



# ENROLLMENT FORM

for  
**FUN City**

Return to FUN City Office

**Student Information** (Please Print)  
Please use student's legal name

LAST	FIRST	M.I.	CPS STUDENT ID #
Date of Birth ____/____/____			
<p><b>Race</b> (May circle more than one)</p> <p>American Indian/Alaskan Native      Asian      Black/African-American</p> <p>Hispanic      Native Hawaiian/Pacific Islander      White</p>			
Hispanic/Latino Ethnicity (Circle) YES NO			

Current 2015-2016 Grade Level (Circle) K 1 2 3 4      Gender (Circle) M F

Current School \_\_\_\_\_ Current Homeroom Teacher \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ E-mail \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Second Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

**Course**  
This is an eight-week program scheduled from June 6 – July 29 (no classes on July 4<sup>th</sup>). The program is designed for students enrolled in grades 1 – 5 for Fall 2016 and is held at West Blvd Elementary School. Classes are scheduled from 8:20am – 11:50am. Breakfast and lunch are available on site. The students participate in exciting academic courses in reading, language arts, mathematics, and social skills that help students continue learning during the summer and prepare them for the next school year. Enrollment is limited to the first 75 students. FUN City Youth Academy offers non-CPS programming until 5:00pm.

**No transportation is provided. Transportation is the parent's responsibility.**

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

\_\_\_\_\_  
Director's Approval      Date



**FUN CITY SUMMER ACADEMY ENROLLMENT FORM - Current Grades K thru 4**

318 Park Avenue, Columbia MO 65201 \* (573)256-1436

\* Email: Bonnie@fcya.org \*

**Please complete forms and return to Fun City office.**

**I. Student Information - (PLEASE PRINT)**

Please use student's legal name.

**NOTE: Students must participate in all 8 weeks of program and can't enroll in other Columbia Public Schools programs.**

LAST FIRST MI

**II. FCYA Afternoon Course information**

Fun City Youth Academy is a eight-week program scheduled from June 6 - July 29. The program is designed for students enrolled in grades 1 - 5 in Fall 2016 and is held at **West Boulevard Elementary School**. Breakfast is served at school at 8:00am and classes are scheduled from 8:20am - 4:30pm. Bus transportation is not provided. Breakfast and lunch are available on site. In the morning students participate in exciting CPS academic courses. In the afternoon students are engaged in hands-on educational, recreational, and cultural activities provided by FUN CITY staff. Activities include science, gardening, cooking, sports, and an African American Heritage curriculum. The program is designed to help students achieve academic and social success in a safe and caring environment. Enrollment is limited to the first 75 students.

**III. Tuition Fees**

The Fun City portion of the day is funded through tuition paid by parents and child care subsidies from the MO Department of Family Services for families who qualify. Parents whose income is above the DFS level are charged according to a sliding fee scale. Every effort is made to make the program affordable to parents whose income is limited. **NO CHILDREN ARE TURNED AWAY DUE TO FINANCIAL CONCERNS.**

**IV. Health Information**

Health Problems or Concerns  Yes  No

If yes, describe below any vision or hearing difficulties, diabetes, asthma, seizure disorder, allergies, activity restrictions, orthopedic problems, mental health/emotional concerns, or special health procedures that need to be carried out during summer school hours.

\_\_\_\_\_

\_\_\_\_\_

Is your child currently taking medication at home or school?  Yes  No

Name of Medication \_\_\_\_\_

Will your child need medication during summer school hours?  Yes  No

If yes, child must have a Medication Administration Record form signed by parent/guardian on file at summer school.

Name of student's physician(s) \_\_\_\_\_

Physician(s) Phone#: \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Is your child allergic to food or medications?  Yes  No If yes, identify and describe symptoms: \_\_\_\_\_

\_\_\_\_\_

In case of accident or serious illness, I request school personnel to contact me, the authorized emergency contact, or the student's physician. If a parent/guardian is unable to be contacted, an authorized emergency contact, or personal physician, or school personnel may provide emergency arrangements as necessary to care for my child. My signature below verifies the above information to be accurate. I permit the school to share information with school staff as deemed appropriate by the nurse or principal, to provide for my child's health and safety.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

**MEDIA RELEASE AND CONSENT**

I give permission for my child's picture to be used in any Fun City Youth Academy public relations materials. Also, I give consent for my child to be videotaped, participate in TV reports, newspaper articles or radio interviews in relations to the Fun City Youth Saturday Academy. I completely understand the above statement.

Yes \_\_\_\_\_ No \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_

**FIELD TRIP CONSENT**

I give consent for my child to take part in local field trips or excursions with FUN CITY under proper supervision. Furthermore, I hereby authorize If my child may not participate in local field trips, I understand that alternative care will be my responsibility. I completely understand the above statement.

Yes \_\_\_\_\_ No \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_

**PERSONAL PROPERTY POLICY**

I understand the Fun City Youth Academy does discourage bringing personal items of value to the Saturday Academy. Also, I understand that Fun City Youth Academy does not accept responsibility for lost/damaged property. I completely understand the above statement.

Yes \_\_\_\_\_ No \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_

**TECHNICAL USE AGREEMENT**

I give permission for my child to use computers, printers, software, the Internet, database access, and audio-visual equipment. I will discuss with my child the importance of following the rules and will accept responsibility for the repair/replacement costs due to my child's negligence or destructive behavior. My signature indicates that I completely understand the above statement.

Yes \_\_\_\_\_ No \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_

**PERMISSION TO WALK CONSENT**

I give permission for my child to walk home from Fun City Youth Academy without an adult. I will not hold the Fun City Youth Academy, its officers, or volunteers responsible for any injury or danger that occurs once my child has left the sight. I also agree and understand that once my child chooses to leave, he/she will not be permitted to return that same day. I completely understand the above statement.

Yes \_\_\_\_\_ No \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_

**ATTENDANCE**

I will do my best to make sure that he/she attends each week the program in session.

Yes \_\_\_\_\_ No \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_

**INDIVIDUAL EDUCATION PLAN (IEP)**

Does your child have special developmental, physical or behavioral needs? \_\_\_\_\_ Yes \_\_\_\_\_ No Parent/Guardian Initials \_\_\_\_\_

If yes, please indicate any adaptations FUN CITY could implement to assure your child's success in the program. \_\_\_\_\_

Please list anyone (i.e. therapist) authorized to share information with FUN CITY regarding your child's special needs.

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Name and Title/Professional Phone

For reporting purposes, we would appreciate you filling out the following information. This information is used for statistics only. Names and address information are not shared. This is kept strictly confidential.

**Ethnic Origin:**  
\_\_\_\_ African American \_\_\_\_ Asian \_\_\_\_ Hispanic/Latino \_\_\_\_ Caucasian  
\_\_\_\_ Native American \_\_\_\_ Bi-Racial \_\_\_\_ Other \_\_\_\_\_

**With whom does child live with?**  
\_\_\_\_ Both Parents \_\_\_\_ Father \_\_\_\_ Mother Other \_\_\_\_\_

**Parent/Guardian is**  
\_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Divorced Other \_\_\_\_\_

**Number of individuals living in home:** \_\_\_\_\_  
# of children \_\_\_\_\_ ages of children \_\_\_\_\_

**Live in**  
Public Housing \_\_\_\_\_ Section 8 Housing \_\_\_\_\_ Income Based Housing \_\_\_\_\_

Within City Limits \_\_\_\_\_ Boone County \_\_\_\_\_

**Working Parent/Guardian?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes who?**  
\_\_\_\_ Both Parents \_\_\_\_ Father \_\_\_\_ Mother Other \_\_\_\_\_  
**If yes, Full time or Part time?** Full time \_\_\_\_\_ Part time \_\_\_\_\_

Is there a Parent/Guardian enrolled in school? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what type?  
\_\_\_\_ High School \_\_\_\_ GED \_\_\_\_ Trade School \_\_\_\_ College

**Family Annual Income:**  
\_\_\_\_ \$0 - \$10,000 \_\_\_\_ \$10,001 - \$15,000  
\_\_\_\_ \$15,001- \$20,000 \_\_\_\_ \$20,001 - \$25,000  
\_\_\_\_ \$25,001 - \$30,000 \_\_\_\_ \$30,001 - \$35,000  
\_\_\_\_ \$35,001 - \$40,000 \_\_\_\_ \$40,001 - \$45,000  
\_\_\_\_ \$45,001 - \$50,000 \_\_\_\_ \$50,001+

**Parent Responsibility**

1. FUN CITY's Summer program is in operation from 8:20 am to 4:30pm.
2. Children are to be picked up promptly at 4:30pm unless other arrangements have been made.
3. Excessive late pickups are grounds for dismissal.
4. When your child is ill they will not be accepted into our care (please don't bring them if they're ill). You will be expected to pick up your child immediately when informed of their condition.
5. Contact FUN CITY when a child will be absent. Excessive absences may be grounds to fill your child's slot.
6. In the instance of repeated disciplinary actions and other infractions of FUN CITY's policies, your child will be dismissed from the program.
7. FUN CITY's staff may consult with parents, administrators, teachers and other professionals regarding your child's development if necessary. FCYA will ask for parental permission before outside professionals are consulted.
8. Parents/Guardians are required to attend two of the monthly Parent Empowerment Workshops in the Fall and in the Spring.

I have read and agree to all the policies as they are outlined and completely understand the above statement.

Yes \_\_\_\_\_ No \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_

My signature indicates that I have read, understand, and agree to the statements listed above and the information given is true

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Child Pick-Up Form

**A. The following people HAVE permission to pick-up the child named below from the Fun City Summer Youth Academy.**

Child's Name	DOB	Age	Sex
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1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Note: Any person unfamiliar to FCYA staff will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

**B. The following people DO NOT have my permission to pick-up my child from the Fun City Summer Youth Academy.**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother/Guardian's Signature	Date
Father/Guardian's Signature	Date



Office of Research, Assessment & Accountability  
 Columbia Public Schools  
 1818 W. Worley St  
 Columbia, MO 65203

Phone: (573) 214-3930  
 Fax: (573) 214-3994

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Heart of Missouri United Way  
 uwheartmo.org



**Cradle to Career Columbia**

*Transforming Lives. Bridging Gaps*

**Parent or Guardian Consent For  
 Partner Access to Student Records**

I consent to the release of my child's education records by the Columbia Public Schools to the partner agencies listed below if the agency provides services to my child. The partner organization may use this data to identify and assign services to my child and to evaluate its own services, but must otherwise maintain the confidentiality of the records. Furthermore, the partner organization is only permitted to access records for students in their program and only to the extent necessary to perform his/her assigned duties. I also consent to the release of partner agency records about my child to the school district to help the district provide better educational services to my child.

**I understand that this authorization:**

- Can be stopped at any time by sending a written request to Columbia Public Schools
- takes effect the day I sign it and covers the current school year
- allows release of indicated data through 08/01/16

**I further understand:**

- That any records received by the school district from a partner agency may not be protected by the Health Insurance Portability and Accountability Act (HIPAA) but will become education records protected by the Family Educational Rights and Privacy Act (FERPA).
- Provision of this authorization is voluntary.
- A copy of this release form is as valid as an original.
- I will receive a copy of this authorization.

**The district's partner agencies that are covered by this release are: (Please circle those the child is enrolled in)**

- |                           |                                    |                                       |
|---------------------------|------------------------------------|---------------------------------------|
| Big Brothers Big Sisters  | <u>Fun City Youth Academy</u>      | Great Rivers Council-Boy Scouts       |
| Boys and Girls Club       | Nora Steward Early Learning Center | <u>Other: 21<sup>st</sup> Century</u> |
| For His Glory             | Harrisburg Early Learning          |                                       |
| Moving Ahead              | Mary Lee Johnson                   |                                       |
| United Community Builders | Heart of Missouri United Way       |                                       |

**I understand that the education records provided by CPS to partner agencies may include records such as**

- Grades (trimester or semester)
- Discipline (Out of School records)
- Individual Education Plan (has IEP/504 Plan Yes or No)
- Lunch Status
- Assessments (STAR reading assessment, Math Assessment & MAP scores)
- Attendance
- Graduation
- Other ( \_\_\_\_\_ )

Parent/Guardian may remove any record by marking through.

By signing this consent agreement, I agree that I have read and understood the above and consent to all of the above statements.

Parent/Guardian Name (print) \_\_\_\_\_

Student Name (print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Student Date of Birth \_\_\_\_\_

