. Centers For Success, 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 Centers For Success, Inc., their employees, volunteers, agents, officers, board of directors from liability for any claim resulting from administering such sunscreen.

Parent/Guardian (Print): _____ **Date:** _____

Parent/Guardian (Signature): _____ **Date:** _____

Under our license it is required we supply parents with the following Child Care Facility Brochures;

- *"Know Your Child Care Facility,"*
- *"Influenza Virus" guide*
- *Copy of our disciplinary and expulsion policies*

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

Parent/Guardian (Print): _____ **Date:** _____

Parent/Guardian (Signature): _____ **Date:** _____

CONFIRMATION OF CENTERS FOR SUCCESS HANDBOOK RECEIPT

Child's Name: _____
(Please Print)

Date: _____

I acknowledge receipt of Centers for Success' Parent/Student Handbook. I understand the procedures outlined in the handbook where developed to make certain safety and well-being of all children participating in CFS' programs and services and to make parents/guardians aware of important policies, payments and deadlines.

Parent/Guardian Name: _____
(Please Print)

Date: _____

Parent/Guardian Name: _____
(Please Print)

Date: _____

CLIENT 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

CENTERS FOR SUCCESS INC. SURVEY

20__-20__ CFS

- AFTER-SCHOOL ENHANCEMENT
- OST (OUT OF SCHOOL TIME) – SPRING BREAK / THANKSGIVING / CHRISTMAS
- SUMMER CAMP

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 Programs at CFS?

- 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 CFS's After-School Enhancement / OST Programs.

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FOR OFFICE USE ONLY:

- APPLICATION COMPLETED
- HOPE FAMILY SERVICES PERMISSION FORM
- MOST RECENT REPORT CARD
- CONTACT & MEMBER PICK-UP LIST
- STAFF/REPRESENTATIVE SIGN-IN/SIGN-OUT PERMISSION
- WAIVER / DISCLAIMER OF PARTICIPATION
- FEES AND POLICY ACKNOWLEDGEMENT
- PAYMENT ACKNOWLEDGEMENT SIGNATURE
- AUTO-BILLING ACKNOWLEDGEMENT
- ELC VOUCHER
- RELEASE SIGNATURE
- MEDIA RELEASE SIGNATURE
- SUNSCREEN WAIVER SIGNATURE
- CLIENT RISK DETERMINATION FORM
- AFTER-SCHOOL ENHANCEMENT/OST (Out of School Time) SURVEY
- REGISTRATION FEE
- MONTHLY FEE
- MEDICAL INFORMATION
- OTHER _____

METHOD OF PAYMENT:

____ Cash

____ Money Order

____ Credit Card/Debit Card (Swipe)

Amount Paid: _____

Received by: _____

Date: _____

Notes: