



**ADOLESCENT PROGRAM REGISTRATION**  
**Plantation High School**  
**Afterschool 2018-19**



**PRIMARY COMPONENT:**

Participant Information				
Last Name	First Name	Middle Name	Student ID #	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City	State	Zip Code
Birth Date	Age	Grade	Country of Birth	SS# Last four Digits
____/____/____			<input type="checkbox"/> United States <input type="checkbox"/> Other	

Parent/Legal Guardian Information					
Full Name of Mother/Legal Guardian			Full name of Father/Legal Guardian		
Street Address (if different from participant)			Street Address (if different from participant)		
City	State	Zip	City	State	Zip
Home Phone		Mobile Phone		Mobile Phone	
Are there any custody issues? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide documentation to the YMCA office.</i>					

Emergency Contact / Pick-Up Authorization			
In the event that a parent/guardian cannot be reached in an emergency situation, the following individuals are provided consent for emergency contact and authorized participant pick up.			
Contact Name	Relation	Phone Number	Phone Number
1.			
2.			
3.			
Individuals <b>NOT AUTHORIZED</b> for pick up/participant contact:			
1.	2.	3.	
<p align="center"><b>Student Dismissal</b></p> <p>The YMCA 21<sup>st</sup> Century program dismisses students at times specific to site location. All locations follow sign out processes for students. Once a student signs out from program, they are no longer the responsibility of the YMCA 21<sup>st</sup> Century program and its affiliates.</p>			
Upon signing out from program, my son/daughter will:			
<input type="checkbox"/> Walk home <input type="checkbox"/> Be picked up <input type="checkbox"/> Ride the bus			



**Eligibility**

Please indicate one or more factors:


- Qualify for free or reduce lunch
- Performing at or below the 40<sup>th</sup> percentile
- Reading below grade level
- Documentation of behavioral problems
- Have little or no attachment to school

**Student Demographic Information**

The demographic information gathered herein is solely used for statistical purposes on behalf of the YMCA of Broward County and its funders. Student information is kept confidential.

Household arrangement		Household income		Free or Reduced Lunch
<input type="checkbox"/> Both parents <input type="checkbox"/> Single parent <input type="checkbox"/> Other arrangement  Number in Household: ____		<input type="checkbox"/> 0-9,999 <input type="checkbox"/> 40,000-49,999 <input type="checkbox"/> 10,000-19,999 <input type="checkbox"/> 50,000-69,9999 <input type="checkbox"/> 20,000-29,999 <input type="checkbox"/> 70,000-99,999 <input type="checkbox"/> 30,000-39,999 <input type="checkbox"/> 100,000-over		<input type="checkbox"/> Yes <input type="checkbox"/> No
				Ethnicity
				<input type="checkbox"/> Yes, Spanish/Hispanic/Latino <input type="checkbox"/> No, Not Spanish/Hispanic/Latino
Language Spoken	Race		Cultural Influence	
<input type="checkbox"/> Bilingual Creole/English <input type="checkbox"/> Bilingual Spanish/English <input type="checkbox"/> Creole <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Declined	<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Declined		<input type="checkbox"/> American <input type="checkbox"/> British <input type="checkbox"/> Central/South American-Hispanic <input type="checkbox"/> Cuban <input type="checkbox"/> German <input type="checkbox"/> Haitian <input type="checkbox"/> Italian <input type="checkbox"/> Puerto Rican <input type="checkbox"/> West Indian <input type="checkbox"/> Other _____ <input type="checkbox"/> Declined	

**Medical Information**

<b>Name of Insurance Carrier and Plan Name</b>		<b>Family Physician</b>
<b>Carrier Phone</b>	<b>Insurance ID number</b>	<b>Physician Contact Phone</b>
 <b>Please list ADA Accommodations needed</b>		<b>Has the participant ever been diagnosed with or received treatment, attention, or advice from a physician for:</b>
_____ _____ _____ _____ _____ _____		<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Serious headache/Migraine <input type="checkbox"/> Other _____
<b>Please explain any medical issues stated above with treatment, attention, or advice from a physician</b>		
_____ _____		



**Community Resources**

Please indicate if you would like more information about:

- Food and Nutritional Assistance (EBT Program, WIC, Pantries)
- Health Insurance (Medicaid, Florida Kid Care)
- Employment (Workforce One, Job Fairs, Career Counseling)
- Counseling Services
- Financial Assistance/Financial Literacy
- Child Care Resource and Referrals

**Agreement and Release of Liability**

I give my child(ren) permission to participate in YMCA activities. In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose including, but not limited to, observation or use of the facilities or equipment or participation in any off-site programs affiliated with the YMCA, the undersigned for himself, herself, and any personal representatives, executors and administrators, WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE the YMCA of Broward County, their directors, officers, employers, and their agents for any and all injuries and other damages which he/she may suffer in connection with his/her participation in the program or any other activities.

**Medical Attention:** Should the YMCA be unable to reach me or the person(s) designated, the YMCA is authorized to administer first aid and/or contact my physician and/or arrange for immediate medical treatment to ensure the health and safety of my child(ren). I accept responsibility for payment of medical services rendered.

**Photo Release:** I grant the YMCA of Broward County permission to use photographs and videotapes taken of my child(ren) for YMCA publication purposes.

**Transportation and Field Trips:** I give my child(ren) permission to participate in YMCA events and field trips. I understand that the YMCA of Broward County may provide transportation to and from scheduled field trips. Parent/Guardian will be informed of all planned events.

**Custody:** Decisions regarding who is authorized to pick up a participant will be governed by the information listed on page 1 of this document.

**Behavior Policy:** I understand that the YMCA of Broward County will follow the same behavior policies as the School Board of Broward County and that my child is held to these same standards.

**Shared Information:** In order to continue funding programs like this one, Children's Services Council of Broward County ("CSC") conducts research to see how participants do while in the program, as well as after they leave the program. In addition to outcome data collected from participants in their program, CSC research staff may give participants additional surveys and assessments. CSC may also collect information on participants after they complete the program. The information collected after participants leave the program will come from county and state public health databases like Department of Health. The information participants provide will not be used to identify them. CSC has created many safeguards to protect participants' privacy and to prevent unauthorized use or access to it. CSC is not allowed to release any of participants' personal information (Open Government Sunset Review Act; Section 119.15, F.S.). I give permission for my child's information to be used for statistical purposes.

I have read this form and grant permission for my child to participate in all activities provided by the YMCA of Broward County.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b>		
<b>Date Received:</b>	<b>Entry Date:</b>	<b>Entered by:</b>





## Children's Services Council of Broward County

### Informed Consent Language

The after school/summer program operated by The YMCA of South Florida that your child participates in is funded by the Children's Services Council of Broward County (CSC). The CSC uses data from the School Board of Broward County (SBBC) to research and evaluate the success of the The YMCA of South Florida at serving your child. To use School District data, the SBBC requires parents/guardians or students 18 years of age or older to read and sign the information below.

#### **School Board of Broward County (SBBC) Informed Consent**

The SBBC shares data with the CSC, for the purposes of: (1) enrolling students into CSC programs; and (2) researching and evaluating the effectiveness of CSC programs at improving student's school performance, behavior, attendance, graduation rates, and their transition to career pathways. The Shared education records include: students' first and last names, student identification number, race, gender, disability, home language, country of origin, eligibility for free and reduced lunch, English proficiency, home address, attendance, schedule, grades, test scores, promotion status, risk assessment data, Career Technical Education attainment, and suspensions/expulsions.

By signing below, the parent/guardian or student age 18 or older provides their expressed written consent disclosing or allowing the SBBC to share and give access to the CSC to their education records listed in the above paragraph.

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Parent Name

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Parent Signature

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Date

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Student Name

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Student Identification Number





Parent Name: \_\_\_\_\_

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

Parent signature: \_\_\_\_\_

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

## **Plantation High YMCA Offerings**

**Biology** - End of Course Exam Preparation involving tutoring

**Distance learning Lab** - Students have supervised high speed internet access to enable them to complete courses in Broward Virtual School, Florida Virtual School, Credit Recovery1 or online course graduation requirements.

**English Extravaganza** - Students will learn how to present their own skits, monologues, plays, poems or short stories for an audience to enjoy. Student work can be entered into the Literary Fair for scholarship opportunities.

**Eurythmics** - Students will study the art of harmonious bodily movement especially through expressive timed movements in response to improvised music. Students will learn teamwork, collaboration, creativity, time management skills along with leadership skills.

**Feeding the World** - Students will have the opportunity of researching and demonstrating ingredients as they gain interest in preparing foods from different countries around the world. Students will gain enrichment skills such as Character Development, Mentoring, and Engineering.

**Fitness for the Soul** - Fitness, health1 and wellness program that combines a variety of physical with lessons on nutrition and how to maintain proper physical/emotional/mental health.

**Lights Camera Action** - Students will develop and explore the craft of acting in the YMCA summer program. While building their craft they will also build confidence and self-esteem. In turn they will use creative thinking to problem solve real world situations.

**STEM Open lab** - Students will have an opportunity for individual projects in rocketry, drones, coding, robotics, CAD, 3D printing and electronics.

**Youth In Government** - The YMCA's nationally recognized program that teaches youth how to write legislation and debate what they propose for the Florida legislature.

**4H** - Students will be empowered to become leaders. Members participate in numerous activities which help mold them to become today's and tomorrow's leaders of society: Day in Tallahassee, the annual Broward County, community projects (Broward County Beach CleanMup, Cancer Walk, Day in the Park1 etc). Students learn or teach each other to knit, create websites, sew, tie -dye, etc. Students gain skills to lead for a lifetime.

**Homework Assistance** - Guidance/support and homework assistance.