



**PINE JOG ENVIRONMENTAL EDUCATION CENTER**

**College of Education**

6301 Summit Blvd.

West Palm Beach, FL 33415-0991

tel: 561.656.5430

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www.pinejog.fau.edu

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**AFTERSCHOOL REGISTRATION FORM 2016-2017**

**\*\*One per child\*\***

**A \$40 fee per child is due at time of student registration.**

|  |     |  |               |
|--|-----|--|---------------|
| 2016 - 2017 GRADE                                    |     | STUDENT LEGAL NAME (last, first, middle) |               |
| STUDENT ALSO KNOWN AS                                | SEX | AGE                                      | DATE OF BIRTH |
| LOCAL ADDRESS (Street number, City, State, Zip Code) |     |  |               |

**PARENT INFORMATION**

|  |                    |                     |                          |
|--|--------------------|---------------------|--------------------------|
| PARENT OR LEGAL GUARDIAN (first, middle initial, last) |                    | PLACE OF EMPLOYMENT |                          |
| HOME ADDRESS ( street number, city, state, zip code)   |                    |                     |                          |
| HOME TELEPHONE   | BUSINESS TELEPHONE | CELL NUMBER         | EMAIL ADDRESS (Required) |
| PARENT OR LEGAL GUARDIAN (first, middle initial, last) |                    | PLACE OF EMPLOYMENT |                          |
| HOME ADDRESS ( street number, city, state, zip code)   |                    |                     |                          |
| HOME TELEPHONE   | BUSINESS TELEPHONE | CELL NUMBER         | EMAIL ADDRESS (Required) |

1. At which phone number(s) can we best reach you during Afterschool hours? \_\_\_\_\_

2. Indicate with whom the child lives (check only one):

Both Parents     Mother     Father     Other \_\_\_\_\_

3. Person responsible for payments of fees:

Both Parents     Mother     Father     Other \_\_\_\_\_

**4. IMPORTANT, EVERYONE MUST ANSWER THIS QUESTION:**

A. Is there a visitation or other Florida court order barring the parent from removing the student during the Afterschool Program?  YES  NO    If yes, **PLEASE PROVIDE A COPY OF THE FLORIDA COURT ORDER.**

B. Parents have shared parental responsibility.    Yes  No

STUDENT LEGAL NAME (LAST, FIRST, MIDDLE)

5. Provide the name(s) of person(s), other than the parent, allowed to pick up the student.

| NAME (last, first, middle initial) | RELATION TO STUDENT | TELEPHONE | CELL NUMBER |
|------------------------------------|---------------------|-----------|-------------|
|                                    |                     |           |             |
|                                    |                     |           |             |
|                                    |                     |           |             |
|                                    |                     |           |             |

6. Please provide a password to be used for picking up the student.

(Limited to 10 characters)

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**HEALTH INFORMATION**

1. Does your child currently have health insurance?  Yes  No

If yes, check your child's health insurance plan:  Medicaid  Healthy Kids / Kids Care  Private

2. Does the student have any allergies?  Yes  No If yes, please specify allergy:

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3. List student's illnesses, behavior issues, medications or physical limitations. (Required)

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4. Medication(s) student currently takes \_\_\_\_\_

5. Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

6. In case of emergency, I \_\_\_\_\_, give permission to have my child treated at Palms West Hospital for serious illness or injury.

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**Parental Consent for Release of Student's Photograph Information**

I hereby give permission for F.A.U/Pine Jog Afterschool Program, to use my child's photograph, video image, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, weight and height as a member of an athletic team, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in publications or in school or District-approved news media interview, articles and photographs. I understand that without my signature, my child's name and photograph cannot and will not be included in any publications or presentations.

\_\_\_\_\_

SIGNATURE OF PARENT / GUARDIAN

STUDENTS LEGAL NAME (LAST, FIRST, MIDDLE)

### Health Medical

I hereby understand and agree that my child's medical records or other medical information that I provide to F.A.U/ Pine Jog Afterschool Program, and treatment records or other medical records created by health care personnel at the school, will be shared with school officials who have a legitimate educational purpose for accessing such medical records and information.

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SIGNATURE OF PARENT / GUARDIAN

### School Information

I understand and agree that the information necessary for the supervision and care of my child provided to the school will be shared with school officials who have a legitimate educational purpose for accessing such medical records and information.

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SIGNATURE OF PARENT / GUARDIAN

### Verification of Student Registration Information

I verify that the information given on this student registration is true and accurate to the best of my knowledge. Registration is not valid without a verification signature and date. My signature indicates agreement to accept policies and procedures established by the Pine Jog Afterschool Program.

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SIGNATURE OF PARENT / GUARDIAN

### Refunds Policies

A \$40.00 non-refundable registration fee per child is due at registration.  
No refunds are provided for absences, vacations, or withdrawals from the Afterschool Program.

**\*\*\*NO EXCEPTIONS MADE\*\*\***

I understand and agree with the non-refundable policies.

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SIGNATURE OF PARENT / GUARDIAN



## Parent Permission Form

**There will be no reimbursements or credits for absences, withdrawals or vacations.**

**Please sign and return with Registration Form**

Student's Name: \_\_\_\_\_

### NSF POLICY

If a check is returned because of insufficient funds, we will need payment in the form of cash or money order to replace the check plus a service charge. Future payments must be made in cash, or money order.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### FIELD TRIP RELEASE NOTIFICATION

Parent/Guardian may not drop off students at field trips sites and children will not be released at field trip locations without prior approval.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### SPORTS/ACTIVITY PERMISSION

I hereby give permission for my child/children to participate in sports and activities offered through FAU Pine Jog Afterschool Program. I release the program and staff from any responsibility due to injury.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**MOVIES**

During the course of Afterschool, we will show a variety of movies to our students. Some selected may be PG Rated. Your Signature gives permission for your child's participation.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***Neither the program nor staff is responsible for any personal property that is lost or stolen.***



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## STUDENT'S CODE OF CONDUCT – FAU PINE JOG AFTERSCHOOL PROGRAM

The staff of the FAU Pine Jog Afterschool Program is committed to providing a safe and enjoyable experience for your child. However, students are also responsible to assist in these efforts. **PARENTS ARE RESPONSIBLE TO MAKE SURE THEIR CHILD UNDERSTANDS THE GUIDELINES BELOW. You must review this CODE OF CONDUCT!**

### BEHAVIOR

1. Students must respect each other.
2. Students will not tease each other for any reason.
3. Students must respect others and their property. Students will refrain from touching others in any harmful or inappropriate way.
4. Students will not use foul language.
5. Students will follow directions the first time they are given. Most of our directions are for the safety of the students and second chances may be too late.
6. Students must listen to their instructor or visiting instructor.
7. Students must respect and protect school property.

### SAFETY

8. Students must wear closed-toe/closed-heel shoes at all times.
9. Students must utilize the buddy system when traveling through the school facility.
10. Students must pay attention to their surroundings and use care in all activities.
11. Students will adhere to all safety rules and regulations given for each activity he/she participates in while in the Afterschool Program.



**GENERAL**

- 12. Students are expected to wear appropriate clothing.
- 13. Students must inform staff if they are experiencing a problem with another student or other issue. If we are not informed about a problem we cannot stop the problem or assist the student.
- 14. We expect all students to have FUN in the Afterschool Program but not at the expense of others.
- 15. Students may find that the Afterschool experience offered by the FAU Pine Afterschool Program is not for them. Discussing this with staff is better than complaining about their situation with other students.
- 16. Violation of the **CODE OF CONDUCT** can be grounds for automatic dismissal.  
Refunds are not given when a student is dismissed for violation of the code of conduct.

I have read the above **AFTERSCHOOL'S CODE OF CONDUCT**. I agree to adhere to all of the above to ensure that my Afterschool experience as well as other students in attendance at the FAU Pine Jog Afterschool Program is a positive one. **I understand that failure to adhere to these rules may result in my dismissal from the program.**

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

I understand and certify that my child's participation in the FAU Pine Jog Afterschool Program and its activities is completely voluntary. I have familiarized myself with the Afterschool Program and the activities in which my child will be participating. I recognize and have instructed my child in the importance of knowing and abiding by the students' **CODE OF CONDUCT** for safety of all students participants.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_