



GYAC

GIFFORD YOUTH ACHIEVEMENT CENTER

2022-2023 Afterschool Education Program Application

Confidentiality: Any confidential information requested is for our records and the funding GYAC receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Student Information *(Please Print)*

First Name:

Middle Name:

Last Name:

Nick Name:

Birth Date:

Social Security Number:

Gender:

Male Female

Ethnicity:

African American Caucasian Asian Pacific Islander
 Hispanic/Latino Multi Racial Chinese Other

School:

Grade:

Parent/Guardian *(Please Print)*

First Name:

Last Name:

Gender:

Male Female

Address:

Address Type:

Home
 Work Other

(City)

(State)

(Zip Code)

Phone Number:

Home Work Cell

Home Work Cell

Email:

May we send you emails about upcoming events and notices? Yes No

Employer:

Occupation:

Required: Family Setting:

Both Parents Grandparents Foster Care
 Mother Only Guardian(s)
 Group Home Father Only
 Parent/Stepparent
 Number in Household

Household Type

Apartment
 Single Family Dwelling
 Group Home
 Foster Home
 Other

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Pick Up Information *(Please Print)*

Two people authorized to pick up student -

1). First Name:	Last Name:	2). First Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	___ Home ___ Work ___ Cell	<input type="text"/>	___ Home ___ Work ___ Cell
Telephone # ___ Parent ___ Guardian		Telephone # ___ Parent ___ Guardian	

Member Medical Information *(Please Print)* **VERY IMPORTANT – PLEASE COMPLETE**

Medications	Medical Problems/Allergies/Disabilities:

Does your child have an IEP with the School District? Yes _____ No _____
If yes, please provide a copy to the Center.

Is there any other information concerning your child, including health or living situation that you feel we should know?

Yes No (please circle) Yes, explain: _____

Are there any factors that you are aware of that will prevent/affect your child’s ability to participate in the daily activities of the program? Yes No (please circle) Yes, explain: _____

*****Required for tracking purposes**

******* Check all that apply:

___ TANF
___ Food Stamps
___ Medicaid
___ SSI
___ Free Lunch
___ SSDI
___ Reduced Lunch

******* Family Income

___ Less than \$15,000
___ \$15,000 - \$19,000
___ \$19,001 - \$25,000
___ \$25,001 - \$30,000
___ \$30,001 - \$35,000
___ \$35,001 - \$40,000
___ \$40,001 - \$45,000
___ \$45,001 - \$50,000
___ Over \$50,001

Student T-shirt Size

___ Youth Small
___ Youth Medium
___ Youth Large
___ Adult Small
___ Adult Medium
___ Adult Large
___ Adult X-Large

Interest of your child: *(Check all that apply)*

___ Arts & Crafts	___ Golf
___ Baseball	___ Music
___ Basketball	___ Swimming
___ Drama/Dance	___ Tennis



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OFFICE USE ONLY 2022-2023	
Child's Name: _____	<small>PRINT</small>
Grade: _____	Sex: _____

Dear Parent/Guardian,

The Gifford Youth Achievement Center (GYAC) has an **open-door policy for all children**. That is, GYAC offers a drop-off program with a variety of scheduled activities. Children can come and go as they please based on this policy. We are counting on you to inform your child of your wishes. We are not a child/daycare program; therefore, GYAC will not be held responsible or liable for any member leaving the facility.

Open Door Policy Acknowledgement and Permission Slip

The Gifford Youth Achievement Center (GYAC) is not a licensed day care provider as defined by the State of Florida and operates under an ***open door policy***, which means that members can come and go as he/she desires.

To carry through with your desires for your child, we are willing to attempt to monitor whether your child leaves the GYAC campus. We have created this permission slip to help us know which children are expected to stay at GYAC and which ones have permission to come and go as they desire.

By signifying **"YES"** on this permission slip, you are stating that your child has permission to come and go to GYAC as they desire. You are also stating that you understand that your child is not being supervised during his/her time away from GYAC.

By signing **"NO"** to this permission slip, you are stating that you do not want your child to leave GYAC until you pick them up. You are stating that your child will stay at GYAC because of your desire that they do as you have requested. You also understand that we cannot be held liable if your child does leave without your permission.

We will attempt to notify you if your child leaves without permission.

YES, my child _____ has permission to come and go to GYAC as he/she desires.

NO, my child _____ does not have my permission to come and go to GYAC as he/she desires.

Parent/Guardian Signature _____ **Date** _____

Revised 7/11/2022