319 Empowerment Enrollment Form

Member Information

* Child's Name:
*Gender:
* Date of Birth:
* Age:
* Address:
Address 2:
* City:
* State:
* Zip:
* Phone Number:

* Ethnicity:

- ☐ African American
- ☐ Caucasian
- ☐ Multi-Racial
- ☐ Asian
- ☐ Native American
- ☐ Other
- ☐ Hispanic

* School:

* Grade:

- ☐ 6th
- ☐ 8th
- ☐ 10th
- ☐ 12th
- ☐ 7th
- ☐ 9th
- ☐ 11th
- ☐ Other

Household Annual Income:

- ☐ My child qualifies for free/reduced lunch
- ☐ My child receives SSI, is under court-ordered supervision, is in foster care and/or receives services through the Dept. of Mental Health
- ☐ My child has a functional challenge according to medical evidence and requires special attention
- ☐ My child has allergies

Please explain or provide additional details for the information selected above in the space provided

Are there other siblings in the household? (list names/grade)

* Member lives with:

- ☐ Both Parents
- ☐ Mother Only
- ☐ Father Only
- ☐ Aunt/Uncle
- ☐ Grandparent
- ☐ Guardian/Other

* Members Parent/Guardian Employer Affiliation:

- ☐ Parent/Guardian is employed with 319 Empowerment or Sugarbaby's Childcare
- ☐ Parent/Guardian is employed with Partnering School District
- ☐ Member has a parent serving in the military

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Contact Information

Primary Contact

* Name:
* Relationship to Child:
* Address:
Address 2:
* City:
* State:
* Zip:
* Phone Number:
Email:
* Employer:

Secondary Contact

Name:
Relationship to Child:
Address:
Address 2:
City:
State:
Zip:
Phone Number:
Email:
Employer:

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Facility Provider Name: 319 Empowerment
Admission Date:
Discharge Date:
Child's Name:
Gender:
Date of Birth:
Address:
Address 2:
City:
State:
Zip:

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Identifying Information

Mother/Guardian (If this does not apply, please write NA in boxes)

* Name:
* Address:
* Home Phone:
* Cell Phone:
Email:
* Employer/School Attend:
* Work/School Schedule:
* Employer/School Address:
* Work Phone:

Father/Guardian (if this does not apply, please type NA in boxes)

* Name:
* Address:
* Home Phone:
* Cell Phone:
Email:
* Employer/School Attend:
* Work/School Schedule:
* Employer/School Address:
* Work Phone:

Emergency Contact & Persons Authorized to Take Child from Facility (Other Than Parent) – At Least One Emergency Contact is Required.

* Name:
* Relationship to Child:
* Address:
* Phone Number:

Name:
Relationship to Child:
Address:
Phone Number:

Comments on Child's Development

Personal development, behavior, patterns, habits, and individual needs:

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Authorization for Emergency Medical Care

_____ Initial

I understand that I will be notified at once in case of an emergency with my child and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements or in a critical emergency requiring medical care, I authorize 319 Empowerment to contact the following:

Physician or Clinic

* Name:
* Phone:

Preferred Hospital

* Name:
* Phone:

If there is no medical care option listed, we will contact the local emergency services and follow their guidance.

Acknowledgements

- ☐ I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.
- ☐ I have been informed that a copy of the licensing rules for childcare homes or the licensing rules for group childcare homes and centers is available at this facility for review.
- ☐ The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.
- ☐ When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.
- ☐ I understand that before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.

☐ I do
☐ I do not
... give my permission for field trips/excursions. I understand I will be notified in advance when they are planned.

☐ I do
☐ I do not
... give my permission for the facility to transport my child.

- ☐ I have been notified that I may request notice at initial enrollment or any time there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

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Child & Adult Care Food Program

Child's Projected Attendance Schedule

* Check which days and times your child will usually attend 319 Empowerment:

- ☐ Mondays: 3:00 PM to 7:00 PM
- ☐ Tuesdays: 3:00 PM to 7:00 PM
- ☐ Wednesdays: 3:00 PM to 7:00 PM
- ☐ Thursdays: 3:00 PM to 7:00 PM
- ☐ Fridays: 3:00 PM to 7:00 PM

Write any comments, changes, or variations in usual attendance in this section, including shift changes:

* Check the meals your child is usually given at this facility:

- ☐ Morning Snack
- ☐ Afternoon Snack
- ☐ Breakfast (Non School Days)
- ☐ Lunch
- ☐ Dinner

Check the holidays your child is in care at this facility:

- ☐ New Years Day (January) 319 Empowerment Closed
- ☐ Martin Luther King Jr. Day (January)
- ☐ Presidents Day (February)
- ☐ Easter (March/April)
- ☐ Memorial Day (May) 319 Empowerment Closed
- ☐ Independence Day (July) 319 Empowerment Closed
- ☐ Labor Day (September) 319 Empowerment Closed
- ☐ Columbus Day (October)
- ☐ Veterans Day (November)
- ☐ Election Day (November)
- ☐ Thanksgiving (November) 319 Empowerment Closed
- ☐ Christmas (December) 319 Empowerment Closed

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Parent's Health Statement For School-Age Child

Child's Name:
Date of Birth:

Check One:

- ☐ My child is in good health, is able to participate in group care, and has no special health or medical requirements.
- ☐ My child is able to participate but has special health or medical requirements. Please list any allergies, special medical conditions including chronic health programs (such as asthma, seizures), behavioral issues, special needs, etc.

Marketing/Photography Release

☐ I do
☐ I do not

... grant 319 Empowerment the right to interview, use quotes, take photos and videos of my child. I also grant 319 Empowerment the right to edit, use and reuse said products for nonprofit purposes, including use in print media and on the Club's social media pages. I also hereby release the 319 Empowerment and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Child's Name:
Grade:

Program Participation Consent Form

319 Empowerment provides programs that promote positive behaviors, financial literacy, and personal success. With these factors, young people have the tools to overcome the various challenges they face today. All programs are tailored to specific age groups and areas of interest.

We will send out permission slips when there are field trips or materials that will be presented at 319 Empowerment that may require your signature. This will be done periodically and depending on what activities are going on at the center.

Child's Name:
Age:

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Member Success Agreement

_____ * I have read and agree to the terms and conditions of this enrollment form.
Initial

Parent/Guardian Signature

* I have read the completed application, understand the rules of the 319 Empowerment's Parent/Member Handbook, and request that my child be admitted as a member into 319 Empowerment. I have explained the rules to my child and will be responsible for any damage caused by his/her actions. I agree to hold harmless 319 Empowerment, or any representative thereof, for injuries or accidents in connection with 319 Empowerment's activities and authorize 319 Empowerment to administer first aid in case of an accident. I also give 319 Empowerment permission to authorize and obtain emergency treatment if needed. I understand 319 Empowerment does not assume responsibility for my child if he/she leaves 319 Empowerment at any time during the hours of operation, with or without permission. I give consent to my child's school for the release of grades and/or MAP/EOC scores, attendance and disciplinary records, and immunization records to 319 Empowerment, if necessary. I further acknowledge that I have the legal authority, custody and control of my child and warrant that I also have the legal right to make these acknowledgements and agreements on behalf of my child. I understand any dues and/or fees paid are non-refundable and are valued at the beginning of the month and good through the end of the fiscal year.

* Print Name:
* Signature & Date:

By entering your full name and date into the fields above you agree this is a legal Agreement.

319 Empowerment Waiver Form

PARTICIPANT'S FIRST NAME_____LAST NAME_____

GENDER:_____ DATE OF BIRTH:_____/_____/_____

SCHOOL:_____ GRADE:_____ EMAIL:_____

ALL STUDENTS ENTERING THE 6TH-12TH GRADES WILL BE REQUIRED TO HAVE A SIGNED WAIVER FROM THEIR PARENT OR GUARDIAN TO ENTER THE TEEN CENTER. **THERE IS A $30 MONTHLY MEMBERSHIP FEE. SCHOLARSHIPS ARE AVAILABLE.**

MOTHER'S NAME:_____PHONE # (HOME):_____

ADDRESS:_____PHONE # (WORK):_____

CITY:_____ EMAIL:_____PHONE # (CELL):_____

FATHER'S NAME:_____PHONE #(HOME):_____

ADDRESS:_____PHONE # (WORK):_____

CITY:_____ EMAIL:_____PHONE # (CELL):_____

EMERGENCY CONTACT:_____PHONE #:_____

ADDRESS:_____RELATIONSHIP:_____

ANY SPECIAL NEEDS OR INFORMATION WE SHOULD KNOW ABOUT PARTICIPANT:_____

_____

319 EMPOWERMENT RELEASE AGREEMENT

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THIS CENTER ACTIVITY OR USE OF ANY FACILITIES IN CONNECTION WITH THIS ACTIVITY, THE UNDERSIGNED AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE 319 EMPOWERMENT, ITS EMPLOYEES, OFFICERS AND AGENTS (hereinafter referred to as 'releases') from all liability to the undersigned, his or her personal representatives, assigns, heirs and next of kin for any loss, damage, or claim therefore on account of injury to the person or property of the undersigned, whether caused by any negligent act or omission of the releases or otherwise while the undersigned is participating in a 319 Empowerment activity or using any City facilities in connection with the activity.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the releases from all liability, claims, demands, causes of action, charges, expenses, and attorney fees resulting from involvement in this activity whether caused by any negligent act or omission of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE while on 319 Empowerment property or participating in the activity or using any center facilities and equipment whether caused by any negligent act or omission of releases or otherwise. The undersigned expressly agrees that the foregoing release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by law I acknowledge that I have read the foregoing and that I am aware of the legal consequences of this agreement, including that it prevents me from suing 319 Empowerment or its employees, agents or officers if I am injured or damaged for any reason as a result of participation in this activity. IF THE PARTICIPANT IS A MINOR, his or her custodial parent or legal guardian must read and execute this agreement. I hereby warrant that I am the legal guardian or custodial parent of who is a minor, and agree, on my own and said minor's behalf to the terms and conditions of the foregoing agreement.

PARENT/GUARDIAN SIGNATURE:_____ DATE:_____

PARTICIPANT SIGNATURE:_____ DATE:_____

RETURN SIGNED FORM DIRECTLY TO 319 EMPOWERMENT CENTER

For Office Use Only

Pass #:_____ Date Issued:_____ Staff:_____ Paid:_____

319 Empowerment Behavior Policy

All Teens **MUST** sign in and out when arriving and leaving 319 Empowerment.

NO TOLERANCE POLICY

Any behavior listed below, WILL NOT BE TOLERATED to include but not limited to

- Disrespect of Staff
- Profanity
- Fighting
- Theft will be taken straight to the Waterloo Police Department
- Harassment of any kind
    - Verbal
    - Physically
    - Sexual

ZERO TOLERANCE OFFENSES

- No Drugs, Tobacco products or paraphernalia
- No gambling activity or paraphernalia in possession

By signing this you are agreeing to the following

- I understand 319 Empowerment's No Tolerance Policy and the consequences of not abiding by it.
- I will show respect for the Teen Center Property; any destruction will be considered vandalism.
- I will always respect all Teen Center Staff and other Teen Center Members.

If a participant becomes aware of any potentially dangerous and/or illegal situation regarding weapons, drugs, alcohol, fights, property damage, theft, etc. or have information regarding such, he/she is requested to report it to a staff member.

I have received and reviewed a copy of the Teen Center Handbook. I have read these rules and procedures and I verify I understand the disciplinary actions up to and including my permanent suspension.

Member Name: _____ Age _____

Member Signature _____Date _____

Parent Signature _____Date _____

PLEASE SIGN AND RETURN TO 319 EMPOWERMENT STAFF WITH YOUR MEMBERSHIP APPLICATION

319 Empowerment Field Trip Form

All field trips away from the Club require a completed and signed permission slip.

Members will:

- Follow instructions given by any staff, volunteer, or non-319 Empowerment personnel when on a field trip.
- Respect the property of fellow passengers and that of the field trip site.
- Represent 319 Empowerment, themselves, their community and their family positively.
- Arrive on time, prior to arrival and departure time.
- Abide by all the rules field trip sites impose to all their guests.
- Follow all guidelines under the previous categories when applicable.
- Maintain good behavior and be positive representatives of 319 Empowerment.

Field Trips are a privilege, if a 319 Empowerment participant chooses not to follow the rules they will not be allowed to attend field trips

Please select one of the following:

- ☐ **My Child may attend/leave 319 Empowerment at any time.** _____ Initials
- ☐ **My child will be picked up by an authorized adult.** _____ Initials

AUTHORIZED TO PICK UP CHILD

All authorized persons must be 18 years of age or older and must have a photo i.d. Staff will not release a child without written authorization. Please inform all authorized persons to have photo i.d. ready at pick up. We ask that you inform the front desk when someone other than yourselves will be picking up your child. Children and siblings under 18 years of age are not authorized to sign themselves in or out.

The following individuals are authorized to pick up my child:

Name Phone Relationship to Child _____

Name Phone Relationship to Child _____

UNAUTHORIZED PERSONS:

319 Empowerment is not responsible for determining who shall pick up children and when. Coordinating time and pick-ups must be discussed between parents/guardians. Any discrepancies must be taken care of prior to dropping child(ren) off. Individuals indicated on this paper are the only individuals allowed to pick up your child. It must be indicated by legal documents if a parent is not able to pick their child up from 319 Empowerment. A copy of legal documentation such as custody papers or restraining orders must be kept on file at all times.

_____ Parent/Guardian Signature

_____ Date