







# Urgent, Inc. Youth Enrollment Form

1600 NW 3<sup>rd</sup> Ave. Bldg. D Miami, FL 33136  
305-576-3084ph \* 866-811-7778fax \* [www.urgentinc.org](http://www.urgentinc.org) \* office@urgentinc.org



**Program:**  Rites of Passage  After School  Summer Camp

**Youth\*:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Mother's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Father's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Does youth live with a legal guardian other than mother or father?  Yes  No

If yes, **Guardian's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Street Address\*** \_\_\_\_\_ **City\*** \_\_\_\_\_ **ZIP Code\*** \_\_\_\_\_

**Email** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Youth's Gender\***  Male  Female **Youth's Date of Birth (mo/day/yr)\*** \_\_\_\_\_ **Age** \_\_\_\_\_

**Youth's Race\*:**  American Indian or Alaskan  Asian  Black or African American  
 Pacific Islander  White  Other, please specify \_\_\_\_\_

**Youth's Ethnicity\*:**  Hispanic  Haitian  Other, please specify \_\_\_\_\_

**Youth's Country of Origin:** \_\_\_\_\_ **Is Youth Proficient in English?\***  Yes  No

**Additional/Other language(s) spoken in the home\*:**  Spanish  Haitian-Creole  Other \_\_\_\_\_

**Youth's Social Security number\*:** \_\_\_\_\_  No SSN;  prefer not to give SSN

**MDCPS ID Number\*:** \_\_\_\_\_  No MDCPS ID;  prefer not to give MDCPS ID

**Youth's Current Grade\*:** \_\_\_\_\_ **Youth's Current School\*:** \_\_\_\_\_

**Hobbies/Interest:** \_\_\_\_\_

**Current In-School or After School Activities:** \_\_\_\_\_

**Receive Free or Reduced Lunch:**  Yes  No **Allergies:**  Yes  No If yes, \_\_\_\_\_

**Health Conditions:**  Yes  No If yes, \_\_\_\_\_ **Medications:** \_\_\_\_\_

**Does youth have health insurance (ex., private insurance, KidCare, Medicaid)?\***  Yes  No  
(If not, The Children's Trust may be able to help you find affordable coverage—call 211)

**Does youth have a documented disability?\***  Yes  No

*If yes, do you have (check all that apply):*

- An Individualized Family Service Plan  a Section 504 Plan  a medical diagnosis from a doctor
- An Individualized Education Plan (IEP) from the school system  a diagnosis by a state certifie/licensed professional (ex. pyschologist)
- a diagnosis by a state certified/licensed professional (ex. psychologist)  disclosed by the parent or guardian describing the child's specific condition and/or need for accommodations

*If yes, how would you best classify the type(s)? (check all that apply):*

- Autism Spectrum Disorders  Intellectual Disability (or mental retardation)  Other Disability \_\_\_\_\_
- Chronic Medical Condition  Learning Disability  Physical Disability
- Emotional and/or Behavioral Disorder  Speech/Language Impairment  Developmental Delay (under 5 only)
- Hearing Impairment (or deaf)  Visual Impairment (or blind)

*I give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes.*

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

**For Staff Use Only (MUST BE COMPLETED)**

ORGANIZATION: Urgent, Inc. SITE LOCATION:  Goulds  Gibson  MEM  BTW [ X ] UM



# Urgent, Inc. Parent/Caregiver Information Form

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**Mother's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Father's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Does youth live with a legal guardian other than mother or father?  Yes  No

If yes, Guardian's: Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Caregiver Type:  Relative  Grandparent(Age\_\_\_\_)  Foster Care  Other \_\_\_\_\_

**How many children are in your care?\*** \_\_\_\_\_ **Number of Adults at this address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Race\*:**  American Indian or Alaskan  Asian  Black or African American  
 Pacific Islander  White  Other, please specify: \_\_\_\_\_

**Ethnicity\*:**  Hispanic  Haitian  Other, please specify: \_\_\_\_\_

**Country of Origin:** \_\_\_\_\_ **Are You Proficient in English?\***  Yes  No

**Additional/Other language(s) spoken in the home\*:**  Spanish  Haitian-Creole  Other: \_\_\_\_\_

**What is the Highest Grade You Completed?\*** \_\_\_\_\_

**Household Income:**  Below \$10,000  \$10,000-\$25,000  \$25,000-\$40,000  Above \$40,000

**Income Type:**  TANF/WAGES  Soc. Sec.  Employment  Other **Employer:** \_\_\_\_\_

**Health Insurance Carrier:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Youth Will get home by:**  Walk  Parent Pick-up  Public Transportation  Other \_\_\_\_\_

**Authorized Persons to pick-up youth:**

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

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

*I give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes.*

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

\*Required fields



# URGENT, INC. PARTICIPANT AGREEMENT AND RELEASE FORM

## PROGRAM PARTICIPATION & TRANSPORTATION CONSENT

I, \_\_\_\_\_, permit my child \_\_\_\_\_ to Participate in URGENT  
Parent/Guardian Applicant

Inc.'s Program. I also understand there may be field trips utilizing a bus service and I give my permission for her/his to participate as long as I am notified prior to trip dates. I also understand I am invited to attend any program meetings and field trips with my child and there may be events in which I am encouraged to attend to enhance my child's program experience.

## LIABILITY

**We the undersigned parent and/or guardian and participant agree that in consideration** of our participation, we, parent and/or guardian and participant, jointly and severally, and intending to legally bind ourselves, executors and administrators, do hereby waive, release and discharge Urgent, Inc., all Urgent, Inc. sponsors, contractors, members, staff, volunteers, supervisors, and instructors, or supervising or sponsoring organizations and all of the members, agents, employees, representatives, successors, and assigns from any and all liability and/or claims for illness, injury, and damages that may arise directly or indirectly as a result of participation in any Urgent, Inc. event, or of participant's travel to and /or from event venues. I understand that as the legal guardian of the child I do hereby expressly acknowledge that the activities involve risk, and I do hereby voluntarily assume any and all risk, such as injury to my child and/or child's property, which may come from participation of these events including injury caused by the negligence of Urgent, Inc. and/or it's volunteers, consultants and officers. **My personal insurance bears primary responsibility in case of accident.**

## MEDICAL

**We, Parent and/or guardian and participant,** attest that the applicant is physically able to participate in all activities planned and hosted by Urgent, Inc. that the participant's physical condition has been verified by a licensed medical doctor, and we consent to any needed medical treatment for the participant and self in the even of an emergency. I also hereby give permission to the physicians selected by Urgent, Inc. to order X-rays, routine tests and treatment for the health of my child in the event I cannot be reached in an emergency. I give permission to the physician to hospitalize, secure proper treatment for and order injection and/or anesthesia and/or surgery for my child.

**HIPAA** regulations protect medical records and other "individually identifiable health information" (communicated electronically, on paper, or orally) that are created or received by covered health care entities that transmit information electronically.

### **"Individually identifiable health information..." includes**

- any information, including demographic information collected from an individual; and
- any information that identifies an individual, or could be reasonably believed to identify an individual

### **HIPAA protects "individually identifiable health information" which...**

- relates to the past, present, or future physical or mental health condition of an individual, the provision of health care or the payment for such care
- is maintained or transmitted, and is (or has been) in electronic form is used or disclosed by covered entities

## SCHOOL REOCORDS AND CASE MANAGEMENT

I understand that signing this form, I am giving permission to Miami-Dade County Public Schools to release, to Urgent, Inc., The Children's Trust and other program funders information regarding grades, attendance, and behavior. I authorize Urgent, Inc. to release identifying information about my family and I, upon my notification, in order to access additional services and support

## MEDIA CONSENT

I hereby consent to and authorize the use and reproduction of any and all photographs, film and/or video that have been taken of my family and I for all advertising, publicity and education purposes of Urgent, Inc., The Children's Trust and anyone authorized by Urgent, Inc. I waive all claims for any compensation for such use or for damages. All negatives and positives, videotape and film, together with the prints and copies, shall constitute the property of Urgent, Inc., solely and completely.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHILD FIRST AND LAST NAME



URGENT, INC.  
 1600 NW 3<sup>RD</sup> AVENUE. Bldg. D  
 MIAMI, FLORIDA 33136  
 305-576-3084ph 305-576-3084

### BEHAVIOR AGREEMENT

At Urgent, Inc. we take the happiness of your children very seriously. We want every day here to become a happy memory for them. Therefore, we work hard at creating an environment that will allow. Along with our efforts, we need the help of your children to help us create that environment by following simple, but effective rules. Below is our Behavior Agreement, please read over it with your child and be sure they understand what it is and why they are signing it. This will help us help them have a wonderful experience at Urgent, Inc.'s Program! Thank you!

- \_\_\_\_\_ I will listen to the staff and follow their directions.
- \_\_\_\_\_ I will respect other people's belongings by not touching or using their stuff without permission.
- \_\_\_\_\_ I will sit properly with my feet facing forward, bottom in my seat and all legs off the chair and on the floor.
- \_\_\_\_\_ I will respect other's person's space by keeping my hands and feet to myself. \_\_\_\_\_ I will not hit, fight or bully other people.
- \_\_\_\_\_ I will not yell while inside the campsite building and will use my inside voice when speaking.
- \_\_\_\_\_ I will use appropriate language, which does not include swear words or negative remarks (i.e. "shut up," "stupid," etc.)
- \_\_\_\_\_ I will ask a staff member for permission before leaving the room.
- \_\_\_\_\_ I will respect other's feelings by having a positive attitude when talking to them and not talking negatively about them to others or gossip.

Not abiding by these rules can result in suspension from the program. All incidents will be handled on a 3 incident system, except hitting/fighting. Hitting/fighting will be an immediate 1 day suspension from the program. All other incidents will be handled as follows:

- 1st Incident: VERBAL WARNING**
- 2nd Incident: WRITTEN WARNING/PARENT MEETING**
- 3rd Incident: 1 DAY SUSPENSION**

**I UNDERSTAND THE FOLLOWING BEHAVIOR GUIDELINES AND HAVE RECEIVED THE PARENT HANDBOOK**

\_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Youth Signature**

\_\_\_\_\_

**Date**



**AUTHORIZATION FOR PHOTOGRAPHY/VIDEO**

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ hereby authorize and give consent to service providers and the staff of The Children’s Trust of Miami-Dade County as follows:

I hereby consent and authorize the staff of The Children’s Trust of Miami-Dade County to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter “Recordings”) of me, my children, or my wards for educational, research, documentary, and public relations purposes. Any such Recordings may reveal my identity through the image itself without any compensation to me, my children or my wards.

Any and all Recordings taken of me shall be the sole property of The Children’s Trust.

With regard to the use of any Recordings taken of me, my children or my wards, I hereby waive any and all present and future claims I may have against The Children’s Trust of Miami-Dade County, their staff, service providers, employees, agents, affiliates and Board members.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## **STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBERS FROM PARTICIPANTS IN PROGRAMS FUNDED BY THE CHILDREN'S TRUST**

Florida Law requires The Children's Trust of Miami-Dade to state in writing the purposes for which it collects social security numbers and to provide a copy of that statement of purpose to individuals from whom it collects social security numbers. Since this program is funded in whole or in part by The Children's Trust, this agency may share with The Children's Trust the social security number of an individual child or youth who participates in the program or service. This document signifies notice to you that the social security number of the program participant may be provided to The Children's Trust.

The Children's Trust of Miami-Dade collects the social security numbers of child participants of funded programs and services for the following purposes:

- To research, track and measure the impact of The Children's Trust's funded programs and services so that these programs and services may be maintained and improved in the future (individual identifying information will not be disclosed).
- To identify and match individuals and data within and among various systems and other agencies for research purposes.

The Children's Trust does not collect social security numbers for adult participants.

The Children's Trust of Miami Dade  
3150 SW 3 Avenue (Coral Way)  
Miami, Florida 33129  
305-571-5700  
[www.thechildrenstrust.org](http://www.thechildrenstrust.org)