



Accepted By	Date
Entered By	Date

The East Stuart Youth Initiative consists of three collaborating partners who include City of Stuart Community Services Department, Stuart Police Department Youth Intervention Office, and Tykes and Teens, Inc. All agencies are proudly supported by Children's Service Council of Martin County.

2020-2021 Afterschool Application

Program Participant Information							
Youth First Name		Middle Name		Last Name		Nickname	
Street Address (Including Apartment Number)				City, State, Zip			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (MM/DD/YY)		Age		Youth Last 4 Digits of Social Security Number _____	
Total Number in Household (adults & Children)		Single Parent Household? <input type="checkbox"/> Yes <input type="checkbox"/> No		Child Lives With: <input type="checkbox"/> Single Parent <input type="checkbox"/> Dual Parents <input type="checkbox"/> Other		Household Income: (check one) <input type="checkbox"/> \$0-9,999 <input type="checkbox"/> \$30,000-39,999 <input type="checkbox"/> \$10,000-19,999 <input type="checkbox"/> \$40,000-49,999 <input type="checkbox"/> \$20,000-29,999 <input type="checkbox"/> \$50,000 & Up	
<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
School Information							
School Name		Student 4300#:		Current Grade		School Lunch Program <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Ineligible	
Parent/Legal Guardian Information							
Primary Contact First Name				Secondary Contact First Name			
Last Name				Last Name			
Relationship to Youth				Relationship to Youth			
Primary Phone				Primary Phone			
Work Phone				Work Phone			
Email Address				Email Address			
Eligible Pick Up List / Emergency Contact Information- Please list information about the people who can be contacted in case of an emergency (other than parent/guardian).							
Please list the names (excluding parents/guardians) of individuals eligible to pick up child (your child will not be released to anyone not listed below – <i>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</i>). 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	
Last Name		First Name		Relationship to Youth		Phone Number	

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Last Name	First Name	Relationship to Youth	Phone Number
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Last Name	First Name	Relationship to Youth	Phone Number

Medical Information

Please list any allergies, medical, physical or emotional conditions (including disabilities) or other helpful information:

Self – Care, Self - Release

East Stuart Youth Initiative offers a Self-Care, Self-Release policy option, which means that youth can check themselves out of the program. 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.
- Yes, my child is allowed to leave the program using the Self-Care, Self-Release Policy only when walkers are dismissed from the program at 5:00pm.
- Yes, my child is allowed to leave the program using the Self-Care, Self-Release Policy only when I call to give permission and verify youth Date of Birth.

OR
 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 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 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 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 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 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 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 youth's application form, information provided by the minor child's school or school district, and other information collected by 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 youth to 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 East Stuart Youth Initiative programs.

Print Parent/Guardian Name

Relationship

Parent/Guardian Signature

Date