



After School Program

2024-2025

Directions: Please complete all sections of the application packet and attach required proof of eligibility.

Child's Name: _____ **DOB** _____ **Sex:** M or F (circle)

Address: _____ **City** _____ **FL** _____ **Zip** _____ **T-Shirt size** _____

Ethnic Group: 1) __ White/Caucasian __ 2) African American __ 3) Native American __ 4) Hispanic __ 5) Asian/Pacific __ 6) Multi-racial

School I.D. # _____ **School Name:** _____ **Social Security # (last 4)** _____

Eligibility Criteria (Attach proof): In order to be eligible for the VFE Afterschool Program, must provide at least one of the following documents (check one):

____ Current Report Card ____ IEP ____ SS# ____ Birth Certificate _ Verification household family ____
Photo ID/Parent Proof Free/Reduced Lunch _____ Step Up for Students, McKay Scholarship

Parent/Guardian/Foster parent/primary caregiver (completing the application):

Parent/Guardian/primary Care (please circle)	Employment	Education
Name _____	____ full time	____ Grade level completed
Address _____	____ part time	____ College level completed
Home Phone #: _____	____ temporary	____ Household
Cell Phone #: _____	____ retired	____ both parents ____ other
Employer: _____	____ homemaker	____ mother only
Work #: _____ DOB _____	____ unemployed	____ father only
Ethnic Group #: _____	____ other	____ relative ____ non-relative

Parent/Guardian Email Address: _____

Person to be contacted in case of illness, accident, emergency and authorized to remove child from the facility in the absences of a parent/guardian.

Name: _____ **Address** _____

Phone: _____ **Relationship:** _____

Physician Name: _____ **Phone:** _____



School Year

2024-2025

Parent Agreement

This agreement outlines the term and conditions between the Parent/Guardians of the children enrolled in the Vision for Excellence Program. All parents/guardians are required to adhere to the terms and conditions of this agreement.

Registration Fee:

\$60.00 weekly

Payment due on Mondays.

Attendance Policy:

- Parents/Guardians or authorized adults are required to pick up their child by 6:00pm every day **No exceptions**. Child must attend program for a minimum of 3.5 hours per day. **No exceptions** Excessive tardiness may subject your child to suspension, dismissal or ineligible to continue attending the program. Program Schedule and hours are **Monday through Friday 2: 30pm-6:00pm.**
- Parents/Guardians are required to attend a **mandatory** orientation meeting and attend any required conferences.
- Parents/Guardians are required to remain professional, respectful and communicate in a cordial manner toward staff, parents and all children. This applies during program hours; while on VFE property, during all VFE activities and special events. Profanity will not be tolerated.
- All adults other than parents requesting to remove a child from the program must be listed on the release authorization form and must provide valid identification. Children will not be released to individuals under the age of 18.
- Parents/Guardians must sign child out of program daily before removing them from the program.
- I agree that my child will attend the Afterschool program every day for the program duration (180 days). I agree that my child will not be absent and understand that if any child is absent, they will be withdrawn from the program.
- Parents/Guardians are responsible for updating student records and parent information when there are changes.
- Parents/Guardians must sign the application packet with a VFE Staff signing as the witness to your signature.
- I hereby acknowledge, understand and concur with this agreement. I am fully aware that if I fail to comply, it may result in my child being terminated from the program and ineligible to attend.





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Program Code of Conduct Policy

PARTICIPANT CODE OF CONDUCT:

- I. ALL STUDENTS REQUIRED TO ADHERE TO THE FOLLOWING
 - A. Respect all ADULTS and PARTICIPANTS
 - B. Respect others suggestions AND feelings
 - C. Listen and follow ALL Instructions directed by ALL staff
 - D. Participate in all learning activities
 - E. Report any incidents to THE STAFF immediately
 - F. Be honest at all times
 - G. Keep their environment and transportation vehicles neat & clean
 - H. Be a team player
 - I. Be a productive citizen
 - J. Have Fun
- II. GENERAL CONDUCT RULES:
 - A. Abide by all rules of program and directions given from staff.
 - B. Zero tolerance for fighting, tobacco products, alcohol or illegal substance.
 - C. No stealing
 - D. No foul language at any time.
 - E. No vandalism to property.
 - F. Appropriate clothing must be worn at all times.
 - G. Leaving the program facilities without approval is prohibited.
 - H. Remain sated and wear seat belt in vehicle at all times.
 - I. Do not place any items outside windows of vehicles.

NOTE: Depending on the severity of the offense, The Vision For Excellence Staff will use discretion on the level of disciplinary action that will be taken. All participants will be given the proper opportunity to correct their behavior before being suspended or terminated from the program. Participants must also adhere to the same code of conduct policies mandated by Duval County Public School.

- III. DISCIPLINE POLICY:
 - A. 1st Offense: Student will be counseled by Staff/Teacher
 - B. 2nd Offense: Student will be counseled by Program Manager with Parent(s)
 - C. 3rd Offense: Student will be dismissed from the Program

PARTICIPANTS WHO THREATEN OR ENDANGER THE SAFETY AND WELL –BEING OF OTHER PARTICIPANTS OR ADULTS WILL BE IMMEDIATELY TERMINATED FROM THE PROGRAM.

PARENT SIGNATURE

STUDENT SIGNATURE

DATE



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Child release Authorization Form

Parent(s) or Guardian (s) are required to list the names of individuals authorized to pick up their child at any given date or time if they are unable to do so during program hours.

Please inform each person you give authorization to provide a State or Government registered Photo ID at the time of pick up. Children will not be released to anyone unless they are an authorized Parent(s) or Guardian) A photo ID will be require.

Students will not be released to individuals less than 18 years of age (including relatives).

Child information

(Please Print)

Name: _____ Age: _____ Grade: _____

Parent(s)/Guardian(s) information

Name: _____ Emergency Contact #: _____

Person(s) authorized to remove child from program

Name	Relationship	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents/Guardians are responsible for providing the VFE personnel with updated information for children(s) files as needed.

Parent/Guardian Signature _____ Date _____



General Release of Liability:

In consideration of being allowed to participate in any of the VFE programs, related events and activities offered,

The undersigned agrees to the following:

I acknowledge and fully understand that each participant will be engaging in activities that may involve risk, or serious injury, including permanent disability and severe social and economic losses, which might result from their actions, in actions or negligence, and of others, the rules of play, the condition of the premises or of any equipment used. Additionally there may be risks not known to us or not reasonably foreseeable at this time. To the best of my knowledge, my son is physically fit to engage in all VFE activities. I understand that the Vision for Excellence, the State of Florida employees, Public Defender Office and their agents will exercise reasonable supervision while my daughter/Son is participating and activities by the Vision for Excellence Organization. Vision for Excellence organization, employees and agents harmless from any and all liability, personal injury or any loss of property which may exercising their duty of supervision while participating in the V.F.E. Program.

Authorization for Emergency Care:

In case of accident or serious illness, and the VFE program is unable to reach me, I hereby authorize the VFE program staff to contact the physician indicated on the application and to follow his/her instructor. If it is impossible to contact this physician, the V.F.E. may make arrangements necessary to provide care and treatment for my child.

In case of accident/serious illness where the immediate treatment of my child is not necessary, but he is unable to remain at V.F.E., the program personnel will contact me or arrange transportation for my child. If the V.F.E. is unable to reach me, I authorize them to contact one of the persons indicated on the enrollment form (as emergency contacts) and ask them to pick up and Transport my child home.

Administration of Medication & medical Release Statement.

A policy has been established in Duval County to govern the administration of medicine to students in the public schools. The Vision for Excellence Afterschool Program follows this policy. The policy states that before medicine can be administered, a statement with instructions from the physician concerning the medicine must be on file at the program. Directions taken from the prescriptions bottle or box will suffice. Only a written statement from the physician is acceptable. I waive any claims or liability that may result against any V.F.E. personnel relative to the administration of medication of my child.

Survey/Photo/Media Release:

I acknowledge and understand that publicity activities such as interview, photos, and videotaping and surveys may occur. I consent and permit my child, as a participant in the VFE programs and events, and to be photographed, videotaped, surveyed and/or interviewed for publicity activities.

I decline to have my child photographed, surveyed, interviewed or videotaped during VFE activities. _____

School Records Release Statement

I give my consent for my daughter/son's school records to be accessed by the Vision for Excellence personnel and through the Duval County School Student Information System (SMG) for the purpose of gathering data for analysis of program effectiveness. The data accumulated will be aggregated without identifying any individual child.

Field Trips permission Form

I give permission for my child _____ to participate in all V.F.E. scheduled field trips.

Do Your KIDS NEED COVERAGE? Yes! I _____ would like to know about affordable health coverage for my kids. Please contact me.

(By signing below, I acknowledge that I understand and agree to all of the above)