

# GIFFORD YOUTH ACHIEVEMENT CENTER

4875 43<sup>rd</sup> Avenue  
Vero Beach, FL 32967  
(772) 794-1005

## 2021-2022 After School Education Program Application

**Confidentiality:** Any confidential information requested is for our records and for the funding GYAC receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

### Student Information *(Please Print)*

<b>First Name:</b> <input type="text"/>	<b>Middle Name:</b> <input type="text"/>	<b>Last Name:</b> <input type="text"/>
<b>Nick Name:</b> <input type="text"/>	<b>Birth Date:</b> <input type="text"/>	<b>Social Security Number:</b> <input type="text"/>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Ethnicity:</b> <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi Racial <input type="checkbox"/> Chinese <input type="checkbox"/> Other	
<b>School:</b> <input type="text"/>	<b>Grade:</b> <input type="text"/>	

### Parent/Guardian *(Please Print)*

<b>First Name:</b> <input type="text"/>	<b>Last Name:</b> <input type="text"/>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Address:</b> <input type="text"/> <input type="text"/>		<b>Address Type:</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
<b>(City)</b> <input type="text"/>	<b>(State)</b> <input type="text"/>	<b>(Zip Code)</b> <input type="text"/>
<b>Phone Number:</b> <input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<b>Email:</b> <input type="text"/>
<input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	May we send you emails about upcoming events and notices? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Employer:</b> <input type="text"/>	<b>Occupation:</b> <input type="text"/>	

### Required: Family Setting:

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Mother Only	<input type="checkbox"/> Guardian(s)	
<input type="checkbox"/> Group Home	<input type="checkbox"/> Father Only	
<input type="checkbox"/> Parent/Stepparent		
<input type="checkbox"/> Number in Household		

### Household Type

<input type="checkbox"/> Apartment
<input type="checkbox"/> Single Family Dwelling
<input type="checkbox"/> Group Home
<input type="checkbox"/> Foster Home
<input type="checkbox"/> Other

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**After School Education Program Application**

**Pick Up Information** (Please Print)

**Two people authorized to pick up student -**

<b>1). First Name:</b> <input type="text"/>	<b>Last Name:</b> <input type="text"/>	<b>2). First Name:</b> <input type="text"/>	<b>Last Name:</b> <input type="text"/>
<input type="text"/>	___ Home ___ Work ___ Cell	<input type="text"/>	___ Home ___ Work ___ Cell
Telephone # ___ Parent ___ Guardian		Telephone # ___ Parent ___ Guardian	

**Member Medical Information** (Please Print) **VERY IMPORTANT – PLEASE COMPLETE**

<b>Medications</b>	<b>Medical Problems/Allergies/Disabilities:</b>
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**Does your child have an IEP with the School District? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**If yes, please provide a copy to the Center.**

Is there any other information concerning your child, including health or living situation that you feel we should know?

Yes No (please circle) Yes, explain: \_\_\_\_\_

Are there any factors that you are aware of that will prevent/affect your child’s ability to participate in the daily activities of the program? Yes No (please circle) Yes, explain: \_\_\_\_\_

**\*\*\*Required for tracking purposes**

**\*\*\*** Check all that apply:

___ TANF
___ Food Stamps
___ Medicaid
___ SSI
___ Free Lunch
___ SSDI
___ Reduced Lunch

**\*\*\*** Family Income

___ Less than \$15,000
___ \$15,000 - \$19,000
___ \$19,001 - \$25,000
___ \$25,001 - \$30,000
___ \$30,001 - \$35,000
___ \$35,001 - \$40,000
___ \$40,001 - \$45,000
___ \$45,001 - \$50,000
___ Over \$50,001

**Student T-shirt Size**

___ Youth Small
___ Youth Medium
___ Youth Large
___ Adult Small
___ Adult Medium
___ Adult Large
___ Adult X-Large

**Interest of your child:** (Check all that apply)

___ Arts & Crafts	___ Golf
___ Baseball	___ Music
___ Basketball	___ Swimming
___ Drama/Dance	___ Tennis

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**2021-2022 After School Education Program Application  
PARENTAL RELEASE FORM**

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_ **Grade:** \_\_\_\_ **Sex:** \_\_\_\_  
First Middle Last

**Print Parent/Guardian Name:** \_\_\_\_\_

1. **Medical Release Permit:** I authorize the Gifford Youth Achievement Center to obtain any emergency care that may become reasonably necessary in the course of the event or incidental to such event for my child. I also agree that the expenses for such transportation and treatment shall not be borne by the Gifford Youth Achievement Center or their employees.

YES  NO

\_\_\_\_\_

Signature

2. **Marketing Release:** I hereby give specific permission for the Gifford Youth Achievement Center to use any pictures, videotaping, photographs, or statements made by the undersigned, in any brochures, catalogues, advertisements, television broadcasts, audio presentations, or any other printed, audio, or televised material for which it is the author or caused to have printed or produced of my child. This statement shall be construed as a specific release of any and all liability from the Gifford Youth Achievement Center for the use or publication of any pictures, televised episodes, audio recordings, photographs, or statements in which I am depicted.

YES  NO

\_\_\_\_\_

Signature

3. **Transportation Release:** I hereby give specific permission for the Gifford Youth Achievement Center to provide to my child appropriate transportation to and from GYAC functions, events, classes, or outings. Appropriate transportation shall be defined by the Executive Director of GYAC, when such need arises. This statement shall be construed as a release of any and all liabilities of the Gifford Youth Achievement Center and their employees, board, or representatives for any harm, injury, or accident incurred while participating in such an event.

YES  NO

\_\_\_\_\_

Signature

4. **Guidance and Counseling:** I hereby give specific permission for the Gifford Youth Achievement Center to provide my child appropriate guidance and advisement by members of the Guidance staff. This statement shall be construed as a release of any and all liabilities of the Gifford Youth Achievement Center and their employees, board, or representatives for any harm, injury, or accident incurred while participating in such an event.

YES  NO

\_\_\_\_\_

Signature





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<b>OFFICE USE ONLY</b>	
<b>2021-2022</b>	
Child's Name: _____	
<small>PRINT</small>	
Grade: _____	Sex: _____

Dear Parent/Guardian,

The Gifford Youth Achievement Center (GYAC) has an **open-door policy for all children**. That is, GYAC offers a drop-off program with a variety of scheduled activities. Children can come and go as they please based on this policy. We are counting on you to inform your child of your wishes. We are not a child/daycare program; therefore, GYAC will not be held responsible or liable for any member leaving the facility.

**Open Door Policy Acknowledgement and Permission Slip**

The Gifford Youth Achievement Center (GYAC) is not a licensed day care provider as defined by the State of Florida and operates under an ***open door policy***, which means that members can come and go as he/she desires.

To carry through with your desires for your child, we are willing to attempt to monitor whether your child leaves the GYAC campus. We have created this permission slip to help us know which children are expected to stay at GYAC and which ones have permission to come and go as they desire.

By signifying **"YES"** on this permission slip, you are stating that your child has permission to come and go to GYAC as they desire. You are also stating that you understand that your child is not being supervised during his/her time away from GYAC.

By signing **"NO"** to this permission slip, you are stating that you do not want your child to leave GYAC until you pick them up. You are stating that your child will stay at GYAC because of your desire that they do as you have requested. You also understand that we cannot be held liable if your child does leave without your permission.

*We will attempt to notify you if your child leaves without permission.*

**YES**, my child \_\_\_\_\_ has permission to come and go to GYAC as he/she desires.

**NO**, my child \_\_\_\_\_ does not have my permission to come and go to GYAC as he/she desires.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



GIFFORD YOUTH ACHIEVEMENT CENTER

**Gifford Youth Achievement Center, Inc.**  
**Assumption of the Risk and Waiver of Liability**  
**Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Gifford Youth Achievement Center, Inc. (GYAC) has put in place preventative measures to reduce the spread of COVID-19; however, GYAC **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending GYAC could increase** your risk and your child(ren)'s risk of contracting COVID-19.

.....  
 By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending GYAC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at GYAC may result from the actions, omissions, or negligence of myself and others, including but not limited to, GYAC employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at GYAC or participation in GYAC programming. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless GYAC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of GYAC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any GYAC program.

<b>Signature of Parent/Guardian</b>	<b>Date</b>
<b>Name of Parent/Guardian</b>	<b>Name of GYAC Participant(s)</b>