

Fun City Youth Academy

Afterschool Academy 2023-2024 Session Application

Student Name (Last, First)		Gender Male _____ Female _____		Date of Birth	Age
School Attending		Grade	T-shirt size	Teacher's Name	
Student's Physical Address					
Street Address			City	State	Zipcode
Parent/Guardian Information					
Parent/Guardian Name			Relationship to Student: Mother _____ Father _____ Other _____		
Street Address (If different than above)			City	State	Zipcode
Home Phone ()		Cell Phone ()		Email Address	
Employer			Work Phone ()		
Emergency Contacts (Other than Parent/Guardian)					
Name		Home Phone ()		Cell Phone ()	
Name		Home Phone ()		Cell Phone ()	
Authorization for Emergency Medical Care					
I understand that I will be notified ASAP in case of an accident or illness to my child and I will have to make arrangements for medical care for my child with a physician or hospital of my choice. If I can not be reached in the event of an emergency, individuals noted as Emergency Contacts will be notified.					
If I can not be reached to make the necessary arrangements, or in the case of an emergency situation requiring immediate medical care, I hereby authorize Fun City Youth Academy to retain, at my expense, of such medical or surgical treatment as appears necessary under the circumstance.					
For emergency medical treatment of my child, my preferred Hospital/Physician is:					
Physician Name			Phone ()		
Preferred Hospital Boone _____ Columbia Regional _____ University of MO _____ Other _____					
Allergies/Health					
Please indicate any allergy, illness, condition or restriction (i.e. ADHD, asthma, diabetes, food allergies)					
Name of Medication					
Pick-Up Authorization					
I understand that my child will be released to persons listed only. Photo identification may be necessary for verification purposes. If someone other than those listed on the pickup form is picking up my child, I understand it is my responsibility to notify FCYA Staff of any changes. I understand that it is my responsibility to notify FCYA staff know of any individual who does NOT have my permission to pick up my child. I authorize the following individuals to pick up my child:					
Full Name		Phone ()		Relationship to Child	
Full Name		Phone ()		Relationship to Child	
My signature indicates that I completely understand and comply with the above statements.					
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 relation to the Fun City Afterschool 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 field trips or excursions with FUN CITY under proper supervision. Furthermore, I hereby authorize if my child may not participate in 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 discourages bringing personal items of value to the Afterschool 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 understand the regular attendance is important for my child's development. 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 Youth Academy 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, the following information is required by our funders. This information is kept strictly confidential and is used for statistical purposes only. Names and address information are not shared.

Race (may select more than one)

____ Black/African American ____ Asian ____ Hispanic/Latino ____ white
____ Native American ____ Other _____

With whom does the child live?

____ Both Parents ____ Mother ____ Father 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 _____ Other _____

Working Parent/Guardian?

Yes _____ No _____

If yes who?

____ Both Parents ____ Mother ____ Father 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/Guardian Initials _____

Parent Responsibility (PLEASE READ CAREFULLY)

1. Afterschool Academy operates until 6:30pm; children are to be picked up by 6:30pm.
2. Excessive late pickups are grounds for dismissal.
3. 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.
4. Contact FUN CITY when a child will be absent. Excessive absences may be grounds to fill your child's slot.
5. In the instance of repeated disciplinary actions and other infractions of FUN CITY's policies, your child will be dismissed from the program.
6. 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.

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

Parent or Guardian Consent for Access to Student Records & Information

This consent authorizes Columbia Public Schools to release and/or obtain records or information as identified below. The agency/institution/individual listed below must maintain the confidentiality of the records/information.

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 is valid for one year.

I further understand:

- That any records or information received by the school district from another agency/institution/individual may not be protected by the Health Insurance Portability and Accountability Act (HIPAA) but will become education records and information protected by the Family Educational Rights and Privacy Act (FERPA). See page 2 of this release for more information about FERPA and HIPAA.
- Provision of this authorization is voluntary.
- A copy of this release form is as valid as an original.

Consent regarding: _____
Student Name **Date of Birth**

I give my consent for Columbia Public Schools to:

- release the specific information identified below **to**:
 obtain the specific information identified below **from**:

Name of agency/institution/individual: Fun City Youth Academy

Address: 310 Tiger Lane, Suite 101

Phone: 573-256-1436 Fax: _____

I understand that the education records and information provided by CPS will include the following:

<input checked="" type="checkbox"/> Academic Records/Grades and Information <input checked="" type="checkbox"/> Assessment results (specify assessments below) <input checked="" type="checkbox"/> Attendance <input checked="" type="checkbox"/> Demographic information including: <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Grade <input checked="" type="checkbox"/> Graduation Date <input checked="" type="checkbox"/> Discipline	<input checked="" type="checkbox"/> Free or Reduced Lunch Eligibility <input checked="" type="checkbox"/> Health Records and Information <input checked="" type="checkbox"/> Individual Education Plan or 504 Plan <input type="checkbox"/> Medical Records and Information <input type="checkbox"/> Psychiatric Reports <input type="checkbox"/> Psychological Reports <input type="checkbox"/> Special Education Reports <input checked="" type="checkbox"/> Student ID <input type="checkbox"/> Social, Emotional, and Behavioral Health <input type="checkbox"/> Other (specify below)
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Specify assessments and/or other data to be provided:

aimswebPlus

Specify the purpose of the information being released:

Year-end reporting purposes as required by funders

I do not consent to release my student's information.

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) Parent/Guardian Email Address

 Parent/Guardian Signature Date Parent/Guardian Phone Number

 School Official Name & Title Phone Fax

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.