

# PROGRAM ENROLLMENT APPLICATION



## YOUTH INFORMATION

**MUST FULLY COMPLETE APPLICATION**  
**PLEASE PRINT CLEARLY IN BLUE OR BLACK INK**



NAME: \_\_\_\_\_

DATE OF BIRTH: FIRST \_\_\_\_\_ AGE: \_\_\_\_\_ LAST \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

GENDER: M F RACE: Asian Black/African American White Other: \_\_\_\_\_

ETHNICITY: Haitian Hispanic Neither Other: \_\_\_\_\_

PRIMARY LANGUAGE: English Spanish Haitian-Creole Other: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

SCHOOL ID#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOBBIES/INTEREST: \_\_\_\_\_

CURRENT IN SCHOOL OR AFTER SCHOOL ACTIVITIES: \_\_\_\_\_

HEALTH CONDITIONS: \_\_\_\_\_ MEDICATIONS: \_\_\_\_\_

ANY DOCUMENTED DISABILITIES: YES NO If yes: Learning Disability Emotional Disability Physical Disability Sensory Disability Profoundly Disabled  
ALLERGIES: NO YES Describe \_\_\_\_\_

RECEIVES FREE OR REDUCED LUNCH: YES NO

INSURANCE COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

WILL GET HOME BY: walking parent pick-up public transportation other \_\_\_\_\_

AUTHORIZED PERSONS TO PICK-UP YOUTH:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**In one full paragraph, please explain why you would like to participate in this program.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I am able to commit a minimum of one day a week and one weekend a month to this program for a period of at least 18 weeks.**

\_\_\_\_\_  
**Youth Signature** **Date**

305-576-3084 phone  
305-573-2329 fax

Urgent, Inc.  
1600 NW 3rd Ave. Bldg. D  
Miami, FL 33136

office@urgentinc.org  
www.urgentinc.org



# PARENT/CAREGIVER INFORMATION



## PLEASE COMPLETE APPLICATION

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

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

PARENT/CAREGIVER: \_\_\_\_\_  
FIRST LAST

CAREGIVER TYPE: One Parent      Two-Parent  
Legal Guardian:      Relative      Grandparent      Foster Care      Other

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET APT. #  
\_\_\_\_\_  
CITY ST ZIP

NUMBER OF ADULTS LIVING AT THIS ADDRESS: \_\_\_\_\_ NUMBER OF CHILDREN AT THIS ADDRESS: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL/PAGER: \_\_\_\_\_

HOUSEHOLD INCOME:      BELOW \$10,000      \$10,000--\$25,000      \$25,000--\$40,000      ABOVE \$40,000  
INCOME TYPE:      TANF      WAGES      employment      social security      other \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
NAME RELATIONSHIP CONTACT #

**I will support my daughter in this program and attend at least one parent meeting and strongly encourage her to participate weekly in this program.**

*The Rites of Passage Program is generously funded by The Children's Trust. The Children's Trust is a dedicated source or revenue established by voter referendum to improve the lives of children and families in Miami-Dade county.*

\_\_\_\_\_  
Parent/Caregiver Signature      Date



URGENT, INC.  
PARTICIPANT AGREEMENT AND RELEASE FORM



PROGRAM PARTICIPATION CONSENT

I, \_\_\_\_\_, permit my child \_\_\_\_\_ Urgent, Inc.'s Rites of Passage Youth Empowerment Program.  
Parent/Guardian Participant

I also understand I am invited to attend any and all after-school 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 RELEASE

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 give permission for the above named child to participate in activities. I release Urgent, Inc., it's volunteers, employees, consultants and officers of all liabilities arising from this program.

MEDICAL VERIFICATION AND CONSENT

I 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.

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 event of an emergency. 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.

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

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. or 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.

SCHOOL RECORDS AND CASE MANGEMENT SERVICES

I authorize Miami-Dade Co. Public Schools to release school records information pertaining to grades, attendance and behavior referrals and FCAT scores to an authorized person(s) acting on behalf of Urgent, Inc. for the child listed above. I authorize Urgent, Inc. to release identifying information about my family and I, upon my notification, in order to access additional services and support.

FIELD TRIPS AND TRANSPORTATION

I give permission for the above named child to participate in activities and field trips and use Urgent, Inc. owned or contracted transportation with prior notification.

YOUTH AND PARENT PARTICIPATION

I understand that this program is offered to me free of charge. I understand that if my child does not maintain a participation rate of 90% each month I may lose this free placement for this after school program. Additionally, I agree to attend a minimum of one parent orientation per school term, which equals to four orientations per school year to maintain my child's placement in this free after school program.

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

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

\_\_\_\_\_  
Date



FUNDED AGENCY:	URGENT, INC.
PROGRAM NAME:	rites OF PASSAGE PROGRAM
CONTRACT NUMBER:	723-136
THIS SECTION TO BE COMPLETED BY PROGRAM PROGRAMS SHALL RETURN THIS COMPLETED FORM TO THE CHILDRENS TRUST	

**VOLUNTARY CONSENT for PHOTOGRAPHY and COMMUNICATION**

The Children's Trust funds this program. Demographic and service information on program participants will be provided to The Children's Trust. We ask your permission to make photos and/or videos during program activities and communicate with you about services you received.

Name of Participant: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Parent / Guardian's Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Parent / Guardian's Address \_\_\_\_\_ Apt # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**Program participation will NOT be affected or denied if you choose not to consent.**

**1. Consent for Photography:** I consent to allow the taking of photos or videos of my child and/or me during program activities. Any photos/videos may reveal my child's and/or my identity without any compensation paid to my child, to me or to others. All photos and videos shall be the sole property of The Children's Trust and may be used for educational and/or promotional purposes.

**Circle one:**                      **YES, I consent**                      **NO, I do not consent**

**2. Consent for Communication:** I consent to allow The Children's Trust or others acting for The Children's Trust to contact me about services received.

**Circle one:**                      **YES, I consent**                      **NO, I do not consent**

**3. Consent to be placed on mailing list:** I want to receive information about The Children's Trust, child and youth issues, parenting information, and other topics.

**Circle one:**                      **YES**                      **NO**

_____ <b>SIGN – PARENT OR LEGAL GUARDIAN</b>	<b>TODAY'S DATE:</b> _____
---	----------------------------

**RELEASE AND WAIVER**

Personal identifying information of a child, or a child's parent or guardian, that is in the possession of The Children's Trust is private information and cannot be given to anyone without consent or permission. I have the right to have The Children's Trust keep my name and address from being given to anyone.

By voluntarily signing below I waive my right for The Children's Trust to keep my name and address private and I give my consent and permission for The Children's Trust to release **ONLY** my name and address to children's interest groups. By voluntarily signing below I release and discharge The Children's Trust and its agents, employees, and servants from any and all claims, demands, rights, damages, costs whatsoever, in any way growing out of the release of my name and address to children's interest groups.

**I have read the above and I agree to allow The Children's Trust to release ONLY my name and address to children's interest groups. Do not sign if you do not want your name and address released.**

_____ <b>SIGN – PARENT OR LEGAL GUARDIAN</b>	<b>TODAY'S DATE:</b> _____
---	----------------------------