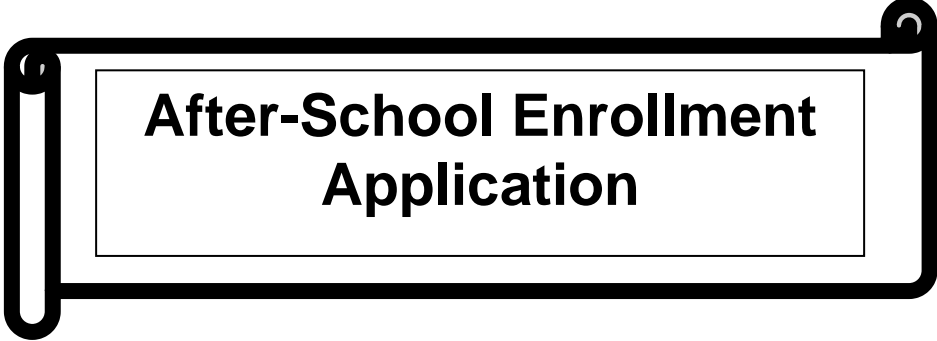


**West Jupiter Community Group
Edna W. Runner Tutorial Center**

7187 Church Street Jupiter, FL 33458

Phone No.: 561-745-0950



**After-School Enrollment
Application**

If your child currently attends our after school program, we already have these documents on file so you **do not have to provide another copy.**

If your child does not currently attend our after school program, we **must** have copies of the following documentation along with your application. Applications will be considered incomplete until all documentation is received.

- Child's Social Security Card
- Child's Birth Certificate

All applications are considered on a first-come-first-served basis.

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After-School Application

CHILD'S INFO.

Last Name: _____ First Name: _____

Date of Birth: _____/_____/_____ Social Security #: _____/_____/_____ Grade: _____ Sex: M _____ F _____

Race: White Black Asian US Indian/Alaskan Hawaiian/Pacific Hispanic/Latino
(circle one)

Student ID#: _____ School Name: _____

Child lives with: Both Parents Mother Father Other: _____
(circle one)

PARENT/GUARDIAN #1 INFO.

Last Name: _____ First Name: _____

Date of Birth: _____/_____/_____ Gender: Male Female EMAIL: _____

Race: White Black Asian US Indian/Alaskan Hawaiian/Pacific Hispanic/Latino
(circle one)

Address: _____

Mailing address if different: _____

Home #: _____ Cell : _____ Work#: _____

Employer name (if applicable): _____

Marital status: Married Divorced Single Widowed Language: English Spanish Creole Other _____
(circle one) (circle one)

Is there a Court Order parenting plan on either parent/guardian: YES NO If YES Submit Copy
(circle one)

PARENT/GUARDIAN #2 INFO.

Last Name: _____ First Name: _____

Date of Birth: _____/_____/_____ Gender: Male Female

Race: White Black Asian US Indian/Alaskan Hawaiian/Pacific Hispanic/Latino

Mailing address if different: from above: _____

Home #: _____ Cell : _____ Work#: _____

Marital status: Married Divorced Single Widowed Language: English Spanish Creole Other _____
(circle one) (circle one)

Employer name (if applicable): _____

CHILD'S MEDICAL:

Child's allergies – food & Other: _____
(Please write n/a if not applicable)

Medications child is taking; _____
(Please write n/a if not applicable)

(WJCG, Inc. will not be responsible for dispensing medications to your child but we need to know if they are on any medication)

Special Needs: Yes: ___ No: ___ If yes, please describe: _____

EMERGENCY/ PICK-UP CONTACTS:

MUST LIST 3 CONTACTS (other than parents/guardians listed on the first page)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PICK-UP AUTHORIZATION if NOT Listed Above:

Only persons listed below (other than parent/guardian) will be permitted to pick up your child & they must be 18 or older

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

LIST OTHER FAMILY MEMBERS IN THE HOME: (not including child or parents /guardians list on first page)

First Name: _____ Last Name: _____ Relationship to child: _____

First Name: _____ Last Name: _____ Relationship to child: _____

First Name: _____ Last Name: _____ Relationship to child: _____

First Name: _____ Last Name: _____ Relationship to child: _____

First Name: _____ Last Name: _____ Relationship to child: _____

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PROGRAM RULES

(Student's Name)

(Date)

The following Program Rules have been established for the safety and well being of all students. We expect proper behavior at all times from the students so as not to cause danger to themselves or others. To ensure the safety, well-being and enjoyment of each participant, the following Program Rules have been established. It is our general policy to work with the parents in handling all disciplinary concerns. Therefore, please read the following rules and guidelines with your student and have them sign in agreement of these rules along with you.

PARTICIPATION

- A. Students are expected to arrive and be picked up on time at the Center each day.
- B. Students are expected to wear the required clothing and footwear.
- C. Private and public funding is critical to the ongoing success of the Tutorial Center. This funding is based on the regular attendance of each student. You must agree to make sure that your student is in attendance unless they are sick or have an appointment. If you are punishing your child for misbehavior, please do not consider keeping them out of the program as part of the punishment. This hurts not only the student but also affects our funding.
- D. It is the responsibility of the parent/guardian to call the Tutorial Center at 561-745-0950 to report the absence of their student as soon as you know they will not be in attendance. Our voicemail is available 24/7. If we have not heard from you by the third day of your student's absence, we will assume that you have withdrawn your student from the program and they will be terminated from our program without further notice.
- E. Each student must be involved in all games and activities.
- F. Each student will assist with set-up and clean up.
- G. On field trips students must stay with their designated group, must remain with their assigned buddy and may not leave the supervised area without permission.

RESPECT FOR ONESELF, OTHERS AND THEIR BELONGINGS

- A. Students must keep hands and feet to themselves.
- B. There will be no touching of other people's belongings. *STEALING WILL NOT BE TOLERATED.*
- C. Students must use their inside voices and talk quietly when inside, on the vans and while on field trips.
- D. No name-calling.
- E. Students must use appropriate language and must refrain from inappropriate language and comments designed to hurt feelings or cause conflict.
- F. **FIGHTING WILL NOT BE TOLERATED.**

FOLLOW DIRECTIONS

- A. Students will follow directions given by all staff and adult volunteers.
- B. Students will follow the rules of activities or games.

TUTORIAL CENTER EQUIPMENT AND SUPPLIES

- A. Computers are to be used under staff supervision only.
- B. All program equipment and supplies are to be used appropriately.

PERSONAL PROPERTY

Students are not to use cell phones or other electronic devices during program hours or while being transported on the vans or buses. Before entering the Tutorial Center, cell phones, personal toys, games, and all electronic devices are to be turned off and placed *inside* the student’s backpack. Personal cell phones may be used ONLY with permission from a staff member for emergency parental/guardian contact. Failure to leave all electronic devices in their backpack will result in removal of the device from the student and the parent/guardian will be contacted to come to pick up the item. Students are responsible for their own property. The Center is not responsible for any student’s personal property if lost or stolen.

Parent/Guardian

I, _____ have read the above rules of the
 (Signature of Parent/Guardian)

West Jupiter Community Group, Inc. Tutorial Center and by signing below I agree to abide by these rules. I further agree to encourage my child to abide by these rules.

 (Signature of Parent) (Date)

Student

I, _____ understand the above rules of the
 (Print Name of Student)

West Jupiter Community Group, Inc. Tutorial Center and by signing below I agree to abide by these rules.

 (Signature of Student) (Date)

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7187 Church Street Jupiter, FL 33458
Tel.: 561 745-0950 Fax: 561 745-0260

EMERGENCY MEDICAL TREATMENT PERMISSION FORM
(This permission form covers all field trips)

The participant, parent or legal guardian of a participant, agrees to indemnify, defend and save harmless West Jupiter Community Group, Inc. (WJCG) from any and all injuries, property damage and other claims, liabilities, losses and causes of action which may arise from his/her child's participation in this program or from emergency medical care, and further agrees to not hold WJCG liable for any injuries that may occur as a result of participation in said program.

Permission is hereby granted for _____
(Name of Student)

to participate in West Jupiter Community Group, Inc. programs, including community outings, and authorization is hereby given for *emergency medical care* of said participant.

Allergies: _____

My relationship to this child is:

Mother Father Guardian Other _____

Home Number: _____ Cell Numbers: _____

Work Numbers: _____

Dr. Name and Phone: _____ / _____

Signature: _____ Date: _____

West Jupiter Community Group, Inc.

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PERMISSION FOR TRANSPORTATION BY WEST JUPITER COMMUNITY GROUP, INC.

(Print name of child)

(Date)

I, _____, hereby give permission for my
(Print name of Parent/Guardian)

child named above to be transported to and from off-site activities and field trips by staff members of the West Jupiter Community Group, Inc. in the organization's vans/bus and/or any vehicles they may rent for transportation purposes.

By signing below I agree to release and hold harmless the staff members and the West Jupiter Community Group, Inc. from any liability in the transportation of my student.

Signature of Parent/Guardian

Date

Edna W. Runner, Executive Director

Date

West Jupiter Community Group, Inc.
Edna W. Runner Tutorial Center
7187 Church Street Jupiter, FL 33458

PARTICIPANT RELEASE FORM

I hereby authorize the West Jupiter Community Group, Inc. a not-for-profit organization of Jupiter, FL, and/or the funders, its assignees, licensees to the following without compensation:

To record the likeness, voice, name, appearance, interview or performance on videotape, audio tape, film, or any other media (the "Recording") of my child

(Print Name of Child)

to record my child/children's, as well as my own, likeness, voice, name, appearance, interview or performance on videotape, audio tape, film, or any other media (the "Recording"); to use the Recording or segments of the Recording in all television including, but not limited to, broadcast, non-broadcast, commercial, non-commercial, national and international distribution, free, pay, cable, subscription, non-theatrical, DVD, home video media, and all other television formats, audio cassettes, video cassettes, transcripts, internet and all other media and by all means whether now known or hereafter created, in perpetuity throughout the world.

I hereby acknowledge and agree that the Recording is the sole property of the West Jupiter Community Group, Inc., and/or the funders, its licensees, or assignees, and that the West Jupiter Community Group, Inc. and/or funders shall retain all right, title and interest in and to the video recording.

I hereby declare this release to be irrevocable and I expressly release the West Jupiter Community Group, Inc. and/or the funders, its licensees, affiliates and assignees from any and all claims arising out of the use of the Recording or the breach of any representation or warranty I have made herein. I represent and warrant that I have the right to enter into this release and that my appearance and the rights I have granted hereunder will not conflict with or violate any commitment or understanding I have to or with any other person or entity.

BY: _____
(Signature of Parent/Guardian)

(Print Name of Parent/Guardian)

DATE: _____

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NON-DISCRIMINATION STATEMENT/EQUAL OPPORTUNITY POLICY

West Jupiter Community Group, Inc. is an equal opportunity employer. All employment activities will be conducted in a manner to assure equal opportunity for all and will be based solely on the individual merit and fitness of applicants, candidates and/or employees without regard to race, color, religion, creed, gender, age, national origin, pregnancy, disability or veteran's status. **(Be sure to check your state and local governments for additional areas of protection, which may include sexual orientation/preference, marital status, and/or smoking.)**

Further, West Jupiter Community Group, Inc. is an equal opportunity service provider and will provide its services to children and/or their family without regard to the child or family's race, color, creed, religion, gender, age, national origin, pregnancy, disability or veteran's status. **(Again, be sure to check your state and local governments for additional areas of protection, which may include sexual orientation/preference, marital status, and/or smoking.)**

Any employee who acts in a discriminatory manner towards any person will be subject to disciplinary action up to and including termination. This includes overt acts of discrimination through speech, writing, or behavior as well as acts of indifference, failure to acknowledge another person, and/or failure to act in a professional manner towards another person.

Employees hired for positions where the primary responsibility is direct childcare must be [18] years of age in accordance with the regulations established by the Palm Beach County Health Department.

Client Grievance Policy and Procedures

It is the policy of the WEST JUPITER COMMUNITY GROUP, INC. to provide all clients and those seeking services with a copy of the Client Grievance Policy and Procedures and an opportunity to file a grievance. If you choose to file a grievance, you are assured that no adverse repercussions will occur to you in any future interaction with the WEST JUPITER COMMUNITY GROUP, INC. A grievance may be filed for the following reasons:

- **You feel that you were improperly denied services.**
- **You feel that the services were not effective.**

You, or someone you ask to help you, should put your grievance in writing and submit it on a Client Grievance Form, which you will find attached. If you are unable to write the complaint yourself and cannot find anyone to help you, you may submit it orally or on a cassette tape or ask the WEST JUPITER COMMUNITY GROUP, INC. to provide you with assistance in submitting your complaint. If you choose not to use the Grievance Form, please make sure that you have included the same information that is asked for on the form. All timelines may be extended by mutual agreement.

To file a complaint with the WEST JUPITER COMMUNITY GROUP, INC., please follow the steps below:

STEP 1

As soon as possible following the event with which you disagree, put your complaint in writing and direct it to the attention of the Executive Director. He/she has 15 days from the time the WEST JUPITER COMMUNITY GROUP, INC. receives your complaint, in which to provide you a written decision.

STEP 2

If you are not satisfied with the decision of the Executive Director and you want that decision reviewed, you must within 15 days request a paper review of the Executive Director's decision by the Grievance Committee of the Board of Directors or request a meeting in person. The request shall be submitted to the Executive Director who will forward it to the President of the Board of Directors. The President of the Board will appoint a Grievance Committee to review your complaint. The decision of the Executive Director will be overturned only upon a showing that there was an abuse of discretion. The President of the Board of Directors shall send the decision of the Grievance Committee to you in writing as soon as possible, but no later than 45 days after the WEST JUPITER COMMUNITY GROUP, INC. receives your request for a review. The decision shall be final.

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Client Grievance Form

Please complete all sections that apply to your complaint and return to the West Jupiter Community Group to the attention of the Executive Director.

1. I requested the following help:

2. I was told that West Jupiter Community Group could not provide me the help that I requested.

Date _____ I disagree with that decision for the following reasons:

3. I am unhappy with the services that I am now receiving, or received, because:

Name: _____

Address: _____

Telephone: _____

Signature: _____ Date: _____

Attach additional explanation or information if necessary.

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BEHAVIOR GUIDELINES

NO TOLERANCE POLICY		PENALTY
1.	Possession of a weapon	Immediate removal and expulsion from West Jupiter Community Group, Inc. Summer Camp
2.	Threatening staff / student with bodily injury	
3.	Possession of illegal substances	
4.	Stealing	
5.	Possession of fireworks or explosives	
MAJOR OFFENSES / ANY PHYSICAL VIOLENCE		PENALTY
1.	Open hand	1st Occurrence – 3 day suspension 2nd Occurrence – 1 week suspension 3rd Occurrence – Permanent expulsion
2.	Closed fist	
3.	Kicking	
4.	Biting	
5.	Spitting	
6.	Shoving	
7.	Throwing things	
8.	Verbal threatening / bullying	
MINOR OFFENSES		PENALTY
1.	Disrespecting Staff	1st Occurrence – 1 day suspension 2nd Occurrence – 3 day suspension 3rd Occurrence – 1 month suspension 4th Occurrence – Permanent expulsion
2.	Not following rules	
3.	Verbally inciting a fight	
4.	Mishandling equipment	
5.	Unauthorized use of electronic equipment	

WE MUST KNOW OF
ANY MEDICATIONS YOUR
CHILD IS TAKING ON A
REGULAR BASIS AS WELL AS
ANY ALLERGIES THEY HAVE.
IN CASE OF EMERGENCY IF
EMERGENCY PERSONNEL
HAVE TO TREAT YOUR CHILD
THEY WILL NEED TO KNOW
THIS.

THIS IS LIFE OR DEATH
INFORMATION THAT WE NEED
TO KEEP YOUR CHILD SAFE.

**PLEASE LIST ANY
MEDICATIONS OR
ALLERGIES OF ANY
KIND
AT THE TOP OF PAGE 2 OF
THE APPLICATION.
THANK YOU.**