



## ATTUCKS MIDDLE SCHOOL PROGRAM REGISTRATION FORM

STUDENT INFORMATION (PLEASE FILL OUT ENTIRELY)			
Student First Name:		Student Last Name:	
Previous School:		Grade:	Student ID#:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (mm/dd/yyyy)	Race: <input type="checkbox"/> African American/Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	
COUNTRY of Birth:		Language(s) Spoken at Home:	
Student Email:		Student Cell Phone:	
Student's Extra-Curricular Interest Area(s):			
<b>For School Year 20-21; at dismissal from program:</b> <input type="checkbox"/> I will walk home at dismissal <input type="checkbox"/> My parent/guardian will pick me up at dismissal			
MEDICAL CONDITIONS (Conditions, Medications, Health History, etc.)			
Family Doctor:		Family Doctor Phone #:	
Does your child have any medical concerns we should know about?		If yes,	
Does your child have allergies?		If yes,	
Does your child take medications?		If yes,	
Does your child have any special concerns we need to be aware of?		If yes,	
Does your child have any special needs we need to be aware of?		If yes,	
Does your child receive any special services during the school day?		If yes,	
Is your household a: <input type="checkbox"/> Single Parent Home <input type="checkbox"/> Dual Parent Home <input type="checkbox"/> Living w/ Legal Guardian			# of People in Household:
PARENT/LEGAL GUARDIAN #1		PARENT/LEGAL GUARDIAN #2	
Full Name:		Full Name:	
COUNTRY of Birth:		COUNTRY of Birth:	
Household Income: <input type="checkbox"/> Unemployed <input type="checkbox"/> \$0-\$9K <input type="checkbox"/> \$10K-\$19K <input type="checkbox"/> \$20K-\$29K <input type="checkbox"/> \$30K-\$39K <input type="checkbox"/> \$40K-49K <input type="checkbox"/> \$50K-69K <input type="checkbox"/> \$70K- 100K <input type="checkbox"/> \$100K+			
Primary Parent/Legal Guardian Street Address: (Parent/Legal Guardian filling out registration)			Apartment/Unit #
City:		State:	Zip:
PARENT/LEGAL GUARDIAN #1 CONTACT INFORMATION		PARENT/LEGAL GUARDIAN #2 CONTACT INFORMATION	
Phone 1:	Phone 2:	Phone 1:	Phone 2:
Email:		Email:	
<b>I would like assistance with:</b> (Check ALL that apply to you or members of your Family unit) <input type="checkbox"/> Benefits & Work Support <input type="checkbox"/> Financial/Wealth-Building Services <input type="checkbox"/> Employment & Career Advancement <input type="checkbox"/> Basic legal Aid/Foreclosure Prevention <input type="checkbox"/> Citizenship Classes			
AUTHORIZED RELEASE/CONTACT FOR PARENT/GUARDIAN #1		AUTHORIZED RELEASE/CONTACT PARENT/LEGAL GUARDIAN #2	
Name:	Relationship:	Name:	Relationship:
Home Phone:	Work/Cell Ph.:	Home Phone:	Work/Cell Ph.:
<i>I hereby give my consent for SBBC to provide or allow access to all of my child's information that is listed on this form to private providers of Before &amp; After School Child Care programs (including summer camp programs) for the purpose of enrolling and providing services.</i>			

### **CLIENT'S RIGHTS**

All clients shall enjoy all of their legally entitled rights, and in addition can expect the following rights to be honored while receiving any service at Hispanic Unity of Florida, Inc: Access to all of the services we provide and/or referral to other appropriate services (based on individual need); To be treated with respect and served in a culturally appropriate and sensitive environment; To receive requested information/assistance/referral in a timely manner and be served in an environment free from all forms of harassment; To be given the opportunity to provide feedback to the Executive Director and the Board of Directors regarding the service they are receiving; Upon enrollment, to be able to freely choose to participate or cease to participate in any of the agency's services; and To be aware of grievance procedures that may be utilized when needed.

### **CONFIDENTIALITY AGREEMENT**

Hispanic Unity of Florida recognizes that any information obtained is of a confidential nature. Hispanic Unity of Florida and its employees agree to fully comply with preserving confidentiality and agree not to divulge or discuss confidential information for any purpose or in any matter not in conformity with the State of Florida or Federal law, except for the purpose of administering this program.

### **RELEASE OF INFORMATION**

I hereby authorize Hispanic Unity of Florida to obtain/release information about my child from/to the following organizations: School Board of Broward County and Children's Services Council of Broward County (funder). I am aware that data collected and analyzed maybe shared with other stakeholders.

### **MEDICAL AUTHORIZATION**

**I authorize the Executive Director of Hispanic Unity of Florida or its staff to obtain necessary medical services or emergency medical services to assure my son/daughter's health. I understand that if any medical procedure is necessary although act due to an emergency, all reasonable attempts will be made to contact me.**

### **WAIVER OF LIABILITY**

I do hereby release Hispanic Unity of Florida, its officers, agents and employees from and against any and all claims or demands of any kind or nature that may accrue in my favor on account of my child's/my participation in the program. This includes any activity or event sponsored by Hispanic Unity during the program. The provisions of this release and hold harmless shall apply whether or not the claim or demand results in whole or in part from any negligent or contributory negligent act or omission on the part of Hispanic Unity, its officers, agents or employees, or any combination thereof. Nothing in this agreement shall be construed to affect the rights, privileges and immunities of Hispanic Unity under the doctrine of "Sovereign Immunity" and as set forth in Section 768.28 statutes.

### **GRIEVANCE PROCEDURES**

If you feel that your services have been denied incorrectly or have not been provided fairly or reasonably, you may present your concerns, verbally and in writing, within three (3) business days following such action, to supervisory staff who will review the circumstances and render a decision within three (3) business days of receiving your complaint. If the matter is not resolved to your satisfaction, you may send a written request to the agency's grievance committee chairperson, who will investigate and assign a hearing date for you to present your case before the grievance committee within three (3) business days from the date they receive your request. You will have a final decision within four (4) business days following your hearing. Forms and a copy of the complete appeals/grievance policy is available from any Hispanic Unity of Florida office. You have a right to seek legal recourse, through your own independent counsel if you believe that civil rights or confidentiality laws were violated in your case; however, you may request to resolve the issue through the agency's appeal/grievance process.

**I have read and understand the policies outlined above. I understand that if I do not consent to the policies stated above my son or daughter cannot participate in the After School Program. (If student is a minor, a parent signature is required)**

### **\*\*ADDITIONAL CONSENT\*\***

### **PHOTO RELEASE**

☐ **I GIVE PERMISSION** for Hispanic Unity and funders to take photographs and/or digital video images of me/my child and to use and publish such photographs, together with any caption or descriptive material, including my name, that HUF may choose, for advertising, publicity, or any other purpose in the HUF direct mail pieces, inserts and other related promotional medium, or in any other publication or manner HUF may authorize. I waive the right to inspect or approved any photographs or digital video images before they are published and any use to which they may be put. I release HUF its officers, agents and employees of and from all debts, claims and liability of any kind arising out of or in connection with the taking and use of photographs, the use of my name and the use of any caption or descriptive material therewith.

☐ **I DO NOT** give permission for HUF and funders to take photographs and/or digital video images of me/my child.

## **CONSENT OF PARTICIPATION IN THE TEEN OUTREACH PROGRAM (TOP) AND SURVEYS & DATA COLLECTION**

I understand that my son/daughter may participate in the Teen Outreach Program (TOP), replicated at **Attucks Middle School**, provided by Hispanic Unity of Florida and owned by Wyman Center, Inc (Wyman) as part of the After School program. During the time your child spends in the TOP group, they will explore their own growth and development, their goals for the future, and their goals for close and productive relationships with others. This program has been evaluated nationally and has shown very positive results for young people. This unique program will also involve your child in volunteer work in the community. This work may occur off school grounds. The program promotes progress in school and avoidance of behaviors which hinder most successful growth and achievement in a youth.

I give my consent for my child to participate in Wyman surveys. In compliance with Children's Online Privacy Protection Act (COPPA), Wyman provides the following information to survey participants. Wyman Center, Inc. operates a secure environment to collect and store information from student participants in its Teen Outreach Program. Wyman collects the following types of information directly from TOP participants through online surveys: Opinions about their experience in TOP; Demographics (zip code, ethnicity, gender, most frequent guardian, parents' educational level); School records (grade in school, absences, truancy, suspension, course failure, graduation and schooling plans); and Health information (pregnancy, parenting). Wyman uses the participant's responses to improve the Teen Outreach Program.

I understand that survey and data collection is voluntary and my child may choose to participate or discontinue participation at any point in the process without risk of losing Wyman's services. I am also aware Wyman will not require my child to disclose more information than is reasonably necessary to participate in TOP as a condition of participation. I am aware Wyman will use and may share responses with third parties to market TOP to increase awareness and funding and that Wyman will not disclose my child's identifying information to third parties or program staff. I also understand that the associated risks for my child to participate in this survey is minimal and will not exceed any discomfort that may be found in any daily life situations when answering routine survey questions. For a sample report on how Wyman compiles/reports this data, go to [www.wymanatop.org](http://www.wymanatop.org). Wyman Representative: Mindy Sharp, Sr. V.P., Finance and Administration; 600 Kiwanis Dr, Eureka, MO 63025; (636)938-5245

**Yes**

**No**

I have **read** and give consent for my son/daughter to participate in the after school and/or summer Positive Youth Development program at **Attucks Middle School**.

**By signing below, I hereby consent to all that is listed on this registration form.**

Parent/Guardian #1 Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian #2 Signature **X** \_\_\_\_\_ Date \_\_\_\_\_