



Empowered Youth of Columbus State University After School Program Enrollment Application



STUDENT INFORMATION

Name: _____ GTID #: _____
 (last) (first) Date of Birth: ____/____/____

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Race/Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Mixed <input type="checkbox"/> Other _____	Name of School _____ Elementary Grade: <input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th High School Grade: <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th
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Lives With:

☐ Both Parents ☐ Single Parent Mother/Father ☐ Grandparent(s) ☐ Foster Care
☐ Joint Custody ☐ Guardian ☐ Other _____

Name of other siblings in 3rd, 4th, and/or 5th grade: _____

Primary Language spoken at home: ☐ English ☐ Spanish ☐ Other: _____ Free/Reduced Lunch: ☐ Yes ☐ No

Regular attendance is required for acceptance into the after school program. This is not a "drop-in" program. Students are expected to attend ALL of the programming days and stay for the entire time. I understand that if my child misses 2 days consistently in 1 week, they may be removed from EYCSU's program due to lack of attendance. Students are expected to remain in programming from the time of your child's school dismissal to 5:30pm for elementary and until 6:30pm for high school.

Please list other afterschool activities your student attends that may conflict with the EYCSU regular programming schedule (school tutoring, clubs, sports, etc):

HOUSEHOLD INFORMATION

Parent/Guardian:

Last _____ First _____ Relationship _____

Address: _____

City: _____ Zip: _____ Primary Contact# _____ Secondary# _____

Email: _____ Emergency Contact [] _____ Authorized Pickup? [] _____

Parent/Guardian:

Last _____ First _____ Relationship _____

Address: _____

City: _____ Zip: _____ Primary Contact# _____ Secondary# _____

Email: _____ Emergency Contact [] _____ Authorized Pickup? [] _____

EYCSU Office Purposes

☐ Left message ☐ Voicemail Full ☐ Wrong #
☐ Yes Start Date: _____ ☐ No Reason: _____

School Official Comments

Site Location/School: _____

of Absences: _____ # of Tardies: _____

Behavior: _____

AUTHORIZED PICK UP / EMERGENCY CONTACTS

Please provide names of authorized persons to pick up your child. Your child will NOT be released to anyone not on this list.

Name: _____	Phone: _____	Relationship to child: _____
Name: _____	Phone: _____	Relationship to child: _____
Name: _____	Phone: _____	Relationship to child: _____

EMERGENCY / MEDICAL INFORMATION

Does your child have need any accommodations?

If yes, please explain: ☐ Yes ☐ No

Does your child have any medical restrictions/allergies?

If yes, please explain: ☐ Yes ☐ No

Is your child currently taking any

medication? If yes, please explain: ☐ Yes ☐ No

Does your child have any academic or behavioral issues?

If yes, please explain: ☐ Yes ☐ No

EDUCATIONAL INFORMATION

Are there areas of study you would like additional help for your child in?

☐ Math ☐ Reading ☐ Social Skills ☐ Other _____

IEP (Special Ed: Yes ☐ No ☐

Does your child have a 504 plan?: Yes ☐ No ☐

In case of an emergency:

- The parent/guardian will be contacted immediately. If the parent/guardian cannot be reached EYCSU personnel will use the emergency contact list to contact the parent/guardian.
- If no parent/guardian or contact can be reached immediately, 911 will be called and EYCSU personnel will follow emergency responder's instructions.

I state that I am the parent/guardian having legal or joint custody of this child and attest that the information is correct.

I authorize the EYCSU Program Director or the Director's designee to obtain emergency treatment for my child.

My child's participation in EYCSU depends on consistent attendance and adherence to behavior guidelines.

I understand that students participating in the program will be held to the Empowered Youth of Columbus State University and the Muscogee County School District's standards for behavior. Repeated disruptions or disrespect for others and/or their property may result in suspension or removal from the program. Any participant not in accordance with either attendance guidelines or behavior policies will be removed from the program.

Parent/Guardian Name: _____

(PLEASE PRINT)

Parent/Guardian Signature: _____

Date: _____

EYCSU 21st Century Community Learning Center (21st CCLC) After School Program

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

NAME OF PARTICIPANT: _____

Waiver: I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Board of Regents of the University System of Georgia by and on behalf of Columbus State University, the Muscogee County School District, and Empowered Youth of Columbus State University (EYC) (hereinafter, “Released Parties”), including their respective boards, administrators, employees, and agents for liability arising from any and all claims resulting in personal injuries, accidents or illnesses (including death), and property loss arising from participation in the EYCSU After School Program.

Assumption of Risks: I understand participation in the EYCSU Program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another and range from but are not limited to 1) minor and/or major physical injuries 2) viral infections 3) catastrophic injuries including paralysis and death.

Indemnification and Hold Harmless: I agree to indemnify and hold the Released Parties harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in the EYCSU Program and to reimburse them for any such expenses incurred.

Severability: I further expressly agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Transportation: CSU buses and vans will be used for transporting students for trips off site. I understand that these vehicles may not have seat belts. I agree that, even if the vehicles have seat belts, the Released Parties are not responsible for the proper use of such seat belts. I understand that transportation involves an inherent risk of physical injury. I understand and agree that the Released Parties are not responsible for property that is lost, stolen, or damaged while participating in the EYCSU Program.

Photo/Video Release: I give permission to the EYCSU Program to take videos/pictures that may include my child and might be used in publications (e.g. newspaper, newsletters, program websites, social media).

Survey Participation: I give permission for my child to participate in surveys for program evaluation and planning purposes.

Acknowledgment of Understanding: I have carefully read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend this agreement, by my signature, to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian Name: _____

(PLEASE PRINT)

Parent/Guardian Signature: _____

Date: _____

Empowered Youth of Columbus State University

RELEASE OF RECORDS

I give permission to the Muscogee County School District to release all educational records, including GTID number, grades, attendance, test scores, and discipline information to the Empowered Youth of Columbus State University Program Manager to provide additional academic assistance and monitoring the progress being made. I further give permission for the exchange of information between my child's assigned school, the Muscogee County School District, Empowered Youth of Columbus State University. When providing data for external program evaluation and outcome reporting, only identification numbers will be used to classify students.

I understand that all results will be kept confidential.

My agreement with this parent/guardian consent form will remain in effect for the current school year. I understand that my child will receive no compensation for this release and that I can revoke this right at any time in writing.

Student Name: _____ **GTID #:** _____

Date of Birth: ____/____/____ **School:** _____ **Grade:** _____

Parent/Guardian Name: _____

(PLEASE PRINT)

Parent/Guardian Signature: _____ **Date:** _____

