



**E-mail: 3impactsa@gmail.com
712 N. 7th Street, Fort Pierce FL 34950
(772) 242-1581**

Confidentiality: Any confidential information requested is for our record and for the funding GEBCC "IMPACT SCHOOL OF THE ARTS" "Impact School of the Arts" receive. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Please complete the application.

1st Student Info

Last Name _____ First Name _____ Sex: _____

Birth date ____/____/____ Current Grade (circle one) Pre-K K 1st 2nd 3rd 4th 5th

2nd Student Info

Last Name _____ First Name _____ Sex: _____

Birth date ____/____/____ Current Grade (circle one) Pre-K K 1st 2nd 3rd 4th 5th

3rd Student Info

Last Name _____ First Name _____ Sex: _____

Birth date ____/____/____ Current Grade (circle one) Pre-K K 1st 2nd 3rd 4th 5th - Male/Female

Parent/Guardian Info

1st Parent/Guardian Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell# _____

Occupation _____ Parent's E-mail: _____

2nd Parent/Guardian Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____ Occupation _____

Parent's E-mail: _____

Family Setting: (student live with...)

<input type="checkbox"/> Both Parent	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Apartment
<input type="checkbox"/> Mother Only	<input type="checkbox"/> Guardian(s)	<input type="checkbox"/> Group Home	<input type="checkbox"/> Single Family Dwelling
<input type="checkbox"/> Father Only	<input type="checkbox"/> Parent/Step Parent		<input type="checkbox"/> Group Home
<input type="checkbox"/> Number in Household			<input type="checkbox"/> Foster Home
			<input type="checkbox"/> Other

Pick Up Information (Please Print)

Name two people authorized to pick up student:

Name: _____ Cellular _____ Home _____

Name: _____ Cellular _____ Home _____

NOTE: Please share any information concerning your child, including health or living situation that you feel we should know.

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 If yes, please explain: _____

Member Medical Information (Print) VERY IMPORTANT – PLEASE COMPLETE

Medications:	Medical Problems/Allergies/Disabilities:

Insurance Carrier and Policy Number:

How did you hear about "Impact School of the Arts"?

Student T-shirt Size

- ☐ Youth Small
- ☐ Youth Medium
- ☐ Youth Large
- ☐ Adult Small
- ☐ Adult Medium
- ☐ Adult Large
- ☐ Adult X-Large

Interest of your child: (Chick all that apply)

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Music |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Drama/Dance | <input type="checkbox"/> Tennis |



PARENTAL RELEASE FORM

Student Name: _____ **Age:** _____ **Grade:** _____ **Sex:** _____
First Middle Last

Print Parent/Guardian Name: _____ **Date:** _____

1. **Medical Release Permit:** I authorize Impact School of the Arts to obtain any emergency care that may become reasonably necessary during 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 Impact School of the Arts or their employees.
_____ YES _____ NO _____
Initials
2. **Marketing Release:** I hereby give specific permission for Impact School of the Arts 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 all liability from the Impact School of the Arts, for the use or publication of any pictures, televised episodes, audio recordings, photographs, or statements in which I am depicted.
_____ YES _____ NO _____
Initials
3. **Transportation Release:** I hereby give specific permission for the Impact School of the Arts to provide to my child appropriate transportation to and from Impact School of the Arts functions, events, classes, or outings. Appropriate transportation shall be defined by the Executive Director of Impact School of the Arts, when such need arises. This statement shall be construed as a release of any or all liabilities of Impact School of the Arts and their employees, board members, or representatives for any harm, injury, or accident incurred while participating in events.
_____ YES _____ NO _____
Initials
4. **Guidance and Counseling:** I hereby give specific permission for IMPACT SCHOOL OF THE ARTS to provide my child appropriate guidance and advisement by members of the appointed staff at GRACE EBCC. This statement shall be construed as a release of all liabilities of the IMPACT SCHOOL OF THE ARTS and their employees, board, or representatives for any harm, injury, or accident incurred while participating in such events.
_____ YES _____ NO _____
Initials
5. **Disciplinary Policy:** By initialing below, I hereby confirm that I have received a copy of Impact School of the Arts discipline policy and will ensure my child understand the expectations of the information therein. If my child violates the policy set aside to ensure his/her safety, and any suspensions or removal from the program is deemed necessary, I understand no refund will be given for disciplinary absentees.
_____ YES _____ NO _____
Initials

Parent Signature: _____ **Date:** _____



PARENTAL AGREEMENT

OFFICE USE ONLY

Child's Name: _____

Print

Grade _____ Sex _____

Student Name: _____ Age: _____ Grade: _____ Sex: _____
First Middle Last

Impact School of the Arts is committed to providing programs and activities that will build a foundation for students to be successful. Our After-School Education Program provides homework assistance, mentoring tutoring, and instruction in the areas of making good choices, goal setting, character development, communication skills, and anti-bullying workshops in addition to cultural and recreational activities. We have a Counselor available on-site to discuss issues that may be impacting your child's academic success. Enrollment in this program is limited and only those parents and children willing to commit to and continue abiding by Impact School of the Arts rules and regulations will be allowed to continue their participation.

To ensure your child's success at Impact School of the Arts, we must have Your commitment. Remember, we are in partnership with the parents and without your support, we cannot achieve our common goal of success for your students.

TERMS OF AGREEMENT:(initial where indicated):

1. **ATTENDANCE:** My child will attend school on a regular basis. I understand that three (3) consecutive days will not be allowed without prior arrangements being made or a doctor's note/release for the student not to return until a specified date. _____ (initials)
2. **ABSENCES:** If my child is absent, a written explanation must be submitted within 2 days to be excused. I understand that my child can be withdrawn from the school for excessive absences without the proper documentation turned in. _____ (initials)
3. **DISCIPLINE:** I agree that if my child displays disciplinary problems, defiant attitudes, disruptive behavior, fighting, cussing, or other aggressive behavior, Impact School of the Arts reserves the right to suspend and/or dismiss my child for such behavior. _____ (initials)
4. **SCHOOL RECORDS:** I agree to complete and sign the School's Release **or Transfer of Student Information Release Form** which allows Impact School of the Arts to collect my child's grades, attendance, standardized test scores and discipline records, needed from grants, funding and tracking purposes. _____ (initials)
5. **CELL PHONES/ELECTRONIC DEVICES:** Students are NOT allowed to use cell phone devices during school hours. Cell phones must be powered off and stowed away prior to entering the building as they can be a disruption to the classroom environment. Impact School of the Arts is NOT responsible should these items be lost or stolen. _____ (initials)
6. **LATE PICK-UP FEE:** I agree to pay \$14 for the first hour of after-care starting at 3:30pm if my child is not picked up. _____ (initials)
7. A new application and enrollment fee will be required if your child must re-enroll into the school. _____ (initials)

I hereby consent for my child to participate in the Impact School of the Arts educational programs, and I agree to release and discharge the Impact School of the Arts' agents and employees from all liability, claims, damages, suits, judgments, settlements, involving personal injury and property damage resulting from or arising during school programs.

Parent/Guardian Signature: _____ Date: _____

Print/Guardian Name: _____ Date: _____



Dear Parent/Guardian,

We are counting on you as the parent/guardian to have a relationship with your child whereby your child respects your wishes and will stay at the school for the hours that you say so.

Again, we maintain an **open-door policy for all children**. It is understood that with parent’s selection below, she/he agrees that their child(ren) may come and go as they desire. Therefore, Impact School of the Arts will not be held responsible or liable for any member leaving the facility with signed permission.

Open Door Policy Acknowledgement and Permission Slip

GRACE Education & Community Center (GRACE EBCC) is not a licensed day care provider as defined by the State of Florida and operates under and **open-door policy**, which means that members can come and go as he/she desires. The Center will not be held responsible or liable for any member leaving the facility.

We have created this permission slip to help us know which children are expected to stay at IMPACT SCHOOL OF THE ARTS and which ones have permission to come and go as their parent desire.

By signifying **“YES”** on this permission slip, you are stating that your child has permission to come and go, at will to and from Impact School of the Arts with your permission. You are also stating that you understand that your child is not being supervised during his/her time away from Impact School of the Arts.

By signifying **“NO”** on this permission slip, you are stating that your child does not have permission to come and go, at will to or from Impact School of the Arts without your permission. This means your child will remain at the school until you pick him/her up. 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 my permission to come and go at will here at
Impact School of the Arts.

NO, my child _____ does not have permission to come and go at will
here at Impact School of the Arts.