

GIFFORD YOUTH ACHIEVEMENT CENTER

4875 43rd Avenue
Vero Beach, FL 32967
(772) 794-1005

2023-2024 After School 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: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>
Nick Name: <input type="text"/>	Birth Date: <input type="text"/>	Social Security Number: <input type="text"/>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi Racial <input type="checkbox"/> Chinese <input type="checkbox"/> Other	
School: <input type="text"/>	Grade: <input type="text"/>	

Parent/Guardian *(Please Print)*

First Name: <input type="text"/>	Last Name: <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: <input type="text"/> <input type="text"/>		Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
(City) <input type="text"/>	(State) <input type="text"/>	(Zip Code) <input type="text"/>
Phone Number: <input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email: <input type="text"/>
<input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	May we send you emails about upcoming events and notices? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer: <input type="text"/>	Occupation: <input type="text"/>	

Required: Family Setting:

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Mother Only	<input type="checkbox"/> Guardian(s)	
<input type="checkbox"/> Group Home	<input type="checkbox"/> Father Only	
<input type="checkbox"/> Parent/Stepparent		
<input type="checkbox"/> Number in Household		

Household Type

<input type="checkbox"/> Apartment
<input type="checkbox"/> Single Family Dwelling
<input type="checkbox"/> Group Home
<input type="checkbox"/> Foster Home
<input type="checkbox"/> Other

GIFFORD YOUTH ACHIEVEMENT CENTER

4875 43rd Avenue
Vero Beach, FL 32967
(772) 794-1005
2023-2024

After School Education Program Application

Pick Up Information (Please Print)

Two people authorized to pick up student -

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

<input type="checkbox"/> TANF
<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Medicaid
<input type="checkbox"/> SSI
<input type="checkbox"/> Free Lunch
<input type="checkbox"/> SSDI
<input type="checkbox"/> Reduced Lunch

******* Family Income

<input type="checkbox"/> Less than \$15,000
<input type="checkbox"/> \$15,000 - \$19,000
<input type="checkbox"/> \$19,001 - \$25,000
<input type="checkbox"/> \$25,001 - \$30,000
<input type="checkbox"/> \$30,001 - \$35,000
<input type="checkbox"/> \$35,001 - \$40,000
<input type="checkbox"/> \$40,001 - \$45,000
<input type="checkbox"/> \$45,001 - \$50,000
<input type="checkbox"/> Over \$50,001

Student T-shirt Size

<input type="checkbox"/> Youth Small
<input type="checkbox"/> Youth Medium
<input type="checkbox"/> Youth Large
<input type="checkbox"/> Adult Small
<input type="checkbox"/> Adult Medium
<input type="checkbox"/> Adult Large
<input type="checkbox"/> Adult X-Large

Interest of your child: (Check all that apply)

<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Golf
<input type="checkbox"/> Baseball	<input type="checkbox"/> Music
<input type="checkbox"/> Basketball	<input type="checkbox"/> Swimming
<input type="checkbox"/> Drama/Dance	<input type="checkbox"/> Tennis

GIFFORD YOUTH ACHIEVEMENT CENTER

4875 43rd Avenue

Vero Beach, FL 32967

(772) 794-1005

**2023-2024 After School Education Program Application
PARENTAL RELEASE FORM**

Student Name: _____ **Age:** ____ **Grade:** ____ **Sex:** ____
First Middle Last

Print Parent/Guardian Name: _____

1. **Medical Release Permit:** I authorize the Gifford Youth Achievement Center to obtain any emergency care that may become reasonably necessary in the course of the event or incidental to such event for my child. I also agree that the expenses for such transportation and treatment shall not be borne by the Gifford Youth Achievement Center or their employees.

YES NO

Signature

2. **Marketing Release:** I hereby give specific permission for the Gifford Youth Achievement Center, to use any pictures, videotaping, photographs, or statements made by the undersigned in any brochures, catalogs, advertisements, television broadcasts, audio presentations, or any other printed, audio, or televised material for which it is the author or cause to have printed or produced of my child. This statement shall be construed as a specific release of any and all liability from the Gifford Youth Achievement Center, for the use or publication of any pictures, televised episodes, audio recordings, photographs, or statements in which your child is depicted.

YES NO

Signature

3. **Transportation Release:** I hereby give specific permission for the Gifford Youth Achievement Center to provide my child with appropriate transportation to and from GYAC functions, events, classes, or outings. Appropriate transportation shall be defined by the Executive Director of GYAC, when such a need arises. This statement shall be construed as a release of any and all liabilities of the Gifford Youth Achievement Center and their employees, board, or representatives for any harm, injury, or accident incurred while participating in such an event.

YES NO

Signature

4. **Guidance and Counseling:** I hereby give specific permission for the Gifford Youth Achievement Center to provide my child with appropriate guidance and advisement by the Guidance staff. I agree to notify the appropriate staff of any significant event that may impact my child's behavior. I am aware that counseling services are available for students and their family members. This statement shall be construed as a release of any and all liabilities of the Gifford Youth Achievement Center and their employees, board, or representatives for any harm, injury, or accident incurred while participating in such an event.

YES NO

Signature

Gifford Youth Achievement Center, Inc.
After School Education Program
2023-2024 PARENTAL AGREEMENT

Student Name: _____ Age: _____ Grade: _____ Sex: _____
First Middle Last

The Gifford Youth Achievement Center (GYAC) is committed to providing programs and activities to build a foundation for students to succeed. The After-School Education Program (ASEP) provides homework assistance, tutoring, academic support, and social, cultural, and recreational activities. Counseling services are available on-site to discuss issues impacting your child's academic success. Enrollment in this program is limited, and only those parents and students willing to commit to and continue abiding by GYAC's rules and regulations will be allowed to continue their participation.

To ensure your child's success at GYAC, we must have **YOUR commitment**. After school fees are only **\$60 per semester/per child and will include providing programs for your child during Christmas Break and Spring Break**. Fees are kept low to serve as many children as possible. Therefore, in exchange for the low cost to attend the after-school eprogram, **you must agree to all** the terms listed and complete an ASEP application prior to your child being enrolled.

TERMS OF AGREEMENT: (initial where indicated):

1. **FEES:** I agree to pay **\$60 per semester/per child** for the 2023-2024 school year. **Payment is due when the application is submitted and before the start of the 2nd semester (January 2024)**. _____ (initials)
2. **ATTENDANCE:** My child will attend the after-school program a minimum of **three (3) days each week** and should not be picked up prior to 5:30 p.m. If there is a repeated pattern of my child being picked up before 5:30 p.m., it could result in my child being terminated from the after-school program. _____ (initials)
3. **ABSENCES:** If my child is participating in extra-curricular activities, sick, traveling, etc., and cannot attend the required three days per week, I will submit a written explanation to Management. I understand that my child **will be terminated** from the program if their absence from the after-school program is for an extended period of time, AND a new enrollment fee will be required to re-enroll my child. _____ (initials)
4. **DISCIPLINE:** I agree that if my child displays disciplinary problems, non-participatory attitudes or disruptive behavior, that GYAC reserves the right to suspend and/or dismiss my child from the program. Children suspended from school will not be allowed to attend the after school program during their suspension. _____ (initials)
5. **CELL PHONES/ELECTRONIC DEVICES:** Students are encouraged **NOT** to bring cell phones/electronic devices and are **NOT** permitted to use them while at GYAC. Cell phones must be powered off and stowed away prior to entering the building as they can be a disruption to the after-school program. GYAC is **NOT** responsible should these items be lost or stolen. _____ (initials)
6. **BADGES:** I understand that my child is required to have his/her ID badge every day _____ (initials)
7. **LATE PICK-UP FEE:** I agree to pay **\$2 per minute per child** if my child is not picked up by **6 PM**. I understand that my child is subject to termination if three (3) or more late pick-ups are within a month. Late fee payments are due the next business day. I further understand that my child will be turned over to **local authorities** if they have not been picked up by someone on the pick-up permission form by **6:30 PM**. _____ (initials)
8. **TERMINATION:** If I fail to uphold the terms of this agreement, my child **will be terminated** from the after-school program. A new application and enrollment fee will be required to re-enroll my child. _____ (initials)

I hereby consent for my child to participate in the Gifford Youth Achievement Center After School Education Program and I agree to release and discharge the Gifford Youth Achievement Center, its officers, agents, and employees, exercising reasonable care within their scope of employment, from all liability, claims, damages, suits, judgments, settlements, involving personal injury and property damage resulting from or arising in connection with the After School Program.

I have read this agreement, understand the contents therein, and my signature indicates acceptance of the terms of this agreement as stated by the Gifford Youth Achievement Center, Inc.

Parent/Guardian Signature: _____ Date: _____

Print/Guardian Name: _____ Date: _____



GIFFORD YOUTH ACHIEVEMENT CENTER
 4875 43rd Avenue
 Vero Beach, FL 32967
 (772) 794-1005

OFFICE USE ONLY 2023-2024	
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 _____



Release or Transfer of Student Information

This form is used to facilitate communication of student information to authorized individuals.

Student ID # (Req.)	Student First Name	Middle	Last
Parent/Legal Guardian Name		School Name	

Agency/Individual/Advocacy Gifford Youth Achievement Center			
Contact Name Angelia Perry, Executive Director	Phone # (772) 794-1005	Ext 222.	E-mail aperry@mygyac.org
Mailing Address 4875 43rd Avenue	City Vero Beach	State FL	Zip Code 32967

Specific information requested by agency:

All data will be available through June 30, 2024:

- Contact Information including primary address and primary cell, home and work phone numbers
- Student Information (grade, birthday, district student email address, student ID number)
- Nine Week and Semester Grades
- Daily Class Period Attendance
- Standardized Test Scores (Examples: FSAs, EOCs, ACT, ACCESS 2.0 ELLs)
- Current Discipline Records including consequence and date of occurrence

I understand the purpose of this release is to facilitate the communication of student information to authorized individuals. The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, protects the privacy of education records, and student related information. I understand and agree that this information will not be disclosed to any third party without the express consent of the parent or adult student.

Signature of authorized person accessing records

Date

I authorize The School District of Indian River County to release student records or other student related information. This release is active from date signed below to the end of current school year unless otherwise revoked by parent or legal guardian.

X

Signature of Parent/Legal Guardian

X

Date

Signature of Student if 18 Years of Age or Older

Date

All forms must have Notary or School Official verification below:

State of Florida - County of Indian River
The foregoing document was acknowledged before me on this ___ day of _____, _____

Notary Public - State of Florida

who is personally known to me or produced identification [list type produced]

Print or Stamp Notary Seal

School Official Verification

Phone Call Verification (School Official Only)

Verified by:

Printed Name

Signature