

City of Hialeah Education & Community Services Department
Young Leaders with Character Academic Achievers Program



Program Handbook/ Student Checklist

This handbook contains pertinent information about the Young Leaders with Character Academic Achievers Program offered through the Hialeah's Education and Community Services Department. Please use this checklist to ensure that you have received and have submitted all necessary documentation for registration.

Upon registering a child, the parent will receive a registration packet which includes:

- Registration Forms
- Program Handbook including:
 - Program Information
 - Policies and Procedures, Including Attendance and Discipline Policies
 - Site Information
- MDCPS Department of Records Management Student Records Release Authorization Form
- ECS Sharing Information Form
- 21st CCLC Student Demographic Form

Parents must submit the following documents in order to complete a child's registration process.
(Check off items below.)

- _____ Registration Forms
- _____ Copy of Birth Certificate or Passport
- _____ Current photo of child
- _____ Proof of Residency-Utility Bill
- _____ Copy of Report Card or Letter Stating Student School and Student ID Number
- _____ Copy of acceptance letter from JMMA or HEA
- _____ Completed MDCPS Student Records Request Form
- _____ Completed ECS Student Records Request Form
- _____ Completed 21st CCLC Student Demographic Form
- _____ Completed Walk Home Form (if applicable)

Please sign below to complete upon registration.

Child's Name: _____ Site: _____

I, _____, have received the Young Leaders with Character Academic Achievers Parent Handbook and have submitted all required information.

Parent/ Guardian's Signature: _____ Date: _____

Name of Staff Registering Student: _____ Date: _____

Camp Director Signature of Approval: _____ Date: _____

* No student can begin the program if they have missing and/or have incomplete paperwork.

** Staff must take completed file to camp director for approval before student can begin program.



ATTACH
CURRENT
PHOTO
of
CHILD

Afterschool Program 2018-2019

SITE INFORMATION

- Hialeah Educational Academy 2590 W 76th Street
- Jose Marti Mast Academy 5701 W 24th Avenue

CHILD'S INFORMATION

ECS STAFF: Registration Date _____

First Name: _____ Last Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Date of Birth: _____ Age: _____ Gender: M / F

Child's Race: American Indian/Alaskan Asian Black/African-American
 Pacific Islander White Other, please specify _____

Child's Ethnicity: Hispanic Haitian Other, please specify _____

Is Child Proficient in English? Yes No

Additional/Other Language(s) Spoken at home: Spanish Haitian-Creole Other _____

Child's Social Security # _____ No SSN Prefer not to give SSN

MDCPS Student ID # _____ No MDCPS ID **Child's Grade (as of 2018-19):** _____

Child's Current School: _____

ECS STAFF Verified Proof of Grade and School (Report Card, Letter from School, Other)

FAMILY INFORMATION

Mother / Legal Guardian email: _____

Name: _____ Home Phone: _____

Address: _____ Cell / Work Phone: _____

Father / Legal Guardian Contact email: _____

Name: _____ Home Phone: _____

Address: _____ Cell / Work Phone: _____

Email: _____

Emergency Contact Person (If Parents / Guardian cannot be reached, please list emergency contacts.)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PERSON (S) AUTHORIZED TO PICK-UP CHILD FROM THE PROGRAM (Other than Parent / Guardian)

1. _____ 2. _____ 3. _____

Phone: _____ Phone: _____ Phone: _____

YOUR CHILD WILL NOT BE RELEASED TO ANY PERSON NOT LISTED HEREIN.

In case of an emergency, at least one parent, guardian or designated emergency contact person needs to be available to respond to the site within 15 minutes. Responding party should be authorized to make an emergency medical decision on behalf of the child.

MEDICAL INFORMATION

Does your child have health insurance (ex., private insurance, KidCare, Medicaid)? Yes No

Does your child have any allergies (ex., food, medicine)? Yes No

If yes, please explain _____

Does your child have any medical conditions or a disability? Yes No

If yes, please explain and check the appropriated boxes _____

If yes, how would you best classify the type(s)? (check all that apply):

- Autism Spectrum Disorders
- Chronic Medical Condition (diabetes, severe asthma, seizures, epilepsy)
- Developmental Delay
- Emotional and/or Behavioral Disorder (ADD / ADHD / OCD / PTSD)
- Hearing Impairment (or deaf)
- Intellectual Disability (or mental retardation)
- Learning Disability
- Physical Disability
- Speech/Language Impairment
- Visual Impairment (or blind)
- Other Disability _____

Note: If "asthma" is circled under Chronic Medical Condition, please check: Acute or Seasonal Allergies

Does your child have a documented disability? Yes No

If yes, do you have (check all that apply):

- an Individualized Education Plan (IEP) from school system
- a medical diagnosis from a doctor
- disclosure by parent/guardian describing the child's specific condition and/or need for accommodation(s)
- a diagnosis from a state certified / licensed professional (ex. Psychologist)
- a Section 504 Plan
- other documentation _____

TRANSPORTATION

- I authorize the City of Hialeah to transport the participant to and from program/events/field trips sponsored and/or approved by the After-School Program.
- I do not authorize the City of Hialeah to transport the participant to and from program/events/field trips sponsored and/or approved by the After-School Program.

REQUEST FOR A MINOR TO PARTICIPATE IN PROGRAMS/EVENTS SPONSORED/APPROVED BY THE CITY OF HIALEAH AND HOLD HARMLESS AGREEMENT

PARTICIPATION: I hereby give permission for the participant named on this form to participate in the After-School Program, "Young Leaders with Character" provided by the City of Hialeah, from _____ to _____. The Afterschool Program includes, but not limited to, literacy programs, fitness, cultural arts, social development, indoor/outdoor games, crafts, fieldtrips and special events. My permission shall be effective upon signing this Request/Hold Harmless Agreement. I have instructed the participant to obey, at all times, all instructions, orders and commands given by the authorized representatives of the City of Hialeah or its designees. I further give permission for the participant to be filmed and/or photographed in such program/event for use in publicizing the program/event.

RELEASE OF ALL CLAIMS: The undersigned, individually and on behalf of the participant, releases, covenants not to sue and forever discharges the City of Hialeah, its Officers, Agents, Employees, Counselors, Volunteers and their successors and assigns (all of whom constitute the released parties) of all liabilities, claims, actions, damages, costs or expenses, that the participant may have against the released parties arising out of, or in any way connected with participation in the program/event sponsored/approved by the City of Hialeah, including travel to and from such program/event, and including injury or damage to person or property, or resulting in death of the participant, whether caused by the NEGLIGENCE of the released parties or otherwise.

CONSENT TO TREATMENT: I authorize such physician or medical staff as the City of Hialeah may designate, to carry out any minor medical treatment deemed necessary, or to take my child to the emergency room of the nearest hospital for treatment, if necessary. I understand that, in order to provide necessary medical treatment to my child, there may be an exchange or disclosure of confidential/protected health information between the City of Hialeah and medical providers. I authorize the City of Hialeah to exchange or disclose my child's confidential/protected health information with such medical providers, as well as with 21st Century Community Learning Centers. I further understand that the City of Hialeah shall protect my child's confidential/protected health information and comply with all applicable federal and state laws by not disclosing such information to any third party who does not have a need to know such information.

I, the undersigned, am the parent/guardian of the above-specified minor child. I have read and fully understand the provisions of the above Request/Hold Harmless Agreement and have explained them to said minor. I hereby agree that the said minor and I will be bound thereby.

Under penalties of perjury, I declare that I have read the foregoing Request/Hold Harmless Agreement and that the facts stated in it are true.

I have fully completed the registration form and I have been provided the Program Handbook and a written program disciplinary policy by the ECS Department. I also give my permission for this information to be submitted to 21st Century Community Learning Centers Program for program monitoring and evaluation purposes.

Parent/Legal Guardian Signature _____

Date _____

TO BE COMPLETED BY ECS STAFF

Verified By: _____ Date: _____ Proof of Address: _____ Enrollment Date: _____
PRINT NAME DOCUMENTATION PROVIDED



The City of Hialeah's Young Leaders with Character Academic Achievers out of school programs are funded by the 21st Century Community Learning Centers Grant with support from the City of Hialeah





Miami-Dade County Public Schools

Permission for Release of Records and/or Information From Records

Student's Name: _____ DOB: _____

Records to be released: [Please check appropriate item(s)].

<input type="checkbox"/> Psychological Report	<input checked="" type="checkbox"/> Test Scores	<input type="checkbox"/> Attendance Information
<input checked="" type="checkbox"/> Grades	<input type="checkbox"/> Health/Medical Records	<input type="checkbox"/> Other (Specify) _____

The record(s) indicated above is/are to be released to:

Agency City of Hialeah Contact Person Sarah Rodriguez

Address 7400 West 24th Avenue, Hialeah, FL 33016

The purpose for this release is: Report required information from the 21st CCLC program.

I hereby grant permission for the release of the above record(s) and this release is to be in effect until July 2019
_____ (Date).

Signature of Parent or Eligible Student (Date)

School/Agency Releasing/Requesting Records

Signature of Authorized Personnel

Title (Date)

Miami-Dade County Public Schools is subject to the Family Educational Rights and Privacy Act of 1974 Codified at 20 U.S.C. §1232 g. Therefore, all documents contained in a student's educational records, except those specifically waived, are accessible to the parents or eligible student.

Personally identifiable information may be transferred to a third party only on the condition that it will not be released to any other parties without obtaining the consent of the parent or eligible student.

A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL

City of Hialeah Education & Community Services Department
Young Leaders with Character Academic Achievers Program



School Sharing Information Agreement
August 2018-June 2019

Dear Young Leaders with Character Academic Achievers Program Parent,

The Young Leaders with Character Academic Achievers Program funded by the 21st Century Community Learning Centers is dedicated to providing all students in the program with the experiences to enhance their education. To evaluate our program we ask your permission to allow your child's school to share information with the YLC-AA program. Data from student records will include but are not limited to attendance records, student grades, standardized tests scores, and disciplinary reports. This sharing of information is beneficial twofold: 1) it will establish an effective plan of communication between the program and the school where your child attends and 2) it will assist the program in determining in what areas your child will need additional support and tutoring.

Once again, thank you for your involvement in and commitment to this exciting and rewarding experience for your child.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Rodriguez".

Sarah Rodriguez
YLC-AA Project Director

I understand and agree in allowing the sharing of my child's information (not limited to attendance records, student grades, standardized tests scores, and disciplinary reports) from their school with the Young Leaders with Character Academic Achievers 21st Century Community Learning Center Program.

Parent or Guardian signature _____ Date _____

Afterschool Site Location _____

Child's School Location _____

* At least one signature is required to complete the registration process

Original: YLC-AA Program
cc: Child's school



Student Demographic Worksheet
Program Year 2018-2019



Site Name: Hialeah Educational Academy Jose Marti MAST Academy

First Name:

Last Name:

Date of Birth:

Student Identification Number:

This is the number used by your school district to report data to the Florida Department of Education. If you are uncertain whether you have the correct number, contact your District Data Entry (MIS) office.

What school does this student attend?

What is the gender of this student?
 Female Male

What is the student's grade level (6, 7, 8, 9, 10, 11, 12)?
*Child's grade level as of 2018-2019

How old is this student (use WHOLE numbers only to denote years)?

What is this student's Racial/Ethnic Group (check all that apply)?

- American Indian/ Alaska Native
- Asian/ Pacific Islander
- Black or African American
- Hispanic or Latino
- White or Caucasian American

Has this student been identified as having limited English proficiency (LEP/ESOL)?
 Yes No

Has this student been identified with a special need or disability other than LEP/ESOL (i.e., ESE)?
 Yes No

Is this student identified as "Homeless" according to the district definitions?
 Yes No

Is this student ELIGIBLE for the free or reduced meal program?
 Yes No

Does this student come from a single parent family?
 No Yes (Female Headed) Yes (Male Headed)

Parent Self-Disclosure

I, _____, parent / legal guardian of _____ hereby disclose the following information / condition of my child.

Does your child have any **allergies** (ex., food, medicine)? Yes No

If yes, please explain _____

Does your child have a **documented medical condition** or a **disability**? Yes No

If yes, please explain and check the appropriated boxes _____

If yes, how would you best classify the type(s)? (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Chronic Medical Condition
(diabetes, severe asthma, seizures, epilepsy) | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Emotional and/or Behavioral Disorder
(ADD / ADHD / OCD / PTSD) | <input type="checkbox"/> Visual Impairment (or blind) |
| <input type="checkbox"/> Hearing Impairment (or deaf) | <input type="checkbox"/> Other Disability _____ |
| <input type="checkbox"/> Intellectual Disability (or MR) | |

Note: If "asthma" is circled under Chronic Medical Condition, please check: Acute or Seasonal Allergies

If yes, do you have (check all that apply):

- Individualized Education Plan (IEP) from MDCPS
- Section 504 Plan
- a medical diagnosis (from a doctor)
- a diagnosis from a state certified / licensed professional (ex. psychologist)
- disclosure by parent/guardian describing the child's specific condition and/or need for accommodation(s)

Helpful Information About Child:

Parent Signature

Date

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