



ENROLLMENT FORM

for

FUN City

Return to FUN City Office

Student Information (Please Print)

Please use student's legal name

May 21st Guaranteed Enrollment Deadline

 LAST FIRST M.I. CPS STUDENT ID #

Date of Birth ____/____/____

Hispanic/Latino Ethnicity
 (Circle) YES NO

Race (May circle more than one)		
American Indian/Alaskan Native	Asian	Black/African-American
Hispanic	Native Hawaiian/Pacific Islander	White

Current 2017-2018 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 4 – July 27 (no classes on July 4th). The program is designed for students enrolled in grades 1 – 5 for Fall 2017 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 85 students. FUN City Youth Academy offers non-CPS programming until 4:30pm.

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

1809 Vandiver Drive, Suite 110, Columbia MO 65202 * (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.

LAST

FIRST

MI

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

II. FCYA Afternoon Course information

Fun City Youth Academy is a eight-week program scheduled from June 4 - July 27. The program is designed for students enrolled in grades 1 - 5 in Fall 2018 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. FREE 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 85 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.

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 Summer 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 Summer 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?

____ 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+

My child receives free lunch

Yes _____ No _____

My child receives reduced lunch

Yes _____ No _____

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 at least one of the monthly parent meetings this Summer.

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 permission from the parent.

What is your preferred method of contact?
_____ Call (Circle one: **Cell Home Work**) _____ Text _____ Email

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



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

I consent to the release of my child's education records by the Columbia Public Schools to the agency/researcher listed below if the agency provides services to my child. The data user must maintain the confidentiality of the records.

Agency/Individual data and records to be released to: Fun City Youth Academy

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 is valid for one year

I further understand:

- That any records received by the school district from another 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 understand that the education records provided by CPS will include the following records:

<input checked="" type="checkbox"/> Grades <input checked="" type="checkbox"/> Discipline <input checked="" type="checkbox"/> Individual Education Plan or 504 Plan <input checked="" type="checkbox"/> Assessment results (specify assessments below) <input checked="" type="checkbox"/> Attendance	<input checked="" type="checkbox"/> Demographic information including: <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Grade <input checked="" type="checkbox"/> Eligibility for Free or Reduced priced lunch <input checked="" type="checkbox"/> Graduation Date <input type="checkbox"/> Other (specify below)
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Specify assessments and/or other data to be provided: **Assessment results - STAR Reading and STAR Math**

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) Student ID

Parent/Guardian Signature Date

Phone Number

Parent/Guardian Email Address

Student Date of Birth

Family Educational Rights and Privacy Act (FERPA)

34 CFR Part 99

§ 99.30 Under what conditions is prior consent required to disclose information?

- (a) The parent or eligible student shall provide a signed and dated written consent before an educational agency or institution discloses personally identifiable information from the student's education records, except as provided in § 99.31.
- (b) The written consent must:
- (1) Specify the records that may be disclosed;
 - (2) State the purpose of the disclosure; and
 - (3) Identify the party or class of parties to whom the disclosure may be made.
- (c) When a disclosure is made under paragraph (a) of this section
- (1) If a parent or eligible student so requests, the educational agency or institution shall provide him or her with a copy of the records disclosed; and
 - (2) If the parent of a student who is not an eligible student so requests, the agency or institution shall provide the student with a copy of the records disclosed.

Health Insurance Portability and Accountability Act (HIPAA)

45 CFR Part 164

§164.508 Uses and disclosures for which an authorization is required. (c)

Implementation specifications: Core elements and requirements—

- (1) Core elements. A valid authorization under this section must contain at least the following elements:
 - (i) A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
 - (ii) The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
 - (iii) The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure.
 - (iv) A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.
 - (v) An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The statement "end of the research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a research database or research repository.
 - (vi) Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided.
- (2) Required statements. In addition to the core elements, the authorization must contain statements adequate to place the individual on notice of all of the following:
 - (i) The individual's right to revoke the authorization in writing, and either:
 - (A) The exceptions to the right to revoke and a description of how the individual may revoke the authorization; or
 - (B) To the extent that the information in paragraph (c)(2)(i)(A) of this section is included in the notice required by Sec. 164.520, a reference to the covered entity's notice.
 - (ii) The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, by stating either:
 - (A) The covered entity may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization when the prohibition on conditioning of authorizations in paragraph (b)(4) of this section applies; or
 - (B) The consequences to the individual of a refusal to sign the authorization when, in accordance with paragraph (b)(4) of this section, the covered entity can condition treatment, enrollment in the health plan, or eligibility for benefits on failure to obtain such authorization.
 - (iii) The potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer be protected by this subpart.
- (3) Plain language requirement. The authorization must be written in plain language.
- (4) Copy to the individual. If a covered entity seeks an authorization from an individual for a use or disclosure of protected health information, the covered entity must provide the individual with a copy of the signed authorization.

IMPORTANT INFORMATION REGARDING YOUR APPLICATION FOR CHILD CARE SUBSIDY

Including the following documents when mailing or dropping off a child care application, can assist in processing the application in a timely manner:

Citizenship/Relationship

- Citizenship or Immigration Status – if not a United States Citizen, documentation that verifies your legal status in the United States.
- Birth Certificates – if children are born out of state, original birth certificate from the state/country child was born in.

Income

Both earned and unearned income must be verified for all household members included in the eligibility unit.

- Pay check stubs (at least last 30 days and continuous pay periods)
- If new employment, a letter on company letterhead, from the employer stating the number of hours you will be working during a pay period and how often you will be paid. Should also include the date of your first paycheck
- Social Security/Supplemental Security Income – award letter or other verification from the Social Security Administration.
- Child Support income – can usually be verified through the state computer system; however, if you receive child support from a different state, verification will be needed.
- Self-employment – current tax return along with any supporting schedules that were filed.
- Education – documentation for all grants/scholarships/loans you have received to attend school.

If you are uncertain if something is needed to verify income, it is better to submit all documentation/verification you have.

Need for Child Care

To be eligible for child care, there must be a need for all adults in the household or a documented special need for a child. The following are considered valid needs for child care and the verification needed:

- Employment – a copy of your work schedule from your employer, or a letter from the employer on company letterhead, stating the days and hours each day that you work.
- School – A copy of a class schedule to include times and days of week attended. When a class schedule changes a new one must be submitted.
- Training – if you are enrolled in a training through a local agency/program, a copy of the training schedule with days and hours of attendance
- Incapacitated Care Taker – a physician's statement explaining you are unable to care for your child due to a mental or physical disability
- Child with a Special Need for Care – if you do not have a traditional need for care (employment, school, etc.) but have a child that has been classified as having a special need and that child has a special need for care, a medical professional must submit a statement regarding the reason care is needed and the duration of the need for care.

Child Care Provider Name – If you have chosen the child care provider or facility your child will be attending, please provide the name, address, phone number and/or DVN of that provider.

If you need assistance finding a child care provider, you may contact Child Care Aware of Missouri ® at (800) 200-9017 or visit the website at <http://mo.childcareaware.org/>. You may also visit the Department of Health and Senior Services' Show Me Child Care Provider search at <http://health.mo.gov/safety/childcare/>.

Social Security Numbers (SSN)

A SSN is NOT required as a condition of eligibility for Child Care Subsidy. Disclosure of SSN is strictly voluntary and will not affect your eligibility for Child Care Subsidy. Child Care Subsidy cannot be denied because you decide that you do not want to disclose your SSN or the SSN for any household member, including children whom benefits are requested. However, if you are applying for other benefits, along with Child Care Subsidy, your SSN may be required.

CHILD CARE APPLICATION

Need help with your application? Call us at 1-855-373-4636. If you need help in a language other than English, tell the customer service representative the language you need. TTY user can call 1-800-735-2966. If you are blind or visually impaired and would like information regarding Rehabilitation Services for the Blind, please call 1-800-592-6004.

INSTRUCTIONS: List your address and any phone numbers where you may be reached.

Applicant Full Legal Name		Date	
Home address	City	State	Zip
Mailing address, if different	City	State	Zip
Primary phone number	What kind of phone is this? <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> other		
Alternate phone number	What kind of phone is this? <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> other		
Email Address	Preferred method of contact? <input type="checkbox"/> *call <input type="checkbox"/> text <input type="checkbox"/> email <input type="checkbox"/> mail *We will call your primary phone unless you note otherwise		

INSTRUCTIONS: List all persons who live at your address including yourself. **List yourself first.** Answer all questions about each person.

Full Legal Name (First, Middle, Last)	Date of Birth	Race	Gender	Marital Status	SSN (Optional for Child Care)	Relationship to Head of EU
						Head of Eligibility Unit

Are the above household members Missouri residents and do they intend to remain in Missouri? Yes No
 If no please explain:

INSTRUCTIONS: List all persons who have earned or unearned income in your household.

Name	Source	Monthly Gross Income	Hourly Pay Rate	Tips Per Pay Period	Pay Frequency

Are you receiving other State or Federal assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ amount: _____
Are any changes in income expected?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ amount: _____
Do you pay a health insurance premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, premium frequency: _____ amount: _____
Do you pay a dental insurance premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, premium frequency: _____ amount: _____
Do you pay a vision insurance premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, premium frequency: _____ amount: _____
Do you have more than \$1,000,000 in assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide information concerning your child care provider(s) in the areas provided. Under each provider you list, include the information for each child under that provider's care. Please ensure you list the provider's relationship to each child you list with that particular provider (i.e. grandmother, no relation).

Name of Provider 1 Community Playground of Columbia, Inc. DBA Fun City	DVN 002531468	Phone Number 573-256-1436	
Street Address 319 West Blvd. North	City Columbia	State MO	Zip 65203
Name of Provider 2	DVN	Phone Number	
Street Address	City	State	Zip

Is your child(ren) enrolled in Early Head Start or Head Start? Yes No

Please list the number of days per week each child is in care for each category listed below:

Child's Name (first, middle, last)	Relationship To Provider	5 or more hours		3 to 5 hours		Less than 3 hours	
		Daytime (6am-6:59pm)	Evening/Weekend (7pm-5:59am) (Saturday/Sunday)	Daytime (6am-6:59pm)	Evening/Weekend (7pm-5:59am) (Saturday/Sunday)	Daytime (6am-6:59pm)	Evening/Weekend (7pm-5:59am) (Saturday/Sunday)
1.							
2.							
3.							
4.							
5.							
6.							

THE NEED FOR CHILD CARE IS BECAUSE YOU OR A HOUSEHOLD MEMBER IS: (CHECK ALL BOXES THAT APPLY)

- employed? Where _____ Phone Number _____ Name _____
- attending school? Where _____ Phone Number _____ Name _____
- in job training? Where _____ Phone Number _____ Name _____
- being evaluated for training and/or employability?
Where _____ Phone Number _____ Name _____
- disabled? Can you care for your child(ren) _____
- I am homeless (Defined as individuals who lack a fixed, regular, and adequate nighttime residence)
- Your child has a "special need" for child care? (i.e. child is classified as having a special need, there is no traditional need for care, but a medical professional has determined the child needs to be in child care.)

- My signature below certifies under penalty of perjury that all information given is true, correct and complete to the best of my knowledge.
- I understand that I am entitled to fair and equal treatment regardless of race, color, religion, national origin, sex, ancestry, age, sexual orientation, veteran status, or disability.
- I agree to provide any additional information or verification that is requested to determine my eligibility within 15 days of application date.
- I agree to report changes in my income if it exceeds 85% of the State Median income.
- I understand that the statements I have made are subject to investigation and verification.
- I also understand that the laws of Missouri provide for fine or imprisonment or both for persons who knowingly receive or attempt to receive public assistance they are not entitled to or who knowingly fail to report information required to determine eligibility for public assistance.

By signing this application on paper or electronically, you are giving us permission to deliver, or cause to be delivered, phone calls to you regarding your case from an automated dialing system at the primary phone number you provided on Page 2. You do not have to consent to this as part of your application. If you want to opt out of getting these calls, check here:

SIGNATURE OR MARK OF APPLICANT:	DATE
WITNESS TO MARK:	DATE