





**FUN CITY SUMMER ACADEMY ENROLLMENT FORM - Current Grades K thru 4**

310 Tiger Lane, Suite 101, Columbia MO 65203 \* (573)256-1436

\* Email: Bonnie@fcya.org \*

**Please complete forms and return to Fun City office or by email.  
ENROLLMENT DEADLINE IS JUNE 5 OR WHEN PROGRAM IS FULL**

**I. Student Information - (PLEASE PRINT)**

Please use student's legal name.

**NOTE: Students must participate in all 8 weeks of program and can't enroll in other Columbia Public Schools programs.**

LAST FIRST MI

**II. FCYA Afternoon Course information**

**Fun City Youth Academy** is an eight-week program scheduled from June 1 - July 24 (no program 6/19 or 7/3). The program is designed for students enrolled in grades 1 - 5 in Fall 2026 and is held at Benton Elementary School. Breakfast is served at school at 7:20am and classes are scheduled from 7:40am - 4pm. Bus transportation is not provided. Breakfast and lunch are available on site. In the morning students participate in exciting CPS academic courses. In the afternoon students are engaged in hands-on educational, recreational, and cultural activities provided by FUN CITY staff. Activities include reading, math, science, gardening, cooking, sports, and an African American Heritage curriculum. The program is designed to help students achieve academic and social success in a safe and caring environment. Enrollment is limited to the first 85 students.

**III. Tuition Fees**

There are no fees for Fun City Summer Academy.

**IV. Health Information**

**Health Problems or Concerns**  Yes  No

If yes, describe below any vision or hearing difficulties, diabetes, asthma, seizure disorder, allergies, activity restrictions, orthopedic problems, mental health/emotional concerns, or special health procedures that need to be carried out during summer school hours.

\_\_\_\_\_

\_\_\_\_\_

**Is your child currently taking medication at home or school?**  Yes  No

Name of Medication \_\_\_\_\_

**Will your child need medication during summer school hours?**  Yes  No

If yes, child must have a Medication Administration Record form signed by parent/guardian on file at summer school.

Name of student's physician(s) \_\_\_\_\_

Physician(s) Phone#: \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**Is your child allergic to food or medications?**  Yes  No If yes, identify and describe symptoms: \_\_\_\_\_

In case of accident or serious illness, I request school personnel to contact me, the authorized emergency contact, or the student's physician. If a parent/guardian is unable to be contacted, an authorized emergency contact, or personal physician, or school personnel may provide emergency arrangements as necessary to care for my child. My signature below verifies the above information to be accurate. I permit the school to share information with school staff as deemed appropriate by the nurse or principal, to provide for my child's health and safety.

\_\_\_\_\_

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 including social media. 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 Summer 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 all field trips or excursions with FUN CITY under proper supervision. If my child may not participate in the 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 that Fun City Youth Academy discourages bringing personal items of value to the Summer 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 Fun City Youth Academy, its officers, staff 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 day 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 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 requested.**

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 (please specify) \_\_\_\_\_

**With whom does the child live?**

\_\_\_\_ Both Parents \_\_\_\_ Mother \_\_\_\_ Father Other \_\_\_\_\_

**Parent/Guardian is**

\_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Divorced Other \_\_\_\_\_

**Family/Household Annual Income:** \_\_\_\_\_

**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

**My child receives free lunch.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**My child receives reduced lunch.**

Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Initials \_\_\_\_\_

**Parent/Guardian Responsibility**

1. FUN CITY's Summer program is in operation from 7:20 am to 4:30pm.
2. Children are to be picked up promptly at 4:30pm unless other arrangements have been made.
3. Excessive late pickups are grounds for dismissal.
4. 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.
5. Contact FUN CITY when a child will be absent. Excessive absences may be grounds to fill your child's slot.
6. In the instance of repeated disciplinary actions and other infractions of FUN CITY's policies, your child will be dismissed from the program.
7. FUN CITY's staff may consult with parents/guardians, 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

## Child Pick-Up Form

Child's Name	DOB	Age	Gender
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**A. In addition to those listed previously on this application, the following people HAVE permission to pick up the above-named child from the Fun City Summer Academy:**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_

Note: Any person unfamiliar to FCYA staff will be required to show proof of identification.

**B. The following people DO NOT have permission to pick up my child from the Fun City Summer Academy:**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_

Note: If you list the child's parent, you may be asked to provide documentation that they do not have permission.

Parent/Guardian's Signature	Date
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What is your preferred method of contact?

\_\_\_\_\_ **Call** (Circle one: **Cell#** **Home#** **Work#**)    \_\_\_\_\_ **Text**    \_\_\_\_\_ **Email**



**Parent or Guardian Consent For  
Access to Student Records**

I consent to the release of my child's education records by the Columbia Public Schools to the agency/researcher listed below if the agency provides services to my child. The data user must maintain the confidentiality of the records.

Agency/Individual data and records to be released to: Fun City Youth Academy

**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 received by the school district from another agency may not be protected by the Health Insurance Portability and Accountability Act (HIPAA) but will become education records protected by the Family Educational Rights and Privacy Act (FERPA).
- Provision of this authorization is voluntary.
- A copy of this release form is as valid as an original.

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

<input checked="" type="checkbox"/> Grades <input checked="" type="checkbox"/> Discipline <input checked="" type="checkbox"/> Individual Education Plan or 504 Plan <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"/> Eligibility for Free or Reduced priced lunch <input checked="" type="checkbox"/> Graduation Date <input type="checkbox"/> Other (specify below)
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Specify assessments and/or other data to be provided: District assessments of Reading/Language Arts and Math

**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)

\_\_\_\_\_  
Student Name (print)                      Student ID

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Parent/Guardian Email Address

\_\_\_\_\_  
Student Date of Birth

## 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.