

Child's Name: _____ Age: _____ Application Date: _____



**AFTER SCHOOL & SUMMER PROGRAM APPLICATION
2016 – 2017 SCHOOL YEAR**

**August 10th, 2016 – May 26th, 2017 / June 12th 2016 – August 7th 2016
Monday – Friday 2:30pm - 6:00pm
Ages 6-16**

Fees:

\$40 per week Tampa Heights Junior Civic Association Membership Dues.

***After School Program Fees for are based on a sliding scale fee. This application must be completed in its entirety order to apply for a scholarship. If you have any other questions regarding fees and registration, please contact Patrick Sneed, Executive Director @ 813-293-6301 or by email at sneed@thjca.org**

Our Mission:

Tampa Heights Junior Civic Association is a community-based, resident driven organization that connects youth and families in the community; provides youth the opportunities to build leadership skills and civic involvement through mentoring, caring, and support; and secures resources to respond to identified needs.



First Name: _____ Middle: _____ Last: _____

Gender: ___M___F Ethnicity: _____ Age: _____ Date of Birth: _____

Name of School: _____ Grade: _____

Teacher: _____

<p>PRIMARY CONTACT (PARENT 1)</p> <p>Relationship to Member _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: (Home) _____</p> <p>Phone: (Cell) _____</p> <p>Employer: _____</p> <p>Phone: (Work) _____</p> <p>Email: _____</p>	<p>SECONDARY CONTACT (PARENT 2)</p> <p>Relationship to Member: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: (Home) _____</p> <p>Phone: (Cell) _____</p> <p>Employer: _____</p> <p>Phone: (Work) _____</p> <p>Email: _____</p>
<p>EMERGENCY CONTACT</p> <p>Relationship to Member _____</p> <p>Name: _____</p> <p>Phone: (Home) _____</p> <p>Phone: (Cell) _____</p> <p>Phone: (Work) _____</p>	<p>EMERGENCY CONTACT</p> <p>Relationship to Member _____</p> <p>Name: _____</p> <p>Phone: (Home) _____</p> <p>Phone: (Cell) _____</p> <p>Phone: (Work) _____</p>
<p>AUTHORIZED PICK UP</p> <p>Relationship to Member _____</p> <p>Name: _____</p>	<p>AUTHORIZED PICK UP</p> <p>Relationship to Member _____</p> <p>Name: _____</p>

HOUSEHOLD INFORMATION

***NOTE: This information is collected for grant writing purposes only**

Head of Household: _____ Female _____ Male _____

Relationship to Applicant: _____

Single Parent Household: Yes _____ No _____

How many people live in the household? _____

Who lives in household with member? (Please check all that apply)

____ Mother ____ Father ____ Stepmother ____ Stepfather ____ Grandparent ____ Other

Is there a member of the household who is handicapped? Yes _____ No _____

Do you live in a Housing Development? Yes _____ No _____

If yes, please list _____

Rent Amount: _____

Do any other children in the household attend Day Care: _____ YES _____ NO

If YES, what is the monthly child care expense: _____

Annual Income Level for Household (please check one)

\$0 - \$5,000 _____ \$30,001 - \$35,000 _____ \$60,001 - \$65,000 _____

\$5,001 - \$10,000 _____ \$35,001 - \$40,000 _____ \$65,001 - \$70,000 _____

\$10,000 - \$15,000 _____ \$40,001 - \$45,000 _____ \$70,001 - \$75,000 _____

\$20,001 - \$25,000 _____ \$50,001 - \$55,000 _____ \$80,001 - \$85,000 _____

\$25,001 - \$30,000 _____ \$55,001 - \$60,000 _____ \$85,001 - \$90,000 _____

Check All Programs that apply:

____ After School Care Assistance ____ Medicaid ____ Food Stamps ____ SSDI

____ Reduced Lunch ____ Free Lunch

MEDICAL INFORMATION

Primary Care Physician: _____

Physician's Address: _____

Permission for Treatment by Doctor / Hospital: ____ YES ____ NO

Please list any dietary restrictions (if none, please write **NONE**): _____

Please list any and all mental and / or physical health diagnoses (if none, please write **NONE**): _____

Please list any and all allergies (if none, please write **NONE**): _____

Please list any **Past / Present Medical Conditions** you feel are **IMPORTANT**: _____

Please list any and all Medications your child is currently taken:

Medication	Dosage	Time Taken

Date of Last Physical: _____

MEDICAL RELEASE:

In the event of an emergency, every effort will be made to contact parents, guardians, or designated emergency contact person. If _____ should need emergency medical treatment while attending the program and neither I nor the person(s) designated as my emergency contacts can be reached, I hereby authorize the Tampa Heights Junior Civic Association program staff to give consent for such emergency medical care and, if necessary, to take him/her to the nearest emergency room. I understand that a staff member will remain with him/her until I or my designated emergency contact arrives at the emergency room. In the event that time permits, I would prefer that he/she be taken to: _____

Name of preferred Hospital

Name of Parent/Guardian (please print)

Date: ____/____/____

Signature of Parent/Guardian

ACADEMIC TRACKING/REPORT CARD RELEASE

I, _____, do hereby give permission for my child to do his/her homework under the supervision of the staff of the Tampa Heights Junior Civic Association, during the After School Program:

___ YES ___ NO

I hereby give the Tampa Heights Junior Civic Association permission to contact my child's school to obtain academic records, so they can monitor my child's progress and evaluate program specific goals.

Child's Name: _____ Grade: _____
School: _____ Teacher: _____

Name of Parent/Guardian (please print)

Date: ___/___/___

Signature of Parent/Guardian

PHOTO/PROJECT RELEASE:

I, _____, do hereby consent to the reproductions, publications and use of photographs/projects of (or by) my child to be used by the Tampa Heights Junior Civic Association for advertising, educational and/or publicity purpose in any and all publications, advertisements and publicity materials and on the website, without limitation or reservation. I also consent to any testimony or copy written about my child that may accompany said photographs or stand alone in any and all publications, advertisements and publicity materials, without limitation or reservation.

Name of Parent/Guardian (please print)

Date: ___/___/___

Signature of Parent/Guardian

COMPUTER/INTERNET USAGE:

Please take the time to read the rules for the computer room over with your child. Children must have this section signed in order to participate in computer and internet activities.

COMPUTER ROOM RULES:

- No food or drink allowed in the computer room
- No horseplay
- Please be respectful of others
- No unauthorized web use
- No music and/or music videos, unless authorized
- No children allowed in the computer room without a staff member

I, _____, hereby permit my child to participate in the computer program and to access the Internet through the computers at the Tampa Heights Junior Civic Association. I realize that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use, setting and conveying standards for my child to follow when selecting, sharing or exploring information and media. I acknowledge that I will not hold the Tampa Heights Junior Civic Association, its board of directors, staff and volunteers, in their official or personal capacity, liable for any materials acquired on the Internet. I further accept as my full responsibility the actions of my child. Furthermore, I realize that I may revoke this permission at any time during the program. I also understand that my child's computer privileges can be revoked if it is found that they are abusing their use of the Tampa Heights Junior Civic Association's computer.

Tampa Heights Junior Civic Association

GENERAL DISCLAIMER

I, _____, hereby give my child permission to attend and participate in activities sponsored by the Tampa Heights Junior Civic Association. I also give the Tampa Heights Junior Civic Association permission to include my child in any (and all) programs or activities of interest, which occur in the unit and off-site. I hereby release the Tampa Heights Junior Civic Association, its employees, associates and contributors from liability for any injury, loss or theft incurred by son/daughter while participating. Please note that members are responsible to safely handle Tampa Heights Junior Civic Association property. If a child purposefully breaks, damages, or steals any Program property (computers, game room equipment, recreational supplies, tables, chairs, glass doors, etc.) it is the responsibility of the parent/guardian to make financial restitution for the full amount of said item(s). Furthermore, I have read, understood, and signed all of the preceding releases included within this application, and I insure that my child has had the opportunity to read and understand the rules of the Tampa Heights Junior Civic Association. My signature indicates that I completely understand the rules of the Tampa Heights Junior Civic Association. My signature indicates that I completely understand the above statement.

Name of Parent/Guardian (please print)

Date: ___/___/___

Signature of Parent/Guardian

PROGRAM RULES

ALL MEMEBERS AND GUESTS OF THE TAMPA HEIGHTS JUNIOR CIVIC ASSOCIATION ARE EXPECTED TO ADHERE TO THE FOLLOWING RULES!

- Upon entering the Program, members and guests are asked to remove all headgear (hats, rags, etc.).
- All members and guests must sign in at the front desk (or with an appropriate staff member).
- The Program and the surrounding property is a **"SMOKE FREE and DRUG FREE ZONE"**.
- Fighting (both physical and verbal) will not be tolerated.
- All members and guests are expected to treat and speak with/to others in a respectful manner.
- All Program property (including game tables, computers, gym equipment, etc.) is to be used and treated with respect.
- All equipment must remain in the appropriate rooms at all times (ex. gym equipment must remain in the gym).
- Food and Drinks are not allowed in the gym or computer room.
- Running is only allowed in the gym.

I UNDERSTAND AND AGREE THAT THE TAMPA HEIGHTS JUNIOR CIVIC ASSOCIATION SHALL NOT BE RESPONSIBLE OR LEGALLY LIABLE FOR ANY LOSSES, THEFT OR DAMAGES TO PERSONAL PROPERTY, OR FOR ANY BODILY INJURIES, OR THE RESULTS THEREOF, INCURRED AND SUFFERED BY THE APPLICANT ON ANY PROPERTY OF THE TAMPA HEIGHTS JUNIOR CIVIC ASSOCIATION .

My signature indicates that I (both member and parent/guardian) have read the rules of the Tampa Heights Junior Civic Association, and that I completely understand what is expected of me while at the Program.

Name of Parent/Guardian (please print)

Name of Member (please print) Date: ___/___/___

Signature of Parent/Guardian

Signature of Member Date: ___/___/___

AFTER SCHOOL PROGRAM PAYMENT CONTRACT

- *Fees are due by September 3rd of each year. All payment arrangements are to be made with Patrick Sneed, ED.*
- *I understand that Tampa Heights Junior Civic Association Youth Development Center and Mobley Park Make-A-Difference Center opens at 2:30pm and closes at 6:00pm. There is a late charge of \$5.00 for every 10 minutes for each child picked up after closing (6pm). This fee needs to be paid by the following week.*
- *Tuition will not be credited due to illness, holiday closings and vacations as the Tampa Heights Junior Civic Association must maintain the required staff/child ratio.*
- *I will inform the Executive Director (Patrick Sneed) or Program Coordinator (DaQuavia Glover) if any changes in my child’s schedule occurs.*
- *In the event that your account is delinquent, your child will not be able to attend the program until the balance has been brought current.*
- *Parents receiving financial assistance are responsible for completing the updated and appropriate paperwork as requested to comply with County, State and Federal requirements. Please notify Tampa Heights Administration if any changes in job status, income, and family situation. Failure to do so may result in After School Care Assistance being terminated. If your assistance is terminated, you will be responsible for tuition payment and will need to provide your most recent W2 or your child’s Free and Reduce Lunch Form.*

WE CAN NOT ACCEPT CASH PAYMENTS. ALL PAYMENTS MUST BE IN THE FORM OF:

MONEY ORDER / CASH

I have read and understand every aspect of the preceding payment contract included in this application. My signature indicates that I completely understand the above statement.

Name of Parent/Guardian (please print)

Parent/Guardian Signature

Date: ___/___/___

Copies will be made for your personal files. For any comments or questions, please contact Patrick Sneed, Executive Director @ 813-293-6301 or email at sneed@thjca.org .

TUITION

Self-Pay (sliding scale/scholarship)

Parent/Guardian W2 Income: \$ _____

Parent/Guardian W2 Income: \$ _____

Yearly Amount: \$ _____

After School Fee Base:

Yearly Tuition: \$ _____

Mobley Park Fee: \$ _____

Summer Fee Base:

Summer Tuition: \$ _____

Mobley Park Fee: \$ _____

EXTENDED HOURS

The Tampa Heights Junior Civic Association is available for extended hours during school vacations, holidays and half days. **Pre-registration is required for all days where the program is open from 7:30am-5:30pm. If your child only attends during school vacations, holidays, and half-days there will be a \$40 per week per child charge, in addition to your annual Tampa Heights Junior Civic Association membership dues.** You must pay these after school fees in advance to guarantee space for your child and to make sure we have the proper child to staff ratio in place. Please note that if your child already attends the THJrCA program, the fees still must be paid in advance, it will not be added to your yearly bill. The Tampa Heights Junior Civic Association follows the school calendar for the Hillsborough County School District. If your child attends a Charter School, you must make arrangements for care for those days that Charter Schools remain open and we are closed due to the Hillsborough County School Schedule.

***YOU MUST PROVIDE YOUR CHILD WITH BREAKFAST AND LUNCH (Snack will be provided by the Program) ***

Rainy Day Policy: If Hillsborough County School District is closed because of inclement weather, for the safety of your family and our staff, the Tampa Heights Junior Civic Association will be closed as well. An announcement will be posted on your local news channels with all other community cancellations.

The Program reserves the right to not provide extended hours of program service if there are less than 10 children registered in advance.

THE TAMPA HEIGHTS JUNIOR CIVIC ASSOCIATION WILL BE OPEN ON THE FOLLOWING HOLIDAYS:

Non-Student Day	Monday, October 10 th 2016	7:30am – 5:30pm
Fall Break	Monday thru Wed, November 21 st – 23 rd	7:30am – 5:30pm
Winter Break	Monday thru Wed, December 19 th – 21 st	7:30am – 5:30pm
New Year’s Eve Break	Monday thru Wed, December 26 th – 28 th	7:30am – 5:30pm
Non-Student Day	Monday, Jan 2 th 2017	7:30am – 5:30pm
Non-Student Day	Monday, Feb 20 th 2017	7:30am – 5:30pm

THE TAMPA HEIGHTS JUNIOR CIVIC ASSOCIATION WILL BE CLOSED ON THE FOLLOWING HOLIDAYS:

Labor Day	Monday, September 5 th 2016	Closed
Columbus Day	Monday, October 10 th 2016	Closed
Veteran’s Day	Friday, November 11 th 2016	Closed
Thanksgiving	Thursday Nov.24 th to Friday, Nov. 25 th 2016	Closed
Christmas and New Year’s	Thurs- Fri, Dec. 22 nd – 23 rd 2016, and Dec 29 th -Dec 30 th 2017	Closed
MLK Day	Monday, Jan 16 th 2017	Closed
Fair Day	Friday, Feb 10 th 2017	Closed
Spring Break	Monday, March 13 th – 17 th 2017	Closed
Good Friday	Friday, April 14 th 2017	Closed