

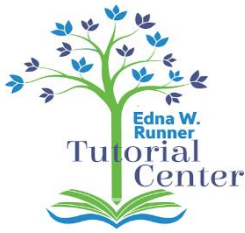
Edna W. Runner Tutorial Center
West Jupiter Community Group, Inc.
7187 Church Street, Jupiter, FL 33458
Tel. ~ 561 745-0950 Fax ~ 561 745-0260

NEW ENROLLMENT APPLICATION

We **MUST** have copies of the following documentation along with your application.

- Doctor's Medication Form *(If applicable)*
- Dietary/Milk Restrictions Form *(If applicable)*

All applications are considered on a first come, first served basis.



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DATE: _____ **School Attending:** _____

CHILD INFO.

Last Name: _____ First Name: _____

Date of Birth: _____ Grade: _____ Sex: M _____ F _____

Email Address (REQUIRED) _____

Hispanic/Latino: Yes _____ No _____ Race: White Black Asian US Indian/Alaskan Hawaiian/Pacific (circle one)

PARENT/GUARDIAN #1 INFO.

Last Name: _____ First Name: _____

Date of Birth: ____/____/____ Gender: Male ___ Female ___

Address: _____

Mailing address if different: _____

Home #: _____ Cell #: _____ Work#: _____

Employer name: _____

Marital status: Married Divorced Single Widowed (circle one)

Language preference: English Spanish Creole Other _____ (circle one)

PARENT/GUARDIAN #2 INFO.

Last Name: _____ First Name: _____

Date of Birth: ____/____/____ Gender: Male ___ Female ___

Address: _____

Mailing address if different: _____

Home #: _____ Cell #: _____ Work#: _____

Marital status: Married Divorced Single Widowed (circle one)

Language preference: English Spanish Creole Other _____ (circle one)

Employer name: _____



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MEDICAL

Child's allergies – Food & other: _____
(please write **NONE** - if not applicable)

Medications child is taking; _____

Child's Physician: _____ Phone: _____

Special Needs: Yes: ___ No: ___ If yes, please describe: _____

EMERGENCY CONTACTS

MUST LIST 3 CONTACTS

(OTHER than parents/guardians listed on the first page)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

AUTHORIZATION TO PICK-UP

OTHER than those listed

Persons listed below WILL be permitted to pick up your child & they must be 18 or older

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

OTHER FAMILY MEMBERS LIVING IN SAME HOUSEHOLD

First Name: _____ Last Name: _____ Relationship to child: _____

First Name: _____ Last Name: _____ Relationship to child: _____

First Name: _____ Last Name: _____ Relationship to child: _____

First Name: _____ Last Name: _____ Relationship to child: _____



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FIELD TRIP/EMERGENCY MEDICAL TREATMENT PERMISSION FORM

(This permission form covers ALL summer camp field trips and activities)

The participant, parent or legal guardian of a minor participant, agrees to indemnify, defend, and save harmless West Jupiter Community Group, Inc. (WJCG) from any, and all, injuries, property damage, and other claims, liabilities, losses, and causes of action which may arise from participation in this program or from emergency medical care, and further agrees to not hold WJCG liable for any injuries that may occur as a result of participation in said program.

Permission is hereby granted for _____
(Full Name of Camper)

to participate in the summer activities of West Jupiter Community Group, Inc. programs, including community outings, and authorization is hereby given for *emergency medical care* of said participant.

Signature: _____ Date: _____

My relationship to this child is:

Mother Father Guardian Other _____

Home Number: _____ / _____

Cell Numbers: _____ / _____

Work Numbers: _____ / _____

Dr. Name and Phone: _____ / _____



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**PERMISSION FOR TRANSPORTATION
BY WEST JUPITER COMMUNITY GROUP, INC.**

Print Full Name of child

Date

I, _____, hereby give permission for my
Print name of Parent/Guardian

child, named above, to be transported to and from off-site activities and field trips by staff members of the West Jupiter Community Group, Inc. in the organization's vans and/or any vehicles they may rent/utilize for transportation purposes.

By signing below I agree to release, and hold harmless, the staff members, and the West Jupiter Community Group, Inc. from any liability in the transportation of my student.

Signature of Parent/Guardian

Date



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PARTICIPANT RELEASE FORM

I hereby authorize the West Jupiter Community Group, Inc., (WJCG), a not-for-profit organization, and/or the funders, its assignees, as well as, licensees to the following without compensation:

To record the likeness, voice, name, appearance, interview, or performance on videotape, audio tape, film, or any other media (otherwise considered the "Recording") of my child;

Print Full Name of Child

To record my child's, as well as my own, likeness, voice, name, appearance, interview or performance on videotape, audio tape, film, or any other media (otherwise considered the "Recording"); to use the Recording or segments of the Recording in all television including, but not limited to, broadcast, non-broadcast, commercial, non-commercial, national and international distribution, free, pay, cable, subscription, non-theatrical, DVD, home video media, and all other television formats, audio cassettes, video cassettes, transcripts, internet, and all other media, and by all means whether now known, or hereafter created, in perpetuity throughout the world.

I hereby acknowledge and agree that the Recording is the sole property of the West Jupiter Community Group, Inc., and/or the funders, its licensees, or assignees, and that the West Jupiter Community Group, Inc. and/or funders shall retain all right, title and interest in and to the video recording.

I hereby declare this release to be irrevocable and I expressly release the West Jupiter Community Group, Inc., and/or the funders, its licensees, affiliates, and assignees from any, and all, claims arising out of the use of the Recording or the breach of any representation or warranty I have made herein. I represent, and warrant that I have the right to enter into this release, and that my appearance and the rights I have granted hereunder will not conflict with or violate any commitment or understanding I have to or with any other person or entity.

BY: _____

Signature of Parent/Guardian

Print Name of Parent/Guardian

DATE: _____

PLEASE KEEP

ALL

DOCUMENTS

AFTER

THIS

PAGE



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NON-DISCRIMINATION STATEMENT / EQUAL OPPORTUNITY POLICY

West Jupiter Community Group, Inc. is an equal opportunity employer. All employment activities will be conducted in a manner to assure equal opportunity for all and will be based solely on the individual merit and fitness of applicants, candidates and/or employees without regard to race, color, religion, creed, gender, age, national origin, pregnancy, disability or veteran's status. **(Be sure to check your state and local government for additional areas of protection, which may include sexual orientation/preference, marital status, and/or smoking.)**

Further, West Jupiter Community Group, Inc. is an equal opportunity service provider and will provide its services to children and/or their family without regard to the child or family's race, color, creed, religion, gender, age, national origin, pregnancy, disability or veteran's status. **(Again, be sure to check your state and local government for additional areas of protection, which may include sexual orientation/preference, marital status, and/or smoking.)**

Any employee who acts in a discriminatory manner towards any person will be subject to disciplinary action, up to, and including termination. This includes overt acts of discrimination through speech, writing, or behavior, as well as, acts of indifference, failure to acknowledge another person, and/or failure to act in a professional manner towards another person.

Employees hired for positions where the primary responsibility is direct childcare must be [18] years of age in accordance with the regulations established by the Palm Beach County Health Department.



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Client Grievance Policy and Procedures

It is the policy of the WEST JUPITER COMMUNITY GROUP, INC. to provide all clients and those seeking services with a copy of the Client Grievance Policy and Procedures and an opportunity to file a grievance. If you choose to file a grievance, you are assured that no adverse repercussions will occur to you in any future interaction with the WEST JUPITER COMMUNITY GROUP, INC. A grievance may be filed for the following reasons:

- **You feel that you were improperly denied services.**
- **You feel that the services were not effective.**

You, or someone you ask to help you, should put your grievance in writing and submit it on a Client Grievance Form, which you will find attached. If you are unable to write the complaint yourself and cannot find anyone to help you, you may submit it orally or on a cassette tape or ask the WEST JUPITER COMMUNITY GROUP, INC. to provide you with assistance in submitting your complaint. If you choose not to use the Grievance Form, please make sure that you have included the same information that is asked for on the form. All timelines may be extended by mutual agreement.

To file a complaint with the WEST JUPITER COMMUNITY GROUP, INC., please follow the steps below:

STEP 1

As soon as possible following the event with which you disagree, put your complaint in writing and direct it to the attention of the Executive Director. He/she has 15 days from the time the WEST JUPITER COMMUNITY GROUP, INC. receives your complaint, in which to provide you a written decision.

STEP 2

If you are not satisfied with the decision of the Executive Director and you want that decision reviewed, you must within 15 days request a paper review of the Executive Director's decision by the Grievance Committee of the Board of Directors or request a meeting in person. The request shall be submitted to the Executive Director who will forward it to the President of the Board of Directors. The President of the Board will appoint a Grievance Committee to review your complaint. The decision of the Executive Director will be overturned only upon a showing that there was an abuse of discretion. The President of the Board of Directors shall send the decision of the Grievance Committee to you in writing as soon as possible, but no later than 45 days after the WEST JUPITER COMMUNITY GROUP, INC. receives your request for a review. The decision shall be final.



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Client Grievance Form

Please complete all sections that apply to your complaint and return to the West Jupiter Community Group to the attention of the Executive Director.

1. I requested the following help:

2. I was told that West Jupiter Community Group could not provide me the help that I requested.

Date _____ I disagree with that decision for the following reasons:

3. I am unhappy with the services that I am now receiving, or received, because:

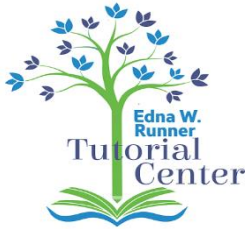
Name: _____

Address: _____

Telephone: _____ / _____

Signature: _____

Date: _____



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Behavior Guidelines

NO TOLERANCE POLICY

1. Possession of a Weapon
2. Threatening Staff/Student with Bodily Injury
3. Possession of Illegal Substances
4. Possession of Fireworks/Explosives

PENALTY

Immediate removal & expulsion from
West Jupiter Community Group, Inc.

MAJOR OFFENSES/ANY PHYSICAL VIOLANCE

1. Damage to Property
2. Hitting (including open hand or closed fist)
3. Kicking
4. Shoving
5. Throwing Things
6. Verbal threatening/Bullying
7. Stealing/Theft

PENALTY

1st occurrence- 1 Day Suspension
2nd Occurrence- 3 Day Suspension
3rd Occurrence- 5 Day Suspension
4th Occurrence- Permanent Expulsion

MINOR OFFENSES

1. Disrespecting Staff, Violence
2. Verbally inciting a fight
3. Spitting

PENALTY

1st- Occurrence- Conference with Parent
2nd Occurrence- 1 Day Suspension
3rd Occurrence- 3 Day Suspension
4th Occurrence- Expulsion from the Program



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BEHAVIOR REPORT

GENERAL INFORMATION			
Last Name:	First:	Grade:	Time of Incident:
Date of Incident:	Title of Reporter:	Number of Offenses: <input type="checkbox"/> ① <input type="checkbox"/> ② <input type="checkbox"/> ③	
Report Prepared by:	Location of Infraction:		
REASON FOR REFERRAL (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Unacceptable Language	<input type="checkbox"/> Refusal to Follow Directions or Instructions/Insubordination		
<input type="checkbox"/> Disruptive Behavior/Bullying	<input type="checkbox"/> Disruption in : Cafeteria/on Field Trip/Classroom/Hallway/Restroom/Outside		
<input type="checkbox"/> Fighting	<input type="checkbox"/> Sexual Misconduct		
<input type="checkbox"/> Disrespect to Center Official	<input type="checkbox"/> Walking Away From Group/Not Being With Counselor		
<input type="checkbox"/> Damage to Center Property	<input type="checkbox"/> Caught Stealing/Theft		
<input type="checkbox"/> Damage to Personal Property	<input type="checkbox"/> Other		
Description of Incident:			

PRIOR ACTION(S) TAKEN			
<input type="checkbox"/> Child was spoken to one on one: Date(S) _____	<input type="checkbox"/> Verbal Warning: Date(S) _____		
<input type="checkbox"/> Thinking Time: How long? _____	<input type="checkbox"/> Missed activity. What activity? _____		
<input type="checkbox"/> Other Action(S) _____			
ADMINISTRATIVE ACTIONS			
<input type="checkbox"/> Consultation with Student in Office			<input type="checkbox"/> Warning Issued
<input type="checkbox"/> Parent Conference	<input type="checkbox"/> Parent Called	<input type="checkbox"/> Copy of Report	
<input type="checkbox"/> External Suspension	<input type="checkbox"/> No. of Days:	Dates(s): _____	
<input type="checkbox"/> Internal Suspension	<input type="checkbox"/> No. of Days:	Dates(s): _____	
<input type="checkbox"/> Other Action (Explain):			
STAFF SIGNATURE:		DATE:	
ADMINISTRATOR SIGNATURE:		DATE:	
WITNESS SIGNATURE:		DATE:	
PARENT/GUARDIAN SIGNATURE:		DATE:	