

JOIN THE FUN!

# ENROLLMENT FORM

for

## FUN City



Return to FUN City Office

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

**May 22<sup>nd</sup> Guaranteed Enrollment Deadline**

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

**Current 2016-2017 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 5 – July 28 (no classes on July 3<sup>rd</sup> and 4<sup>th</sup>). 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



**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 5 - July 28. The program is designed for students enrolled in grades 1 - 5 in Fall 2017 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 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.

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**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: \_\_\_\_\_

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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?**

\_\_\_\_ 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



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

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



## 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 | <input checked="" type="checkbox"/> Fun City | 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.