Welcome to the Cops 'n Kids Family!

We are committed to empowering children and teens for lifelong success and greater quality of life.

Enrollment & Eligibility
- All youth 6 to 17 years of age
- No Program Fees
- Transportation to off-site trips provided by the City of Tarpon Springs

Hours of Operation
- School Year Hours: Monday – Friday 1:00pm to 6:00pm
- Summer Program Hours: Monday – Friday 7:30am to 4:00pm

Daily Afterschool and Summer Camp schedule of activities
- Homework completion and one on one tutoring
- Stimulating team activities such as performing and visual arts, science, technology, engineering, mathematics, arts and crafts, sports, online academic and graphic design activities and games, etc.
- Enrichment classes such as career exploration, yoga and meditation, leadership, community compassion, and Youth Council projects
- Evidenced-based positive youth development and parent engagement classes
- Sports and Wellness: daily sports, wellness and nutrition
- Academic and enrichment classes as an extension of school learning
- Off-site trips to Tampa Bay Area venues as an extension of learning
- Family engagement activities include workshops and guest speakers. The Parent Task Force works on meaningful projects for the Center in the community.
- Family Supports: We understand that all families sometimes need additional supports to help them be successful. Staff is available to provide connections to resources.

Please fill out the attached papers as completely and accurately as possible and do not leave any blanks.

A separate application must be completed for each child you would like to enroll.

Thank you!
**CHILD'S ENROLLMENT RECORD**

**DIRECTOR'S USE ONLY**

Date enrolled ____________

---

Child's full legal name

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Nickname</th>
</tr>
</thead>
</table>

Date of Birth ____________  Sex ____________

Primary Hours of Care From ____________ To ____________ Days of Week in Care ____________

---

Child's Physical Address

<table>
<thead>
<tr>
<th>Street Address (number, apartment #, street)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Family Information:  

Child Lives with ____________

Parent's Name ____________  Parent's Name ____________

Address: ____________  Address: ____________

Home Phone: ____________  Home Phone: ____________

Employer: ____________  Employer: ____________

Address: ____________  Address: ____________

Work Phone ____________  Cell ____________  Work Phone ____________  Cell ____________

Custody: Mother ____________ Father ____________ Both ____________ Other ____________ Name ____________

---

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children’s center in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name ____________

Home Phone ____________  Cell Phone ____________

Address ____________

| Street Address (number, apartment #, street) | City | State | Zip Code |

Name ____________

Home Phone ____________  Cell Phone ____________

Address ____________

| Street Address (number, apartment #, street) | City | State | Zip Code |

---

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

CONTINUED ON BACK
CHILD'S ENROLLMENT RECORD
(Back Page)

Medical Information:

Child's Physician/Health Resource ________________________________
Telephone Number ____________________________________________
Address ______________________________________________________

Hospital Preference __________________________________________
Name of Dentist ____________________ Telephone __________________
Address ______________________________________________________

Emergency Care Plan instructions (If applicable) ____________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

MISCELLANEOUS INFORMATION

List all known allergies ___________________________________________
_________________________________________________________________
_________________________________________________________________
List all identifying scars, birthmarks, skin discolorations _________
_________________________________________________________________
Special medical or dietary needs of child ____________________________
_________________________________________________________________
List any areas of concern _________________________________________
_________________________________________________________________

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure, a copy of the children's center discipline and expulsion policies.

I was notified that the snacks/meals served daily are: □ Breakfast □ AM Snack □ Lunch □ PM Snack □ Dinner

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Custodial Parent or Legal Guardian ____________________ Date ____________

C-0030 Required (Rev 4/18)
EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: ________________________________ Birthdate: ________________________________

Allergies: ________________________________________________________________________________

Medicines Routinely Taken: ___________________________________________________________________

Name of Custodial Parent(s)/Legal Guardian(s): ______________________________________________________

Address: ___________________________________________ City ___________ State ___________ Zip Code

Home Telephone ___________ Cell Telephone ___________ Work Telephone ___________

Family Physician's Name/Health Care Resource: _____________________________________________________

Address: ___________________________________________ City ___________ State ___________ Zip Code

Telephone ( ) _________________________________________________________________________________

Hospital Preference: ___________________________________________________________________________

Medical Insurance Company: _____________________________________________________________________

Policy #: __________________________ Expiration Date: __________________________

Emergency Contact (if custodial parent/guardian cannot be reached): ________________________________

Address: ___________________________________________ City, ___________ State ___________ Zip Code

Home Telephone ___________ Cell Telephone ___________ Work Telephone ___________

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child
(Child's Full Name) in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF ________________

The foregoing instrument was acknowledged before me on ___/___/____ 20___

by ____________________________________________ (Name of Affiant), who is personally known to me or who has

produced ___________________________________________ as identification.

______________________________________ (Signature of Notary)

FC-0003 Sample (7/30/13)
**PARENT OR GUARDIAN** Information for Program Scholarship

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
<th>Child's Date of Birth</th>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Attending</td>
<td></td>
<td></td>
<td></td>
<td>Current Grade</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>School ID</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Sex: □ Male □ Female</td>
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<td></td>
<td></td>
<td>Foster Child? □ Yes □ No</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td>Child’s Social Security #: /</td>
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<td></td>
</tr>
<tr>
<td>If not provided, explain why:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1st Parent/Guardian’s Name</td>
<td></td>
<td></td>
<td></td>
<td>Date of Birth</td>
<td>MONTH</td>
<td>DAY</td>
<td>YEAR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sex: □ Male □ Female</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2nd Parent/Guardian’s Name</td>
<td></td>
<td></td>
<td></td>
<td>Date of Birth</td>
<td>MONTH</td>
<td>DAY</td>
<td>YEAR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sex: □ Male □ Female</td>
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<td></td>
</tr>
</tbody>
</table>

**Parent/Guardian Adult Education**

<table>
<thead>
<tr>
<th></th>
<th>1st Parent/Guardian</th>
<th>2nd Parent/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am an adult who never attended school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown. Other – Please Specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am not currently enrolled in school or any training program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am currently enrolled in a high school/GED program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am currently enrolled in a trade/technical school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am currently enrolled in a junior college</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am currently enrolled in a 4 year college</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am currently enrolled in a professional school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am currently enrolled in graduate school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am currently enrolled in a doctoral program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have received a General Education Diploma (GED)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have graduated high school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I completed a trade/technical school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have received an Associate’s Degree</td>
<td></td>
<td></td>
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<tr>
<td>I have received a Bachelor’s Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have completed a professional school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have received a Master’s Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have received a Doctoral Degree</td>
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</tr>
</tbody>
</table>

**Total Number of Persons in Household:** Adults _______ Children _______ Please check the most appropriate household composition:

- □ Single Parent/Female □ Single Parent/Male □ Dual Parent-Married
- □ Dual Parent-Not Married. Female Head of Household □ Dual Parent-Not Married. Male Head of Household
- □ Female Relative/Caretaker Head of Household □ Male Relative/Caretaker Head of Household
- □ Other Relatives-Married □ Other Relative/Single
- □ Other Non-Relative

**Housing Information – Do you:**

- □ OWN □ RENT □ OTHER

**Total Household Income before taxes for the year:** $

(Include all sources, i.e. child support, social security, unemployment, worker’s compensation, military allotment, veteran’s benefits, public assistance and/or welfare payments)

**How were you referred to this program:** □ Self □ Friend □ School □ Advertising □ Other

**Please list one of the following for each household member:**

**Race:** Caucasian/White - American Indian or Alaska Native - Asian Indian - Asian Unspecified - Black/African American - Chinese - Filipino - Japanese - Korean - Guamanian/Chamorro - Multi-racial - Native Hawaiian - Other Pacific Islander - Samoan - Vietnamese - Other (Specify Below)

**Ethnicity:** No, not Spanish/Hispanic/Latino - Yes, Mexican, Mexican American/Chicano - Yes, Puerto Rican - Yes, Cuban - Yes, Other Spanish/Hispanic/Latino (Specify Below)

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Race (list ONLY one)</th>
<th>Ethnicity (list ONLY one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Parent/Guardian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Parent/Guardian</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify that the above information is true and complete to the best of my knowledge.

<table>
<thead>
<tr>
<th>1st Parent/Guardian Signature</th>
<th>Date</th>
<th>2nd Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

--- FOR DIRECTOR'S USE ONLY ---

- Child's Start Date
- Fee Status: □ CCC □ Full Fee □ Free □ Employee
- Eligible For: □ Free Lunch □ Reduced Lunch
- □ Not Eligible □ Cafeteria or parent/child can verify

All siblings must now be included in the same case. List names of any sibling(s) already in the program (PLEASE PRINT):

(1) LAST NAME FIRST NAME (2) LAST NAME FIRST NAME (3) LAST NAME FIRST NAME

Signature of Director/Assistant Director Date
Community Out-of-School Time (COST)
Program Participation Statement of Commitment

Before accepting this offer to participate in the COST youth development program, we would like to inform you, in detail what this offer includes and the expectations for participation. Our program is grant funded by the Juvenile Welfare Board and based on the national research and best practices in youth development. The program was designed with the goal of supporting our youth and preparing them for success in life. Therefore, our program includes several crucial components that we require each student to complete over the course of their time in our program. Please review requirements of the program prior to enrollment.

I understand that the COST grant-funded program will include the following.

- **Youth will maintain a consistent daily attendance and may not miss more than 2 days in a week.**

- **Parents/guardians must sign a documentation of absence form for absences beyond 8 days. You must notify the Center Director if your student will be out more than 8 consecutive days. Failure to maintain attendance standards or complete the appropriate documentation of absence will result in the termination from the program.**

- **Youth will participate in a Health Kids Questionnaire upon intake and on their annual anniversary date.**

- **Youth will complete homework and participate in daily enrichment activities, including interest clubs, youth advisory council, and community service learning projects.**

I have read, understand and agree to comply with the requirements listed above. I realize that failure to comply with these requirements may result in loss of funded scholarship space within the COST program.

Signature of Custodial Parent or Legal Guardian

Date

Youth Signature

Date
Photo/ Video Consent

I hereby give consent to have photographs and or video recordings of my child taken by the program staff or media for occasional publicity needs.

______________________________  __________________________
Signature of Custodial Parent or Legal Guardian  Date

Tutoring Services Consent

I hereby give consent to have tutoring services for my child as needed. This service may include teacher communication and support for Cops ‘n Kids staff and tutors.

______________________________  __________________________
Signature of Custodial Parent or Legal Guardian  Date

Field Trip Consent

I hereby authorize my child to attend weekly field trips with the Cops ‘n Kids Youth Center program. I am aware that a list of the field trips is available upon request.

______________________________  __________________________
Signature of Custodial Parent or Legal Guardian  Date

Consent to Walk Home

I hereby authorize my child to walk home from the Cops ‘n Kids Youth Center. I understand that my child will be walking home UNSUPERVISED. Please list the earliest time that your child is allowed to walk home from the program.

School Year Earliest Time:  __________  Summer Camp Earliest Time:  __________

______________________________  __________________________
Signature of Custodial Parent or Legal Guardian  Date
Dear Parents/Guardians

The Cops 'n Kids Youth Center has enhanced the center with new opportunities for our kids, teens and parents. The new activities and resources are provided by The Department of Juvenile Justice. The program will begin in August and continue throughout the year. The Cops 'n Kids staff have added activities that will strengthen educational growth outside of the school environment. It helps the students build healthy communication skills as well as healthy relationships with peers, family and community. The program empowers students to make better choices for a safer, happier and healthier life.

We appreciate your support of all programming and services and welcome any questions you may have. Some of the program activities are:

**Kid's Activities**
- Positive Action Lessons
- PATHs Lessons
- Science Field Trips
- Relaxation Activities
- Tutoring Services
- Community Development Projects
- Compassion & Diversity Field Trips
- Understanding Health Impacts of Trauma

**Adult Activities**
- Guiding Good Choices Workshops
- Family Fun Nights
- Understanding Health Impacts of Trauma
- Mini Workshops (Academics, Career, Financial, Cooking & More)

Please sign and date permission form below:

I ____________________________ the parent/legal guardian of ____________________________

Please print - parent/legal guardian’s full name

Give permission for my child to participate in the Cops 'n Kids: Department of Juvenile Justice Program Positive Action Program which includes lessons, activities, field trips and surveys. All activities will be conducted at the Cops 'n Kids Youth Center and community venues.

Signature of Custodial Parent or Legal Guardian ____________________________

Date ____________________________

PLEASE PRINT - YOUTH’S FULL NAME

Page 7 of 14  CKEPR-071540
Food Experience Permission Form

I give permission for my child ___________________________ to participate in food related activities.

Please check one of the following:

__________ My child DOES NOT have a food allergy or dietary restriction.

__________ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

________________________________________________________________________

________________________________________________________________________

__________ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

_________________________________  __________________________
Parent Signature                        Date
Authorization and Consent for Disclosure, Receipt, and Use of Confidential Information by the Juvenile Welfare Board of Pinellas County

I, ____________________________, (print participant name(s))

acknowledge that I am a participant of ____________, (name of program or service). I acknowledge that the Juvenile Welfare Board of Pinellas County ("JWB") provides funds to make the program or service in which I am participating available. I also acknowledge that in order to make sure that all services delivered to participants are of the highest possible quality, JWB may need to review information about me and these services.

By signing this Authorization, I am indicating that I understand and agree that my confidential information may be contained in a JWB data collection system, and that this data collection system is exempt from disclosure under the Florida Public Records Act. This means that by law, JWB cannot release individually identifiable information about me or the services I receive (Fla. Stat. §119.071). I acknowledge that as necessary to carry out the purposes listed herein, JWB may review all information about me, including my participant file and all other information pertaining to me held by the agency providing the program or service, regardless of whether that information is entered into a JWB data collection system. I further acknowledge that JWB is simply storing and reviewing records and information as the payer for these services, and that JWB provides no direct services to me, including, but not limited to, coordination of services, recommendation of services, or medical diagnoses. I further acknowledge that JWB is not a covered entity as that term is defined under HIPAA (the Health Insurance Portability and Accountability Act).

I authorize JWB to utilize my confidential information to verify eligibility for funded services or programs, make payment for services rendered to me by funded programs or services, quality control of funded services or programs, evidence-based research of JWB funded services or programs, including, but not limited to, tracking outcomes of funded programs and services, and determination of future services/programs funded by JWB. I understand that the confidential information disclosed, received or used by JWB related to my Authorization will not be further disclosed to any other party without my express written consent or as otherwise permitted or required by applicable law unless it is presented in a report that presents information on a group of individuals in de-identified format, which means that no information that identifies me as an individual is revealed.

I acknowledge that this Authorization covers all information about me including, but not limited to, personally identifiable information, Protected Health Information, general medical, general counseling, as well as psychiatric/psychological/substance abuse information from my medical health record, any information concerning the performance of any tests, results of those tests, and counseling and treatment records, as allowed by all state, federal and local laws, including, but not
Limited to the following: Florida Statutes 394.459, 381.004, and 395.3025; Florida Evidence Code 90.503, 90.5035, and 90.5036; HIPAA, and the Code of Federal Regulations (CFR) Title 42. I consent to my minor participating in online or paper surveys that will be used for program improvements and enhancements. I understand that my records have a privileged and confidential status. I am waiving that status for the purposes contained by this Authorization.

I understand that the confidential information disclosed, received or used by JWB based on this Authorization will not be further disclosed to any other party without my express written consent or as otherwise permitted or required by applicable law. However, the individually identifiable confidential information received by JWB based on this Authorization may be used by JWB and its agents for research purposes, so long as the research results are reported as a whole in de-identified format, which means that no information that identifies me as an individual is revealed. Except, JWB will not provide any records covered by CFR Title 42 to any JWB agents.

I understand that I have the right to withdraw my approval in writing at any time. However, it is possible that JWB may have already relied on this Authorization before it receives notice of my withdrawal and that JWB may have already taken action based on the Authorization. If I do not withdraw my approval, it will automatically end one (1) year from the last day I received services from this program, or with respect to information used in research, upon completion of the last research project. By my signature below, I acknowledge that I have given my consent as indicated above freely, voluntarily, and without coercion, and that I have been given a copy of this authorization, signed by me on the date shown below.

(print participant name)

Signature of Participant or Participant’s Authorized Representative (check one):

○ Participant ○ Parent ○ Guardian
○ Personal Representative (Legal Documents Required)

Effective Date

Signature of Participant or Participant’s Authorized Representative (check one):

○ Participant ○ Parent ○ Guardian
○ Personal Representative (Legal Documents Required)

Effective Date
Written Statement of Purpose(s) for Collection of Social Security Number for Recipients of JWB-funded Programs and Services

The Juvenile Welfare Board (JWB) invests in partnerships, innovation and advocacy to strengthen Pinellas County children and families. The vision of the JWB is that children in Pinellas County will have a future of more successful and satisfying lives because of the efforts of JWB and its partners. JWB was established by Florida statute in 1945 (Special Act 2003-320; F.S. §189.429) and approved overwhelmingly by voters in a referendum in 1946. JWB was created with a mission to provide needed services to children and families throughout Pinellas County. JWB funds services for children and families in Pinellas County.

The purpose of this document is to provide individuals with written information about how JWB uses the Social Security numbers it collects. JWB is required by Florida’s Public Records law [Fla. Stat. §119.071(5)] to provide this information to you.

Florida law allows JWB to collect Social Security numbers in order to carry out its duties and responsibilities prescribed by law (Fla. Stat. §119.071(5) (a) 2a. (II); Special Act 2003-320; F.S. §189.429). Specifically, it is imperative for JWB to collect Social Security numbers to conduct research, fund services, and to ensure that all services delivered to participants are of the highest possible quality.

In addition, collecting Social Security information is necessary to:

• Identify and match individuals and data to research in order to improve services for children and families;
• Coordination of services; and
• Receive reimbursement from Medicaid, if applicable, for providing services.

Social Security numbers held by JWB are confidential and exempt from disclosure except as specifically authorized by law (Fla. Stat. §119.071(5) (a) 5.). JWB follows the highest security standards. All reports produced by JWB provide information about services in general. No individual person is ever identified in any way in any report without JWB first obtaining that person’s written consent.

Print Participant Name

Participant Signature

Date

Print Parent/Guardian Name
(If participant is under 18 years of age)

Parent/Guardian Signature
(If participant is under 18 years of age)

Date

Print Participant Name

Participant Signature

Date

Print Parent/Guardian Name
(If participant is under 18 years of age)

Parent/Guardian Signature
(If participant is under 18 years of age)

Date
I, (Parent or Guardian) ________________________________, give the permission to verify with COPS 'N KIDS YOUTH CENTER (Summer Camps, Clothes to Kids, Organizations, etc.)

Pinellas County School Board Lunch Program that ____________________________ (Child's Name)

and ____________________________ has qualified for the Free/Reduced Lunch Program (Birth Date)

At the following school ____________________________ (School Child Attends)

(Parent/Guardians Signature) ____________________________ (Date)

Cops 'n Kids Youth Center Fax: (727) 938-3112 (Parents or Organizations Fax Number) (Student ID Number)

Cafeteria Manager's Signature: ____________________________ Date: ____________________________
Program Rules

- Follow directions
- Keep hands, feet, etc. to yourself
- Stay in assigned groups/areas
- Use facilities, materials, supplies, and equipment properly
- Treat others with respect and don’t use foul language, tease, or bully others
- Youth must attend program at least four times a week

Inappropriate Behavior

Examples of inappropriate and unacceptable behaviors include: constantly not following directions, leaving assigned areas without permission, use of foul language, threatening the health or safety of others: hitting/kicking/scratching/fighting/throwing foreign objects at others, stealing, damaging or destroying property, and general disrespect or defiance. If a child is deemed to be unsafe around others the parent/guardian will be called to pick up the child for the remainder of the day. If the child has permission to walk, the child will be allowed to after a staff member has spoken to the parent or guardian. Children who repeatedly have difficulty behaving, appropriately will be temporarily suspended or permanently dismissed from the program (see progressive discipline plan).

Progressive Discipline Plan

1. Verbal warning
2. Written incident report and parent contact
3. Incident reports (3 or more can result in suspension or dismissal from program)
4. Due to severity of incidents, consequences will be determined by staff discretion.

By signing below, I acknowledge that I have read the behavior contract and understand the rules and expectations of behavior at Cops’n Kids Youth Center.

______________________________  __________________________
Youth Signature                          Date

______________________________  __________________________
Parent/Guardian Signature             Date