

**Edna W. Runner Tutorial Center  
West Jupiter Community Group, Inc.  
7187 Edna Runner Way, Jupiter, FL 33458  
Tel. ~ 561 745-0950**

## **AFTER SCHOOL & SUMMER CAMP**

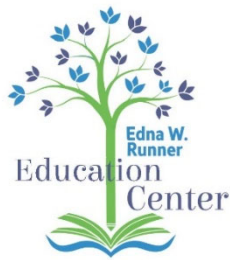
### **ENROLLMENT APPLICATION**

We **MUST** have copies of the following documentation along with your application.

- Doctor's Medication Form *(If applicable)*
- Dietary/Milk Restrictions Form *(If applicable)*

*All applications are considered on a first come, first served basis.*





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**CHILD INFO:**

**DATE:** \_\_\_\_\_ **School Attending:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** M \_\_\_ F \_\_\_ **Shirt Size:** Youth \_\_\_ S \_\_\_ M \_\_\_ L - Adult \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL

**Hispanic/Latino:** Yes \_\_\_ No \_\_\_ **Race:** \_\_\_ White \_\_\_ Black \_\_\_ Asian \_\_\_ US Indian/Alaskan \_\_\_ Hawaiian/Pacific

**PARENT/GUARDIAN #1 INFO.**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Last Four of SS Number (Required)** \_\_\_\_\_

**Email Address (REQUIRED)** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** Male \_\_\_ Female \_\_\_

**Address:** \_\_\_\_\_

*Mailing address if different:* \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Work#:** \_\_\_\_\_

**Employer name:** \_\_\_\_\_

**Marital status:** \_\_\_ Married \_\_\_ Divorced \_\_\_ Single \_\_\_ Widowed

**Language preference:** \_\_\_ English \_\_\_ Spanish \_\_\_ Creole Other \_\_\_\_\_

**PARENT/GUARDIAN #2 INFO.**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** Male \_\_\_ Female \_\_\_

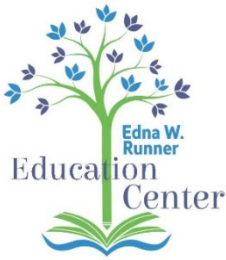
**Address:** \_\_\_\_\_

*Mailing address if different:* \_\_\_\_\_

**Home #** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Work#** \_\_\_\_\_

**Language preference:** \_\_\_ English \_\_\_ Spanish \_\_\_ Creole Other \_\_\_\_\_

**Employer Name:** \_\_\_\_\_



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## MEDICAL

Child's allergies – Food & other:

\_\_\_\_\_  
(Please write NONE - if not applicable)

Medications child is taking;

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Needs: Yes: \_\_\_ No: \_\_\_ If yes, please describe: \_\_\_\_\_

### EMERGENCY 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: \_\_\_\_\_

### ADDITIONAL AUTHORIZATION TO PICK-UP

*Persons listed below WILL be permitted to pick up your child & they must be 18 or older* **(Not listed Above)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

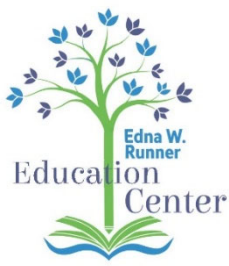
### OTHER FAMILY MEMBERS LIVING IN SAME HOUSEHOLD

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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## **FIELD TRIP/EMERGENCY MEDICAL TREATMENT PERMISSION FORM**

*(This permission form covers ALL summer camp field trips and activities)*

The participant, parent or legal guardian of a minor 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 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 \_\_\_\_\_  
(Full Name of Camper)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My relationship to this child is:

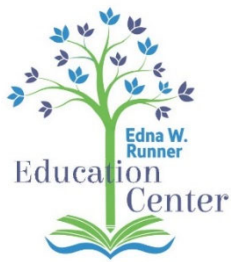
Mother       Father       Guardian       Other \_\_\_\_\_

Home Number: \_\_\_\_\_ / \_\_\_\_\_

Cell Numbers: \_\_\_\_\_ / \_\_\_\_\_

Work Numbers: \_\_\_\_\_ / \_\_\_\_\_

Dr. Name and Phone: \_\_\_\_\_ / \_\_\_\_\_



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**PERMISSION FOR TRANSPORTATION  
BY WEST JUPITER COMMUNITY GROUP, INC.**

\_\_\_\_\_  
Print Full Name of child

\_\_\_\_\_  
Date

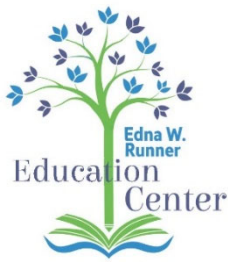
I, \_\_\_\_\_, hereby give permission for my  
Print name of Parent/Guardian

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 and/or any vehicles they may  
Rent/utilize 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



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## **PARTICIPANT RELEASE FORM**

I hereby authorize the West Jupiter Community Group, Inc., (WJCG), a not-for-profit organization, and/or the funders, its assignees, as well as, 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 (otherwise considered the "Recording") of my child;

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Print Full Name of Child

To record my child's, as well as my own, likeness, voice, name, appearance, interview or performance on videotape, audio tape, film, or any other media (otherwise considered 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

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Print Name of Parent/Guardian

DATE: \_\_\_\_\_

*West Jupiter Community Group, Inc. is a 501(C) 3 not-for-profit organization*



PLEASE KEEP

ALL

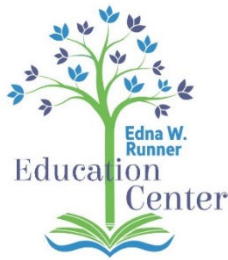
DOCUMENTS

AFTER

THIS

PAGE

*West Jupiter Community Group, Inc. is a 501(C) 3 not-for-profit organization*



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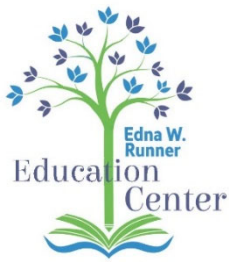
### **NON-DISCRIMINATION STATEMENT / EQUAL OPPORTUNITY POLICY**

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 government 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 government 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.



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## **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.

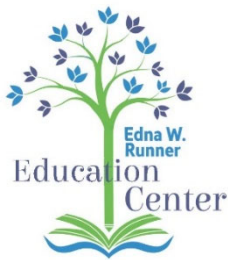
To file a complaint with the WEST JUPITER COMMUNITY GROUP, INC., please follow the steps below:

### **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:**

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**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:

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

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Name: \_\_\_\_\_

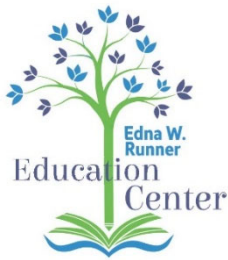
Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## **Behavior Guidelines**

### **NO TOLERANCE POLICY**

1. Possession of a Weapon
2. Threatening Staff/Student with Bodily Injury
3. Possession of Illegal Substances
4. Possession of Fireworks/Explosives

### **PENALTY**

Immediate removal & expulsion from  
West Jupiter Community Group, Inc.

### **MAJOR OFFENSES/ANY PHYSICAL VIOLANCE**

1. Damage to Property
2. Hitting (including open hand or closed fist)
3. Kicking
4. Shoving
5. Throwing Things
6. Verbal threatening/Bullying
7. Stealing/Theft

### **PENALTY**

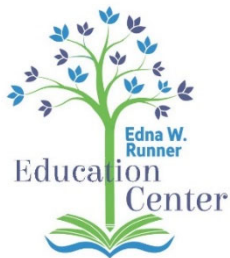
1<sup>st</sup> occurrence- 1 Day Suspension  
2<sup>nd</sup> Occurrence- 3 Day Suspension  
3<sup>rd</sup> Occurrence- 5 Day Suspension  
4<sup>th</sup> Occurrence- Permanent Expulsion

### **MINOR OFFENSES**

1. Disrespecting Staff, Violence
2. Verbally inciting a fight
3. Spitting

### **PENALTY**

1<sup>st</sup>- Occurrence- Conference with Parent  
2<sup>nd</sup> Occurrence- 1 Day Suspension  
3<sup>rd</sup> Occurrence- 3 Day Suspension  
4<sup>th</sup> Occurrence- Expulsion from the Program



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## BEHAVIOR REPORT

GENERAL INFORMATION			
Last Name:	First:	Grade:	Time of Incident:
Date of Incident:	Title of Reporter:	Number of Offenses: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Report Prepared by:	Location of Infraction:		
REASON FOR REFERRAL (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Unacceptable Language	<input type="checkbox"/> Refusal to Follow Directions or Instructions/Insubordination		
<input type="checkbox"/> Disruptive Behavior/Bullying	<input type="checkbox"/> Disruption in : Cafeteria/on Field Trip/Classroom/Hallway/Restroom/Outside		
<input type="checkbox"/> Fighting	<input type="checkbox"/> Sexual Misconduct		
<input type="checkbox"/> Disrepect to Center Official	<input type="checkbox"/> Walking Away From Group/Not Being With Counselor		
<input type="checkbox"/> Damage to Center Property	<input type="checkbox"/> Caught Stealing/Theft		
<input type="checkbox"/> Damage to Personal Property	<input type="checkbox"/> Other		
<b>Description of Incident:</b>			
_____			
_____			
_____			
_____			
_____			
_____			
PRIOR ACTION(S) TAKEN			
<input type="checkbox"/> Child was spoken to one on one: Date(S) _____	<input type="checkbox"/> Verbal Warning: Date(S) _____		
<input type="checkbox"/> Thinking Time: How long? _____	<input type="checkbox"/> Missed activity. What activity?) _____		
<input type="checkbox"/> Other Action(S) _____			
ADMINISTRATIVE ACTIONS			
<input type="checkbox"/> Consultation with Student in Office			<input type="checkbox"/> Warning Issued
<input type="checkbox"/> Parent Conference	<input type="checkbox"/> Parent Called	<input type="checkbox"/> Copy of Report	
<input type="checkbox"/> External Suspension	<input type="checkbox"/> No. of Days:	Dates(s): _____	
<input type="checkbox"/> Internal Suspension	<input type="checkbox"/> No. of Days:	Dates(s): _____	
<input type="checkbox"/> Other Action (Explain):			
<b>STAFF SIGNATURE:</b>		<b>DATE:</b>	
<b>ADMINISTRATOR SIGNATURE:</b>		<b>DATE:</b>	
<b>WITNESS SIGNATURE:</b>		<b>DATE:</b>	
<b>PARENT/GUARDIAN SIGNATURE:</b>		<b>DATE:</b>	