



# 2019 REACH UP ESYI SUMMER PROGRAM APPLICATION

Accepted By: _____	Date: _____
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The REACH UP East Stuart Youth Initiative Summer program will begin on Monday, June 3, 2019 and end on Friday, August 2, 2019. Registration is based on a first-come-first-served basis for youth ages 6-18. A parent or legal guardian must register each youth.

Name of Youth: \_\_\_\_\_  
 (Please print) Last MI. First

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female SSN# \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Grade during 2018-2019 School year: \_\_\_\_\_ School: \_\_\_\_\_

School Lunch Program:  Free  Reduced  Ineligible

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic/ Latino	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White/ Caucasian	<input type="checkbox"/> Some Other Race	<input type="checkbox"/> Two or More Races
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Shirt Size  Youth Sm.  Youth Med.  Youth Lg.  Adult Sm.  Adult Md.  Adult Lg.  Adult XL.  Adult 1XL  Adult 2XL.

Does your child have any allergies or health issues?  No  Yes If yes, please explain: \_\_\_\_\_

Is your child prescribed any medication?  No  Yes if yes, what medication: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

## PARENT/LEGAL GUARDIAN INFORMATION

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\*Unless otherwise noted, I agree that the REACH UP ESYI Program will use my cell number and e-mail to communicate important ESYI program information.

Current Address: \_\_\_\_\_ Apartment/Lot Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

## ADDITIONAL/LEGAL GUARDIAN INFORMATION

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Youth \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\*Unless otherwise noted, I agree that the REACH UP ESYI Program will use my cell number and e-mail to communicate important ESYI program information.

Current Address: \_\_\_\_\_ Apartment/Lot Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_



### HOUSEHOLD INFORMATION

<b>Total Number in Household</b> <small>(adults &amp; children)</small>	<b>Single Parent Household?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Head of Household</b> <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other _____	<b>Child Lives With:</b> <input type="checkbox"/> Single Parent <input type="checkbox"/> Dual Parents <input type="checkbox"/> Other
<b>Annual Gross Household Income:</b>			
<input type="checkbox"/> \$0-9,999	<input type="checkbox"/> \$10,000-19,999	<input type="checkbox"/> \$20,000-29,999	<input type="checkbox"/> \$30,000-39,999 <input type="checkbox"/> \$40,000-49,999 <input type="checkbox"/> \$50,000 & UP

### EMERGENCY CONTACT INFORMATION - Please list information about the people who can be contacted in case of an emergency (other than parent/guardian).

Last Name	First Name	Relationship to Youth	Primary Phone	Secondary Phone	Email Address

### ELIGIBLE PICK UP LIST

Please list the names (**excluding parents/guardians and emergency contact**) of individuals **eligible** to pick up child (**your child will not be released to anyone not listed below – this list may only be changed in writing, in person, and my NOT BE altered verbally, over the phone or via any electronic means, therefore please be thorough**). If a person listed comes to pick up your child and they are not known to the Program staff they will be asked to produce ID - without ID your child will not be released.

Last Name	First Name	Relationship to Youth	Phone Number



## SELF-CARE, SELF-RELEASE

Dear Parent/ Guardian,

The REACH UP East Stuart Youth Initiative offers a Self-Care, Self-Release policy option, which means that youth can check themselves out of the program. The REACH UP East Stuart Youth Initiative will not be held liable for any member leaving the facility.

We have created this permission slip to help us know which children are expected to stay in the program, and which ones have permission to come and go at will.

By signing **YES** to this permission slip, you are stating that your child has permission to leave at will. You are also stating that you understand your child is not being supervised during their time away. Once your youth is signed out of the program they are not able to Sign back in, nor will staff be able to contact you to inform you that your child has signed out.

Yes, my child is allowed to leave the program using the Self-Care, Self-Release Policy.

OR

Yes, my child is allowed to leave the program using the Self-Care, Self-Release Policy only when walkers are dismissed from the program.

OR

Yes, my child is allowed to leave the program using the Self-Care, Self-Release Policy only when I call to give permission.

By signing **NO** to this permission slip, you are stating that you do not want your child to leave the program until you pick them up. You are stating that your child will stay in the program because you say so, not because we do. You are also stating that if your child tries to leave that you understand that we will encourage your child to stay, but we cannot force him/her to stay. 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 your permission.

No, my child is not allowed to leave the program until I or designee picks them up

I have read and understand the information and I agree to adhere to all conditions.

**Print Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## PARENT/GUARDIAN CONSENT & WAIVERS

### Medical Treatment

In the event that I cannot be reached in an emergency, I hereby give permission to the physician, and/or Hospital selected by the REACH UP East Stuart Youth Initiative staff to hospitalize, secure proper treatments for, to order injection, anesthesia or surgery for my child as named herein. In the event that my child, as named herein, should require basic first aid and/or minor treatments, as ordered by the REACH UP East Stuart Youth Initiative staff, I give permission for the health care professional to administer such aid or treatment for my child:  
Initial\_\_\_\_\_

### Parent/Guardian Release

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the REACH UP East Stuart Youth Initiative, their representatives, successors, insurers, assigns or any other person or entity associated with the organization, such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death any claim of damages resulting from use of facilities owned or controlled by the above organization, or participation in activities of said organization either at or away from the program. I understand that the REACH UP East Stuart Youth Initiative is not responsible for lost or stolen items:  
Initial\_\_\_\_\_

### Off-Site Programming Release

I, the parent/guardian of the minor child listed on this application, grant permission for my child to attend the REACH UP East Stuart Youth Initiative sponsored field trips as part of the normal day to day program and activity schedule. I understand that these trips may require vehicle transportation and include trips to the Library, local parks, restaurants, local schools, golf courses, movie theater and other locations within Martin County, with the understanding that ample notice will be provided. Trips outside of Martin County may require separate permission forms:  
Initial\_\_\_\_\_

### Information Release

I, the parent/guardian of the minor child listed on this application, do hereby give my child permission to attend and participate in activities sponsored by the REACH UP East Stuart Youth Initiative. I agree that the information provided here may be used by the funders, partners or affiliates of this program {e.g. Children's Services Council of Martin County} for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to the funders, partners or affiliates of this program may include information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by the REACH UP East Stuart Youth Initiative, including data collected via surveys or questionnaires. All information provided to the funders, partners or affiliates of this program will be kept confidential:  
Initial\_\_\_\_\_

### Media Release

Permission for member to be photographed and/or videotaped for promotional materials: Initial\_\_\_\_\_

I have read, understand, and will abide by all of the above. All information provided in this form is true and complete. I agree that any false or misleading representation or material omission may disqualify my child from participating in REACH UP East Stuart Youth Initiative programs:

\_\_\_\_\_  
Print Parent/Guardian Name

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

\_\_\_\_\_  
Date



**DATES REGISTERED FOR:**  
weeks:

My child will attend all 10 weeks of the Summer Program, or which of the following

June 3-7, 2019

June 10-14, 2019

June 17-21, 2019

June 24-28, 2019

July 1-5, 2019

July 8-12, 2019

July 15-19, 2019

July 22-26, 2019

July 29-August 2, 2019

**NAME OF YOUTH:** \_\_\_\_\_

**GRADE OF YOUTH:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_