

# Fun City Youth Academy

## Saturday (2017-2018) Session Application

Student Name (Last, First)		Gender Male _____ Female _____		Date of Birth	Age
School Attending		Grade	T-shirt size	Teacher's Name	
<b>Student's Physical Address</b>					
Street Address			City	State	Zipcode
<b>Parent/Guardian Information</b>					
Parent/Guardian Name			Relationship to Student: Mother _____ Father _____ Other _____		
Street Address (If different than above)			City	State	Zipcode
Home Phone ( )	Cell Phone ( )		Email Address		
Employer			Work Phone ( )		
<b>Emergency Contacts (Other than Parent/Guardian)</b>					
Name	Home Phone ( )		Cell Phone ( )		
Name	Home Phone ( )		Cell Phone ( )		
<b>Authorization for Emergency Medical Care</b>					
I understand that I will be notified ASAP in case of an accident or illness to my child and I will have to make arrangements for medical care for my child with a physician or hospital of my choice. If I can not be reached in the event of an emergency, individuals noted as Emergency Contacts will be notified.					
If I can not be reached to make the necessary arrangements, or in the case of an emergency situation requiring immediate medical care, I hereby authorize Fun City Youth Academy to retain, at my expense, of such medical or surgical treatment as appears necessary under the circumstance.					
<b>For emergency medical treatment of my child, my preferred Hospital/Physician is:</b>					
Physician Name			Phone ( )		
Preferred Hospital Boone _____ Columbia Regional _____ University of MO _____ Other _____					
<b>Allergies/Health</b>					
Please indicate any allergy, illness, condition or restriction (i.e. ADHD, asthma, diabetes, food allergies)					
Name of Medication					
<b>Pick-Up Authorization</b>					
I understand that my child will be released to persons listed only. Photo identification may be necessary for verification purposes. If someone other than those listed on the pickup form is picking up my child, I understand it is my responsibility to notify FCYA Staff of any changes. I understand that it is my responsibility to notify FCYA staff know of any individual who does NOT have my permission to pick up my child. I authorize the following individuals to pick up my child:					
Full Name		Phone ( )		Relationship to Child	
Full Name		Phone ( )		Relationship to Child	
My signature indicates that I completely understand and comply with the above statements.					
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 field trips or excursions with FUN CITY under proper supervision. Furthermore, I hereby authorize If my child may not participate in 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 discourages 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 understand the regular attendance is important for my child's development. 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 Youth Academy 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, the following information is required by our funders. This information is kept strictly confidential and is used for statistical purposes only. Names and address information are not shared.

**Race (may select more than one)**

\_\_\_\_ African American \_\_\_\_ Asian \_\_\_\_ Hispanic/Latino \_\_\_\_ Caucasian  
\_\_\_\_ Native American \_\_\_\_ Bi-Racial \_\_\_\_ Other \_\_\_\_\_

**With whom does the child live?**

\_\_\_\_ Both Parents \_\_\_\_ Mother \_\_\_\_ Father 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 \_\_\_\_\_ Other \_\_\_\_\_

**Working Parent/Guardian?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes who?**

\_\_\_\_ Both Parents \_\_\_\_ Mother \_\_\_\_ Father 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/Guardian Initials \_\_\_\_\_

**Parent Responsibility (PLEASE READ CAREFULLY)**

1. FUN CITY's Saturday program is in operation from 11:30 am to 4pm.
2. Children are to be picked up promptly at 4pm.
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. I agree to attend a minimum of four of the monthly Parent Empowerment Meetings during 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



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 Columbia Public Schools  
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 Columbia, MO 65203

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## 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 summer school of the current school year unless I specify an earlier date in this section (\_\_\_\_\_).

**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</u>                    | Great Rivers Council-Boy Scouts    |
| Boys and Girls Club      | Nora Stewart Early Learning Center | United Community Builders          |
| For His Glory            | Harrisburg Early Learning          | Heart of Missouri United Way       |
| Moving Ahead             | Mary Lee Johnston                  | 21 <sup>st</sup> Century Project** |
|                          |                                    | Other: _____                       |

**\*\*Note on 21<sup>st</sup> Century Project:** Information for this program will be collected from parents, teachers, school administrators, and after school program staff through surveys that will be distributed through the school year. Your child's participation and your survey participation is VOLUNTARY and all information will be kept strictly CONFIDENTIAL. Information gained from this research will be used in the future planning efforts of the after school program and to determine the effectiveness of the enhanced after school programming. There are no known risks to participating in this program, evaluation, surveys or research.

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

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