CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY

Date enrolled_____

Child's full legal name_____
First *Middle* *Last* *Nickname*

Date of Birth_____ **Sex**_____

Primary Hours of Care From_____To_____ **Days of Week in Care**_____

Child's Physical Address_____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

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

Hospital Preference _____

Name of Dentist _____ Telephone _____

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

Meals typically served while in care: ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper

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.

I was notified in writing of the disciplinary and expulsion policies used by the children's center.

I was provided the food and nutrition policies used by the children's center.

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**

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:_____ _____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Home Telephone_____ Cell Telephone_____ Work Telephone _____

Family Physician's Name/Health Care Resource:_____

Address:_____ _____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Telephone (___) _____

Hospital Preference:_____
Name *City*

Medical Insurance Company:_____

Policy #:_____ Expiration Date:_____

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

Address:_____ _____
Street Address (number, apartment #, street) *City,* *State,* *Zip Code*

Home Telephone_____ Cell Telephone_____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time
(Child's Full Name)
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 this _____ _____ 20_____
(Month) *(Day)* *(Year)*

by means of □ physical presence or □ online notarization by _____ who is personally known
(Name of Affiant)

to me or has produced_____ as identification.
(Type of identification)

SEAL OF NOTARY

Signed:_____ (*Signature of Notary)*

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

C- 1050 Sample Form PCLB 12/13

Cops ‘n Kids Youth Center
Behavior Expectations

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 three to 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 and safety of others, hitting/kicking/scratching/fighting/throwing foreign objects at others, stealing, damaging or destroying property, and general disrespect and 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

Cops ‘n Kids Youth Center

Parent Authorization and Consent

Child’s Full Legal Name:_____ Date of Birth:_____

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.

Important information:

- Tutoring is led by our Education Specialist and retired teachers who volunteer.
- Curriculum used to improve literacy throughout the year is called AMPLIFY.
- Homework help/tutoring is available to the child by request.

_____ _____

Signature of Custodial Parent or Legal Guardian Date

- -

Field Trip Consent

I hereby authorize my child to attend field trips, as they are scheduled, with the Cops ‘n Kids Youth Center program. I am aware that a list of 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:** _____

By signing this, we will assume your child is walking home daily. Changes to this schedule must be cleared with the Program Director.

_____ _____

Signature of Custodial Parent or Legal Guardian Date

Youth Photo-Likeness Release Form 2024-2025

Dear Parent/Guardian,

At Cops ‘n Kids, we occasionally take photographs or videos of the youth particpating in activities, events and special occasions. These images may be used in various forms of media, including:

- Our website
- Social media pages
- Newsletters and brochures
- Classroom displays
- Promotional materials

Please read the following consent options and indicate your preferences below.

Select one of the following options:

- ○ Yes- I _____, consent, I grant permission for my child to participate and appear in photographs, videos, and audio recordings for your website, social media pages, newsletters and brochures, classroom displays, and promotional materials
- ○ Yes- I _____, consent, I grant **partial** permission for my child to participate and appear in photographs just for **classroom display** purposes only, but **I do not consent for the following**: website, social media pages, newsletters and brochures, and promotional materials.
- ○ No- I _____, **do not consent**, I do not grant permission for my child to participate and appear in photographs, videos, and audio recordings for your website, social media pages, newsletters and brochures, classroom displays, and promotional materials

Student First and Last Name: _____

Parent/Guardian Name (print):_____

Parent/Guardian Name (signature): _____

Parent/Guardian Email: _____

Date:_____

Program Director review and acknowledgment: _____

PINELLAS COUNTY SCHOOLS

AUTHORIZATION FOR STUDENT CONTACT / RELEASE OF INFORMATION

Parents / Guardians: This form gives permission for your child's information to be shared and / or for outside agencies to provide services or visit your child at school. It allows Pinellas County Schools to share your child's information with outside agencies, and for those agencies to share information with the district. You can also grant permission for these agencies to access your child at school for services or support.

Please review and complete the sections below to specify what information can be shared, who can access it. If you have any questions or need help, please contact us. Your consent helps us provide the best support for your child while ensuring their privacy.

Date _____

The undersigned hereby authorizes the School Board of Pinellas County, Florida, or its designated employee(s) or agent(s) identified on this form, to allow access to the student on campus and/or to release or obtain the specified information from the named agency(ies) or entity(ies) listed below. This authorization permits the exchange of educational, medical, or personal information between Pinellas County Schools and the agency(ies) listed, for the purposes outlined, in compliance with all applicable laws, including the Family Educational Rights and Privacy Act (FERPA) and other relevant state or federal regulations.

Pinellas County Schools, Florida

Attention: _____

_____
Address

_____ FL _____
City State Zip

_____
Telephone Number

Agency / Service Provider

Cops 'n Kids Youth Center
Name of Agency and/or other Entity

555 E. Harrison St.
Address

Tarpon Springs FL 34689
City State Zip

727-934-4800
Telephone Number

Directions: (1) Mark all relevant boxes for the services and/or information being authorized. (2) The student information section must be fully completed, including all required fields: name (first and last), address, birthdate, school, and grade. (3) The parent / guardian authorization section must be fully completed including signature, date, and printed name.

Information Needed By: asap / _____ / _____

Services and/or information will only be provided for selected box(es).

- ☑ Educational Records
- ☑ Exceptional Student Program Records
- ☐ Agency to see student on campus
- ☐ Biopsychosocial History
- ☐ Intellectual / Psychological / Psychiatric
- ☐ Medical / Neurological
- ☑ Service Summary
- ☐ Other: _____

STUDENT: First Name:_____ Last Name:_____ Birthdate:_____

Address:_____ City:_____ Zip:_____

School:_____ Grade:_____

This release remains valid for the duration of the specific service or purpose for which it was authorized, or until revoked in writing by the legal guardian or eligible student. A new release form should be completed for any additional or continuing services beyond the original scope of authorization. Information will be used only for the specific purposes approved by the custodial parent or legal guardian completing the form, in line with the selected item(s). Any shared information will be managed in accordance with federal and state laws, ensuring student privacy is maintained for all services and interactions authorized by this form.

_____ _____ _____
Legal Parent / Guardian Signature [REQUIRED] Date Legal Parent / Guardian Printed Name [REQUIRED]

_____ _____ _____
Student Signature Date Student Printed Name

The student must sign if 18 years of age or older.

For Agencies Handling Information Requests: *If you are unable to provide the requested records or if additional documentation is required to complete this request, please contact us promptly to resolve the issue. Your cooperation ensures timely support for the student's needs. Thank you.*

PCS Form 2-2821 (Rev. 9/24)
Review Date 9/25

Category B
CC#5650

Community Out-of-School Time (COST)
Program Participation Statement of Commitment

Before accepting the 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 absences 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

COPS 'N KIDS YOUTH CENTER/TARPON SPRINGS HOUSING AUTHORITY (TSHA)
RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION of the child(ren) listed below (each and collectively, the "Child") being allowed to participate in the Cops 'N Kids Youth Center/TSHA program and any affiliated on-site or off-site program (collectively, the "Program") and being permitted to be released from the Program for any reason or no reason; without being signed in or out by an adult, the undersigned, for himself or herself and the Child and any personal representatives, heirs and next of kin, hereby agrees to the following:

1. The undersigned has, or immediately prior to the undersigned and/or the Child participating in the Program will, inspect and carefully consider the Program's premises, facilities and equipment. It is further warranted that entry into the Program for observation or use of any facilities or equipment or participating in the Program continues an acknowledgement that the Program's premises, facilities and equipment have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and the Child.

2. THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF THE CHILD, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE THE PROGRAM OR ANY PERSON OR ENTITY AFFILIATED WITH THE PROGRAM, INCLUDING THE TARPON SPRINGS HOUSING AUTHORITY AND ITS COMMISSIONERS, OFFICER, EMPLOYEES AND AGENTS (collectively, the "Releasees") from all liability to the undersigned or the Child and any personal representatives, heirs, and next of kin, for any loss or damage, and any claim or demands therefore on account of injury to their person or property or resulting in death of the undersigned or the Child whether caused by the negligence of the Releasees or otherwise while the undersigned or the Child is in, upon, or about the Program's premises, facilities or equipment or while the undersigned or the Child is participating in the Program.

3. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES and each of them from any loss, liability, damage or cost the Releasees may incur due to the presence of the undersigned or the Child in, upon, or about the Program's premises or in any way observing or using any facilities or equipment of the Program or participating in the Program, whether caused by the negligence of the Releasees or otherwise.

4. THE UNDERSIGNED HEREBY ASSUMES FULL REPSONSIBILITY FOR ANY RISK OR BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or the Child due to negligence of the Releasees or otherwise while in, about, or upon the Program's premises and or, while using the Program's facilities or equipment or participating in the Program.

5. THE UNDERSIGNED FURTHER EXPRESSLY AGREES THAT THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the law of the State of Florida and that if any portion hereof is held invalid it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

6. Without limiting the foregoing, the undersigned acknowledges that the Tarpon Springs Housing Authority has certain privileges, immunities, or other protection under the doctrine of sovereign immunity or the limitations of liability contained in Section 768.28 Florida Statutes, and that any claim brought against the Tarpon Springs Housing Authority must comply with the procedural requirements and pre-suit conditions contained in Section 768.28 Florida Statutes.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

_____ _____

Signature of Custodial Parent or Legal Guardian Date

Name of Child in Program: _____ Name of Child in Program: _____

Parent or Guardian Information for Program Scholarship

Child's Information

Child's Name (First | Middle | Last | Suffix) _____

Child's Date of Birth (MM/DD/YY) _____ **Child's Birth Sex** (circle one) **Male** **Female**

Current Grade _____ **School ID #** (10 digits) _____ **Foster Child?** (circle one) **Yes** **No**

School Name _____

Race/Ethnicity (circle all that apply)
Black or African American **Hispanic or Latino** **White** **Asian**
Middle Eastern or Northern African **Native Hawaiian or Pacific Islander**
American Indian or Alaskan Native **Some Other Race** **Prefer Not to Answer**

Household Information

Child's Home Address (Street Address | City | State | Zip Code) _____

Parent/Guardian's Name (First | Middle | Last) _____

Parent/Guardian's Date of Birth (MM/DD/YY) _____

Parent/Guardian's Birth Sex (circle one) **Male** **Female**

Number of Persons Living in Household (including applicant): **# of Adults** _____ **# of Children** _____

Household Composition (circle one)

Dual Parent - Married **Single Parent - Male** **Single Parent - Female**
Dual Parent - Not Married - Male Head of Household **Relative Caretaker - Male Head of Household**
Dual Parent - Not Married - Female Head of Household **Relative Caretaker - Female Head of Household**
Other Relative - Married **Other Relative - Single** **Other**

Annual Household Income Before Taxes: $_____/year

_____ Household Income Refused/Unknown

Relationship to Head of Household (circle one)

Biological Son or Daughter **Adopted Son or Daughter** **Brother or Sister**
Other Relative **Other Non-Relative** **Father or Mother** **Parent-in-Law**
Grandchild **Great-Grandchild**

Referral Source

How were you referred to our program? (circle one)

Self **Relative** **Friend** **School** **Advising** **Social Media**
Other: _____

==========

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

_____ _____
Parent/Guardian Printed Name Parent/Guardian Signature

_____ _____
Relationship to Child Today's Date

Authorization and Consent for
Child's Survey Participation and
Related Collection of Personal Information
by the Juvenile Welfare Board of Pinellas County

I, _____
_____ (*print participant name(s)*)
acknowledge that the minor child(ren) named below (the "Participant") is a participant of a program or service (the "Program") funded by the Juvenile Welfare Board of Pinellas County ("JWB"). I hereby authorize and consent to the Participant's participation in written surveys on paper or via website or other electronic means conducted by the Program and/or JWB from time to time to assist with program improvements and enhancements. As part of these surveys, I understand that the Participant's full name, date of birth, and home or physical address may be collected and associated with the Participant's survey responses.

I understand that this information will not be further disclosed to any third party without appropriate 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 the Participant as an individual is revealed.

I understand that I have the right to withdraw this Authorization in writing at any time. However, it is possible that JWB or the Program may have already relied on this Authorization before it receives notice of my withdrawal and that JWB or the Program may have already taken action based on the Authorization. I may revoke this Authorization by submitting my request in writing to the place, clinic or department where I submitted this Authorization but understand that such revocation will not apply to actions already taken prior to my revocation.

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.

Minor Child / Participant (print name): _____ Date of Birth: _____

_____
Print name of Authorized Representative

_____
Effective Date

_____
Signature of Participant's Authorized Representative (check one):

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

**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 payor for these services, and that JWB generally provides no direct services to me, except in certain circumstances may facilitate service delivery I further acknowledge that JWB does not provide medical diagnoses to me and 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, to facilitate service delivery, 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, or for compliance and quality review activities performed by JWB or its agents, upon completion of the last research project or compliance/ quality review, whatever occurs latest. 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.

_____ _____

Witness Signature Date

_____ _____

(print participant name) Signature of Participant or Participant's Authorized Representative (check one):

○ Participant ○ Parent ○ Guardian

_____ ○ Personal Representative (Legal Documents Required)

Effective Date

After School Transportation Agreement

Parents/Guardians

Cops ‘n Kids Youth Center provides after school transportation for program participants attending Tarpon Springs Elementary School, Tarpon Springs Fundamental Elementary, Tarpon Springs Middle School, and Tarpon Springs High School. Program staff will arrive prior to school dismissing to receive youth at a designated area located near the bus pick up and drop off, where they will assist youth with boarding program vehicles. Once entering the vehicle, ALL youth will be required to wear a seat belt. If the number of youth in need of transportation exceeds vehicle capacities, a staff member will wait at the school with the remaining youth until a program vehicle returns to pick them up.

Please indicate which school your child will need transportation from:

☐ Tarpon Springs Elementary School
☐ Tarpon Springs Fundamental Elementary
☐ Tarpon Springs Middle School
☐ Tarpon Springs High School

Please also notify the school if your child will be participating in the transportation program.

Cops ‘n Kids Youth Center also asks for parents/guardians to notify program staff whenever their child is absent from school, leave school early, or will not be needing transportation on certain days. This can be communicated by phone at (727) 934-4800 or by email at jamilet@copsnkids.org. If program staff are not made aware of a youth’s absence, the vehicle will not leave the school until contact is made with a parent/guardian or school official that confirms the youth’s absence. Again, we greatly appreciate your assistance with this.

Cops ‘n Kids Youth Center also provides transportation for field trips and occasionally provides rides home for students who have permission to walk home if there is inclement weather.

In the event of severe or inclement weather, I authorize Cops ‘n Kids Youth Center to transport my child home from the youth center when, in the judgment of youth center staff, weather conditions make normal dismissal or transportation arrangements unsafe or impractical. ****Please note, this service is only provided to those who have permission to walk home as indicated previously in this packet.****

☐ YES – Youth center may transport my child home.
☐ NO – I will arrange transportation for my child.
☐ CONTACT ME FIRST before transporting my child.
☐ My child does NOT walk home.

My signature below indicates that I have read Cops ‘n Kids After School Transportation Agreement and understand the types of transportation provided and expectations of parents/guardians and youth.

_____ _____
(Participant Name) (Date)

_____ _____
(Parent/Guardian Name) (Parent/Guardian Signature)

Food and Nutrition Policy

Parent/Guardian,

Cops ‘n Kids Youth Center will serve a daily snack in the afternoon to all program participants. The snack will consist of one main item (pretzels, goldfish, chips, etc) and one juice. There will be different snack items served daily throughout the week and a snack schedule is posted to display what will be offered, which can also be provided upon request. In the event of a dietary restriction, allergy, etc to a certain type of snack or ingredient, accommodations will be made to provide a different snack to the youth. Youth are welcome to bring their own snack from home, however, the following should not be brought to the youth center:

- Sharp/metal utensils
- Microwavable foods
- Soda
- Candy
- No shareable snacks
- No restaurant deliveries

My signature below verifies that I have received and understand Cops ‘n Kids Youth Center food and nutrition policy.

_____

Parent/Guardian Signature

_____

Date