

APPLICATION MUST BE SUBMITTED WITH REQUIRED DOCUMENTATION



Wayman Community Development Corporation

Summer Learning Application

Wayman Community Development Corporation
1176 Labelle Street | Jacksonville | FL | 32218
Camp Contact: (904) 693-1170 | Fax: (904) 693-1127



KIDS HOPE ALLIANCE
The Jacksonville Partnership
for Children, Youth & Families

Application Date: _____

CHILDS PERSONAL DEMOGRAPHIC / INFORMATION:

Child's Name (First, MI, Last): _____ DOB: _____ Age: _____

Current School: _____ Current Grade: _____

Student ID: _____ Address/City/State/Zip: _____

Gender (M-Male; F-Female): _____ Home Phone: () _____ Grade: _____ Race: _____

Sibling's Name (First, Last): _____ Grade: _____ Age: _____

Child lives with: Both Parents Mother Father Grandparent(s) Other

Parent/Guardian Name (First, MI, Last): _____ Occupation: _____

Household Income: _____ Number in Household: _____ Marital Status: (S, M, D) _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____ Alternate Phone: _____

Email: _____ Email: _____

CHILD'S MEDICAL HISTORY:

Allergies: _____

Medications: _____

CHILD'S SCHOOL INFORMATION:

Last school attended: _____

Last grade completed: _____ Lunch program participant? Yes _____ No _____

Child's Name (Please print) Parent or Guardian Signature Date

*******Your Signature Is Required*******

General Release of Liability: In consideration of being allowed to participate in any way in the Summer Learning Program, related events and activities, 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 not only from their actions, inactions of negligence, but the action, inaction or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be risks not known to us or not reasonably foreseeable at this time. To the best of my knowledge, my daughter/son is physically fit to engage in the activity in question. I understand that Wayman Community Development Corporation, Duval County School Board and the Kids Hope Alliance and their employees and agents will exercise reasonable care while my daughter/son is in their custody and care engaging in activities through the Summer Learning Program. I agree to hold Wayman Community Development Corporation, Duval County School Board and the Kids Hope Alliance and its employees and agents harmless from any and all liability, which may arise while exercising their duty of care, relating to my daughter/son for personal injury or illness that may be suffered or any loss of property that may occur to my daughter/son while participating in the Summer Learning Program.

Administration of Medication & Medical Release Statement: In case of accident or serious illness, and the agency/program is unable to reach me, I hereby authorize the agency/program to contact the physician indicated on the application and to follow his/her instructions: If it is impossible to contact this physician, the agency may make whatever 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/she is unable to remain at the agency/program site, the agency/program will contact me or arrange transportation for my child. If the agency/program is unable to reach me, I authorize the agency/program to contact one of the persons indicated on the enrollment form and ask them to pick up and transport my child home.

Photo/Media Release: I acknowledge and understand that the publicity activities such as interviews, photos, and videotaping may occur. I consent and permit my child, as a participant in Summer Learning Program and events, to be photographed, videotaped, and/or interviewed for publicity activities. **YES** **NO**

Participant Data and School Records Release Statement: I give my consent for my son/daughter's participant data, care giver data and school data to be accessed by Wayman Community Development Corporation and Kids Hope Alliance through the Duval County Schools Student Information Management System (SIMS) and any other designated data system or its generated reports for the purpose of gathering data for analysis of program effectiveness. The data accumulated will be aggregated without identifying any individual child.

Survey Participation: I give my permission for my child to respond to surveys about participation in the after-school or summer camp program that are conducted by agencies including the Kids' Hope Alliance, affiliated community agencies, and the Florida Institute of Education at the university of North Florida. **YES** **NO**

Parent/Guardian is responsible for transportation of youth to and from Summer Sail Learning Program. YOUTH WILL NOT BE ALLOWED TO WALK HOME WITHOUT AN AUTHORIZED INDIVIDUAL AGE 18 OR OLDER IF THE PARENT IS NOT AVAILABLE AND MUST SHOW

IDENTIFICATION. SUMMER LEARNING PROGRAM youth participants must be picked up at the designated program end time. Failure to comply may result in youth being removed from the program.

(Application is not considered complete unless signed below to indicate agreement with all of the above.)

Child's Name

Parent or Guardian Signature

Date

**Kids Hope Alliance Summer Learning
with Wayman Community Development Corporation
EMERGENCY CONTACT INFORMATION FORM**

Student Name _____ Grade _____

*Parents/Guardian Name _____ Relationship _____

Contact Numbers _____ / _____ / _____
HOME CELL WORK

*Parents/Guardian Name _____ Relationship _____

Contact Numbers _____ / _____ / _____
HOME CELL WORK

Persons Authorized to Pick Up Students MUST BE 18 YEARS OF AGE! Picture I.D. REQUIRED! NO EXCEPTIONS!

Name	Contact Number	Relationship
1 st Contact		
2 nd Contact		
3 rd Contact		
4 th Contact		
5 th Contact		

Note to Parent(s)/Guardian(s): PLEASE NOTIFY US WHEN THERE IS A CHANGE IN PHONE NUMBERS OR IF YOU CAN NO LONGER BE REACHED AT THE NUMBER(S) LISTED.

Summer Learning program administered by Wayman Community Development Corporation, funded in part by Kids Hope Alliance (KHA) and in partnership with KHA and Duval County Public Schools(DCPS).

