

3D Stingrays Afterschool Program Application Rodgers Middle School 2021-2022 School Year

Please Print Clearly

Last Name		First Name		Middle Initial		Date of Birth:	
Street Address			City/State		Zip Code		Phone Number:
Gender:				Race:			
<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Refused				<input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Two or More Races <input type="radio"/> Refused			
Student's Grade:		Participant Type:		Ethnicity:			
 		MINOR		<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Refused			
Is your student eligible for free lunch? (Circle One)							
YES				NO			
Number of Adults In Home:			Household Structure (Check One):				
 _____			<input type="radio"/> Male (single) Head of Household <input type="radio"/> Female (single) Head of Household <input type="radio"/> Other-Relative/Kinship Care (single) Head of Household <input type="radio"/> Dual 2 Parent Household <input type="radio"/> Dual 2 Other-Relatives/Kinship Care Household <input type="radio"/> Other <input type="radio"/> Refused <input type="radio"/> Not Available				
Number of Minor Children in Home (including participating child):			Highest Education Level in Household (Check One):				
 _____			<input type="radio"/> Some or No High School <input type="radio"/> High School Graduate or GED <input type="radio"/> Technical Certificate <input type="radio"/> Some College <input type="radio"/> Associates Degree <input type="radio"/> Bachelor's Degree <input type="radio"/> Advanced Degree <input type="radio"/> Refused				

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PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Last Name: _____

First Name: _____

Relationship to Student: _____

Cell Phone: _____

Work/Other Phone: _____

Email: _____

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Parent/Guardian 2 (if applicable)

Last Name: _____

First Name: _____

Relationship to Student: _____

Cell Phone: _____

Work/Other Phone: _____

Email: _____

GRIEVANCE PROCESS

While in the 3D Stingrays Program, every youth and parent/guardian has access to a method to have a particular grievance considered rapidly, fairly and without reprisal.

I _____ have received and fully understand the CDC Youth Program's grievance process, which has been provided to me by program staff on page 6 of this application.

Parent/Guardian Signature and Date

PHOTO RELEASE

I _____
(print guardian's name),

do hereby give CDC of Tampa, the irrevocable right to use my child's picture, portrait, or photograph in all forms and in all manners, without any restrictions to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) for advertising, trade, promotion, exhibition, or any other lawful purposes, and I waive my right to inspect or approve the photograph (s), including written copy that may be created and appear in connection therewith. I agree that the photographer owns the copyright to these photographs or works derived there from, including but not limited to claims for either invasion of privacy or libel. I am of full age and competent to sign this release. I agree that this release shall be binding on me, my heirs, and assigns. I have read this release and am fully aware of any right/claims that I am waiving.

I am the parent/guardian of the minor named below and have the legal authority to execute the above release. I approved the forgoing and waive any rights in the premises.

Parent/Guardian Signature and Date

Youth Signature and Date

MEDICAL RELEASE AND EMERGENCY INFORMATION

My child _____ has the following medical condition(s) listed below. The medical information provided herein is covered by HIPPA. **Please indicate N/A for sections that do not apply.**

Medical Conditions: _____

Allergies: _____

Medications: _____

Other special needs: _____

Physician's Name: _____

Physician's Telephone: _____

Physician's Address: _____

If my child _____ should become ill or injured while participating in the CDC Youth Program, I understand that an administrative staff member will contact the person I have designated in the emergency contacts list if I cannot be reached. Should the administrative staff be unable to reach me or the person I have designated, I authorize the staff to contact the child's physician and/or arrange for immediate emergency treatment if deemed necessary to ensure my child's health and safety. I further understand that this CDC Youth Program is not liable for any payment or medical bills that may arise, including costs associated with ambulance transport.

Parent/Guardian Signature and Date

TRANSPORTATION RELEASE AND EMERGENCY CONTACT INFORMATION

Please Check All That Apply:

- Youth has permission to sign self out of the program.
- Youth must leave with parent/guardian or emergency contacts designated below
- Youth has permission to walk/bike home after programming.

EMERGENCY CONTACTS

Full Name	Relationship to Youth	Cell Phone	Home Phone	Work Phone

3D Stingrays Afterschool Program 2021-2022
Rodgers Middle School

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this CDC Youth Program application is true and complete to the best of my knowledge. By submitting this application, I (we) understand my (our) child will be enrolled in CDC's Youth Program. I (we) agree as parent/guardians to support our child by encouraging active participation and promoting educational achievement.

Youth Printed Name: _____

Youth Signature & Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature & Date: _____

TO BE COMPLETED BY PROGRAM STAFF ONLY

Enrolled Program Start Date: _____ Staff Signature & Date: _____

Enrolled Program End Date: _____ Staff Signature & Date: _____

Enrollment Closure Reason:

- Completed Service
- No Longer Eligible
- Voluntary Withdrawal
- Moved
- Child Removed From Home
- Incarceration
- Death (Participant Deceased)

Notes/Remarks:

3D Stingrays Afterschool Program 2021-2022
Rodgers Middle School

Explanation of Student Data Request

Agency Name: Corporation to Develop Communities of Tampa

Program Name: 3D Stingrays

We would like your permission to use your child’s educational data to evaluate the effectiveness of our program services. This data is needed as part of our contract with the Children’s Board of Hillsborough County, who funds this program. They will use this information to determine whether the program is having a measurable effect on your child’s academic success and to monitor contract compliance. In addition, this data will help us improve our program for your child and for future students.

What educational records are needed?

With your permission, we will obtain data about your child from Hillsborough County Public Schools. This is private information that we must have your approval to use. We are requesting the following records:

- *Grade Promotion Information*

You can decide if you want your child’s data to be used. It is up to you. Your child can still participate in this program even if you don’t want us to use his/her information to evaluate the program.

Federal law (*FERPA*) requires us to keep educational information about your child private. We will keep your child’s records private by securing records in a locked file with only authorized staff having access to your child’s information. We will only use the educational data for the purposes explained in this document. This information will be kept on file for review for 5 years from the year in which this form was signed. In the 6th year, all copies of your child’s educational information will be properly disposed of or returned to the school district office. The data shared with the Children’s Board will be entered into a secure database system which will be retained for 5 years and all identifying information will be deleted during the 6th year following receipt of the data.

What happens if you decide not to release your child’s data?

You should only agree to release your child’s information if you want to do so. You should not feel that there is any pressure to release it. If you decide not to release your child’s data, or if you release it now and later change your mind, your child will still be able to participate in this program.

If you have any questions or concerns, contact Ravin Hemchand (813)587-9514 or Hillsborough County Public Schools’ Office of Strategy Management at (813) 272-4445.

I understand and consent to release my child’s data to the Children’s Board for program evaluation purposes.

I do not consent to release my child’s data to the Children’s Board for program evaluation purposes.

Printed Name of Child

Student ID (7-digit district #)

Printed Name of Parent/Guardian (At least 18 years of age)

Parent/Guardian Signature

Date



GRIEVANCE PROCEDURE FOR YOUTH & FAMILIES

A grievance is defined as any condition of youth involved programming that the youth thinks or feels is unjust or inequitable. Any youth/family may submit grievances in the following sequence:

1. Youth/family brings concern to Program Coordinator for review and resolution.
2. If a satisfactory resolution cannot be obtained for the youth/family, Program Coordinator will call the Youth Manager at (813) 587- 9514 or complete the grievance form and the Youth Manager will call them.
3. Youth Manager will review concern with youth and/or family and determine resolution.
4. Decision of the Youth Manager is final.

DO:

Keep your hands to yourself.
Think before you speak.
Apologize if you accidentally say or do something that has made another person feel uncomfortable.
Respect all staff, students, guests and yourself.
Respect all property: ours, yours and theirs.
Report all incidents of **bullying** behavior.
Cooperate and Participate.
Have Fun!

DON'T:

Touch anyone without his or her permission.
Keep interacting with someone after they have told you to stop.
Criticize or make remarks that may cause another person to feel stressed, scared, or intimidated.
Do not use profanity.
Do not use words that hurt others (stupid, slow, freak etc.)

PROHIBITED ITEMS

A student shall NOT possess, handle or transport weapons.

DRUGS/ALCOHOL/TOBACCO ARE NOT ALLOWED. This will result in immediate dismissal.

Students violating this policy are subject to suspension, expulsion and/or arrest.

- This policy applies to CDC properties, program sites, CDC buses/vans, CDC provided transportation, at bus stops, pick up or drop off points, and at CDC programming or related activities.

CONSEQUENCES

If you break the law, law enforcement will be notified.

ZERO TOLERANCE OFFENSES- Both on and off premises during CDC programming times/activities: fighting, possession of drugs or alcohol, possession of weapons, sexual battery, theft, homicide. ****WILL RESULT IN IMMEDIATE EXPLUSION/WITHDRAWAL FROM THE PROGRAM****

LEVEL TWO OFFENSES - false reports, defiance, disrespect, bullying, destruction of property, vandalism etc. ****Will result in up to expulsion/withdrawal from the program, suspension, referral****

LEVEL THREE – horseplay which leads to aggressive behavior, acts of misconduct that interfere with programming, activities, transportation, and/or the learning process, unauthorized use of cell phones, computers, etc. ****Will result in suspension, counseling, and/or parent contact****

ATTENDANCE

Positive Action Curriculum Training is MANDATORY- (youth must attend and participate in order to remain enrolled in the program.)

Students should also:

- Attend classes daily and on time unless circumstances beyond their control prohibit attending.
- Notify Program Staff about the student's absence from program on or before the day of the absence.
- Notify Program Staff of any change of address, phone numbers, and emergency contact numbers.
- Students **MUST** sign in and **MUST** follow proper dismissal.

If your student does not attend for a period of one month, he or she will be disenrolled from the program and their spot may be given to another student (unless there has been prior communication about their absence). In order to reenroll your student, you will have to fill out another application (if a spot is available).

If your student will no longer be attending the program, please notify program staff ASAP.

******PICK UP PROCEDURE/TRANSPORATION******

WE ARE NOT ABLE TO PROVIDE TRANSPORATION. Any student joining the program **MUST** be able to find their own way home after programming. Our program ends promptly at **5:30 pm**. Please be on campus at this time to pick up your student. Please communicate with us if you are running late. In certain cases, we will allow for a 15-minute grace period. After 15 minutes, we will call to see that you are on your way. If after an extended period of time you have not arrived & not made contact, we may be forced to contact law enforcement/CPS to watch over your student.

If you arrive late more than once to pick up your student, **THE STUDENT MAY BE EXITED FROM THE PROGRAM.** Please arrive on time and communicate with us if there are any issues. Also, please make sure your student's emergency contact numbers are up to date at all times so that we can reach you if need be.

Please retain pages 6-8 to refer back to our policies and procedures. If you have any questions contact Ravin Hemchand, Program Manager, at ravin.hemchand@cdcoftampa.org or (813) 587- 9514.

I UNDERSTAND AND AGREE TO ABIDE BY THE CODE OF CONDUCT. I UNDERSTAND THAT IF AT ANY TIME I DO NOT ABIDE BY THE CODE OF CONDUCT, I COULD FACE THE CONSEQUENCES AS OUTLINED ABOVE.

Print Name of Parent/Guardian

Signature of Parent/Guardian and Date

Print Name of Student/Youth

Signature of Student/Youth and Date