



Education & Business Community Center Summer Program

E-mail: graceeducationcenter@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 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 and return it with the application fee listed below.

1st Student Info

Last Name _____ First Name _____

Birth date ____/____/____ Current Grade (circle one) K 1st 2nd 3rd 4th 5th 6th 7th 8th Other _____

2nd Student Info

Last Name _____ First Name _____

Birth date ____/____/____ Current Grade (circle one) K 1st 2nd 3rd 4th 5th 6th 7th 8th Other _____

3rd Student Info

Last Name _____ First Name _____

Birth date ____/____/____ Current Grade (circle one) K 1st 2nd 3rd 4th 5th 6th 7th 8th Other _____

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: _____

Custodial Parent (campers live with...) ☐ Mother Only ☐ Father Only ☐ Both Parents ☐ 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 (circle one) If yes, please explain: _____

Member Medical Information (Print) VERY IMPORTANT – PLEASE COMPLETE

Medications: 	Medical Problems/Allergies/Disabilities:
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Insurance Carrier and Policy Number:

How did you hear about GRACE Education & Business Community Center?

*****Required for tracking/scholarship purposes*****

Check all that apply:

- ☐ TANF
- ☐ Food Stamps
- ☐ Medicaid
- ☐ SSI
- ☐ Free Lunch
- ☐ SSDI
- ☐ Reduced Lunch

Family Income:

- ☐ Less than \$15,000
- ☐ \$15,001 - \$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 |



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PARENTAL RELEASE FORM

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

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

1. **Medical Release Permit:** I authorize GRACE Education & Business Community Center (GRACE EBCC) 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 GRACE EBCC or their employees.
_____ YES _____ NO _____
Initials
2. **Marketing Release:** I hereby give specific permission for GRACE EBCC 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 GRACE EBCC, 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 GRACE EBCC to provide to my child appropriate transportation to and from GRACE EBCC functions, events, classes, or outings. Appropriate transportation shall be defined by the Executive Director of GRACE EBCC, when such need arises. This statement shall be construed as a release of any or all liabilities of GRACE EBCC 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 GRACE EBCC 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 during all liabilities of the GRACE EBCC 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 Grace EBCC 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:** _____



Education & Business Community Center Summer Program

PARENTAL AGREEMENT

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

GRACE EBCC 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 GRACE EBCC's rules and regulations will be allowed to continue their participation.

To ensure your child's success at GRACE EBCC, we must have Your commitment. After-school/Summer fees are based on income, so every parent can afford to receive assistance. We use a sliding scale to keep the fees low and serve as many children as possible. Therefore, in exchange for the low cost to attend the afterschool program, you must agree to all the terms listed and complete an application prior to your child being enrolled in the program.

TERMS OF AGREEMENT:(initial where indicated):

1. FEES: I agree to pay fees in advance of services being rendered. Non-refundable registration fee of (\$40 Summer Camp) due at the time the application, and first week fee for summer camp is due 1 week prior to the start of the program. _____ (initials)
2. ATTENDANCE: My child will attend the after-school program a minimum of three (3) days each week and should not be picked up prior to 5:30 p.m. All fees are calculated by the week, not by the days in attendance. You may choose one of the two plans offered for services. _____ (initials)
3. ABSENCES: If my child is participating in extra-curricular activities, sick, traveling, etc. and is unable to attend the required three days per week, I will submit a written explanation to Management. I understand that my child can be terminated from the program if their absence from the after-school/summer program is for an extended period AND a new enrollment fee will be required to re-enroll my child. _____ (initials)
4. DISCIPLINE: I agree that if my child displays disciplinary problems, non-participatory attitudes, or disruptive behavior, that GRACE EBCC reserves the right to suspend and/or dismiss my child from the program. _____ (initials)
5. SCHOOL RECORDS: I agree to complete and sign the School District's **Release or Transfer of Student Information Release Form** which allows GRACE EBCC to collect my child's grades, attendance, standardized test scores and discipline records, needed from grants, funding and tracking purposes. _____ (initials)
6. **CELL PHONES/ELECTRONIC DEVICES:** Students are encouraged NOT to bring cell phones/electronic devices and are NOT permitted to use them while GRACE EBCC. Cell phones must be powered off and stowed away prior to entering the building as they can be a disruption to the after-school/summer program. GRACE EBCC is NOT responsible should these items be lost or stolen. _____ (initials)
7. **LATE PICK-UP FEE:** I agree to pay \$5 if my child is not picked up by **5:30/6 PM** and **\$10** if not up by **5:45/6:15 PM**. I further understand that my child will be turned over to **local authorities** if they have not been picked up by someone on the pick-up permission form by **6:30 PM**. _____ (initials)
8. **TERMINATION:** If I fail to uphold the terms of this agreement, my child **will be terminated** from the after-school/summer program. A new application and enrollment fee will be required to re-enroll my child. _____ (initials)

I hereby consent for my child to participant in the GRACE EBCC After-School/Summer Education Program and I agree to release and discharge the GRACE EBCC, it's officers, agents and employees, exercising reasonable care within their scope of employment, from all liability, claims, damages, suits, judgments, settlements, involving personal injury and property damage resulting from or arising about the After-School/Summer Program.

Parent/Guardian Signature: _____ Date: _____

Print/Guardian Name: _____ Date: _____



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Dear Parent/Guardian,

GRACE Education & Community Center (GRACE EBCC) has an **open-door policy** for all children. That is, GRACE EBCC offers a drop off program with a variety of scheduled activities to choose from. For your child's utmost enjoyment, we suggest that you plan your child's visits around the scheduled activities offered throughout the day.

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 Center for the hours that you say so.

Again, we maintain an **open-door policy for all children**. It is understood and agreed that all children may come and go as they desire. We are not a child/day care program; therefore, GRACE EBCC will not be held responsible or liable for any member leaving the facility.

OFFICE USE ONLY

Child's Name:

Print

Grade _____ Sex _____

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.

In order to carry through with your desires for your child's visit to GRACE EBCC, we are willing to attempt to monitor whether your child leaves the GRACE EBCC site. We have created this permission slip to help us know which children are expected to stay at GRACE EBCC 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 GRACE EBCC as they desire; no questions asked. You are also stating that you understand that your child is not being supervised during his/her time away from GRACE EBCC.

By signifying "NO" on this permission slip, you are stating that you do not want your child to leave GRACE EBCC until you pick them up. You are stating that your child will stay at GRACE EBCC because you say so, not because we do. You are also stating that if your child tries to leave, you understand that we will encourage your child to stay, but we cannot force him/her to stay. 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 to GRACE EBCC as he/she desires.

☐ NO, my child _____ does not have permission to come and go to GRACE EBCC as he/she desires.