



Eligibility Pre-Assessment/Questionnaire



Once your parents have completed a registration form you will eventually go through an intake process with the Success Coach to confirm eligibility for the program. Students can attend the program until such time.

1. Do you think you will benefit from having a YMCA Success Coach (during the day and after school) to help you be successful e.g. help with time management, study skills, goal setting, researching colleges and careers, help you address challenges with persons in your life, work through academic challenges, stay on track for graduation, help with transition to high school, etc.?	YES	NO
2. Will you be able and willing to attend the YMCA's after-school program at least twice per week throughout the year? Program runs Sept 1st – June 8th , Monday –Wednesday for two hours?	YES	NO
3. Do you need additional help in any subject? If yes, which subject? _____	YES	NO
4. Do you have no attachment to the school e.g. no friends, no trusted teacher or adult school staff, little to no extra-curricular activities and clubs etc.?	YES	NO
5. Do you need to recover any credits? If so will you be willing to continue attending the YMCA's after school program at least twice per week, after recovering the credits.	YES	NO
6. Were there any disciplinary actions taken against you in the past year or two?	YES	NO
_____	_____	_____
Student Print Name		Student Identification Number
_____	_____	_____
Parent Print Name	Parent's Signature	Date



**9th and 10th Grade
LEAP HIGH REGISTRATION
FORM SEPTEMBER 2021-2022**



SCHOOL NAME: _____


PRIMARY COMPONENT: _____

Place an X in blank space to indicate a choice

Participant Information (PLEASE PRINT INFORMATION)						
Last Name	First Name	Middle Name	Student ID	Gender		
				___ Male ___ Female		
Street Address		City	State	Zip	Email	
Birth Date (mm/dd/yyyy)	Age	Grade	Country of Birth and last 4 digits of Social Security #			SS#
___/___/___			___ United States ___ Other: _____			___
Parent / Legal Guardian Information						
Full Name of Mother/Legal Guardian			Full name of Father/Legal Guardian			
Street Address (if different from participant)			Street Address (if different from participant)			
City	State	Zip	City	State	Zip	
	Florida			Florida		
Home Phone	Mobile Phone		Home Phone	Mobile Phone		
Email:				Email:		
Are there any custody issues? ___ Yes ___ No <i>If yes, please provide documentation to the YMCA of South Florida office.</i>						

Emergency Contact / Pick-Up Authorization			
In the event that a parent/guardian cannot be reached in an emergency situation, the following individuals are provided consent for emergency contact and authorized participant pick up.			
Contact Name	Relation	Phone Number	Phone Number
1.			
2.			
3.			
Individuals NOT AUTHORIZED for pick up/participant contact:			
1.	2.	3.	
Student Dismissal			
The YMCA of South Florida LEAP High program dismisses students at times specific to site location. All locations follow sign out processes for students. Once a student signs out from program, they are no longer the responsibility of the YMCA of South Florida LEAP High program and its affiliates.			
Upon signing out from program, my son/daughter will:			
___ Walk home ___ Be picked up ___ Ride the bus			

Place an X in blank space to indicate a choice

Eligibility		
Please indicate one or more factors:		
<p><input type="checkbox"/> Youth who are reading below grade level</p> <p><input type="checkbox"/> Youth who are in need of course Credit Recovery services</p> <p><input type="checkbox"/> Youth with school documentation of behavioral problems</p> <p><input type="checkbox"/> Youth who have little or no attachment to school</p>		
The demographic information gathered herein is solely used for statistical purposes on behalf of the YMCA of South Florida and its funders. Student information is kept confidential.		
Household arrangement	Household income	Free or Reduced Lunch
<input type="checkbox"/> Single parent	<input type="checkbox"/> 0-9,999 <input type="checkbox"/> 40,000-49,999	<input type="checkbox"/> Yes
<input type="checkbox"/> Both parents	<input type="checkbox"/> 10,000-19,999 <input type="checkbox"/> 50,000-69,999	<input type="checkbox"/> No
<input type="checkbox"/> Other arrangement	<input type="checkbox"/> 20,000-29,999 <input type="checkbox"/> 70,000-99,999	
Number in Household: <input type="text"/>	<input type="checkbox"/> 30,000-39,999 <input type="checkbox"/> 100,000-over	
Ethnicity		
<input type="checkbox"/> Yes, Spanish/Hispanic/Latino		
<input type="checkbox"/> No, Not Spanish/Hispanic/Latino		
Language Spoken	Race	Cultural Influence
<input type="checkbox"/> Bilingual Creole / English	<input type="checkbox"/> African American/Black	<input type="checkbox"/> American
<input type="checkbox"/> Bilingual Spanish / English	<input type="checkbox"/> Asian	<input type="checkbox"/> British
<input type="checkbox"/> Creole	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Central/South American-Hispanic
<input type="checkbox"/> English	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Cuban
<input type="checkbox"/> Spanish	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> German
<input type="checkbox"/>	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Haitian
		<input type="checkbox"/> Italian
		<input type="checkbox"/> Puerto Rican
		<input type="checkbox"/> West Indian
		<input type="checkbox"/> Other (specify): _____
		<input type="checkbox"/>
		<input type="checkbox"/>
Medical Information		
Name of Insurance Carrier and Plan Name		Family Physician
<input type="text"/>		<input type="text"/>
Carrier Phone	Insurance ID number	Physician Contact Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
 Please list ADA Accommodations needed		Has the participant ever been diagnosed with or received treatment, attention, or advice from a physician for:
<input type="text"/>		<input type="checkbox"/> Allergies
<input type="text"/>		<input type="checkbox"/> Asthma
<input type="text"/>		<input type="checkbox"/> Diabetes
<input type="text"/>		<input type="checkbox"/> Epilepsy/Seizures
<input type="text"/>		<input type="checkbox"/> Serious headache/Migraine
<input type="text"/>		<input type="checkbox"/> Other (specify): _____
Please explain any medical issues stated above with treatment, attention, or advice from a physician		
Community Resources		
Please indicate if you would like more information about:		
<input type="checkbox"/> Food and Nutritional Assistance (EBT Program, WIC, Pantries)		
<input type="checkbox"/> Health Insurance (Medicaid, Florida Kid Care)		
<input type="checkbox"/> Employment (Workforce One, Job Fairs, Career Counseling)		
<input type="checkbox"/> Counseling Services		
<input type="checkbox"/> Financial Assistance/Financial Literacy		
<input type="checkbox"/> Child Care Resource and Referrals		



LEAP HIGH PROGRAM REGISTRATION
2021-2022



Agreement and Release of Liability

I give my child(ren) permission to participate in the YMCA of South Florida activities. In consideration of being permitted to utilize the facilities, services and programs of the YMCA of South Florida for any purpose including, but not limited to, observation or use of the facilities or equipment or participation in any off-site programs affiliated with the YMCA of South Florida, the undersigned for himself, herself, and any personal representatives, executors and administrators, WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE the YMCA of South Florida, their directors, officers, employers, and their agents for any and all injuries and other damages which he/she may suffer in connection with his/her participation in the program or any other activities.

Medical Attention: Should the YMCA of South Florida be unable to reach me or the person(s) designated, the YMCA of South Florida is authorized to administer first aid and/or contact my physician and/or arrange for immediate medical treatment to ensure the health and safety of my child(ren). I accept responsibility for payment of medical services rendered.

Photo Release: I grant the YMCA of South Florida permission to use photographs and videotapes taken of my child(ren) for the YMCA of South Florida publication purposes.

Transportation and Field Trips: I give my child(ren) permission to participate in the YMCA of South Florida events and field trips. I understand that the YMCA of South Florida may provide transportation to and from scheduled field trips. Parent/Guardian will be informed of all planned events.

Custody: Decisions regarding who is authorized to pick up a participant will be governed by the information listed on page 1 of this document.

Behavior Policy: I understand that the YMCA of South Florida will follow the same behavior policies as the School Board of Broward County and that my child is held to these same standards.

Shared Information: In order to continue funding programs like this one, Children's Services Council of Broward County ("CSC") conducts research to see how participants do while in the program, as well as after they leave the program. In addition to outcome data collected from participants in their program, CSC research staff may give participants additional surveys and assessments. CSC may also collect information on participants after they complete the program. The information collected after participants leave the program will come from county and state public health databases like Department of Health. The information participants provide will not be used to identify them. CSC has created many safeguards to protect participants' privacy and to prevent unauthorized use or access to it. CSC is not allowed to release any of participants' personal information (Open Government Sunset Review Act; Section 119.15, F.S.). I give permission for my child's information to be used for statistical purposes.

I have read this form, agreed to all of the afore-mentioned and grant permission for my child to participate in all activities provided by the YMCA of South Florida.

Student Print Name

Student Identification Number

Parent Print Name

Parent's Signature

Date

EXHIBIT B

Informed Consent Process Authorizing Release of The School Board of Broward County Data

CSC-funded YMCA LEAP High Program shall provide all parents/guardians or youth 18 years of age or older enrolled in their program with the following written statement that must be signed, retained by the Provider, and verified in CSC'S Services Activities Management Information System (SAMIS):

The program operated by The Young Men's Christian Association, Inc. (YMCA), that your child participates in is funded by the Children's Services Council of Broward County (CSC). The CSC uses data from The School Board of Broward County (SBBC) to research and evaluate the success of the YMCA at serving your child. To use SBBC data, the SBBC requires parents/guardians or students 18 years of age or older to read and sign the information below.

The School Board of Broward County Informed Consent

The SBBC shares data with the CSC, for the purposes of: (1) enrolling students into CSC programs; (2) researching and evaluating the effectiveness of CSC programs at improving student's school performance, behavior, attendance, graduation rates, and their transition to career pathways; and, (3) care coordination purposes. The shared education records include: students' first and last names; student SBBC identification number; race; gender; disability; home language; country of origin; eligibility for free and reduced lunch; English proficiency; Florida student identification number; home address; attendance; schedule; grades; test scores; promotion status; risk assessment data; Career Technical Education credential attainment; suspensions and/or expulsions.

The education records listed above will be disclosed by SBBC to the CSC and to the Young Men's Christian Association, Inc. by CSC so that the YMCA can effectively provide case coordination services to help students improve: school performance; behavior; attendance; graduation rates; and their transition to post-secondary opportunities.

By signing below, the parent/guardian or student 18 years of age or older provides their expressed written consent for SBBC to disclose their education records pursuant in the paragraphs above.

Print Child's Name

Child's Student ID Number

Parent Signature

Date

Updated August 2021