



*My Backyard Registration*  
*After School Tutoring 2010-2011*

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

School: \_\_\_\_\_

School ID #: \_\_\_\_\_ Grade: \_\_\_\_\_

Academic areas requiring help: \_\_\_\_\_

Any Allergies, Seizures, Medications: \_\_\_\_\_

E-Mail Address of Parent/Guardian: \_\_\_\_\_

How did you hear about My Backyard? \_\_\_\_\_

**Mother/Legal Guardian**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

**Father/Legal Guardian**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_



# Child Information Form

**Child's\*:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Mother's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Father's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Does child live with a legal guardian other than mother or father?  Yes  No

If yes, **Guardian's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Street Address\*** \_\_\_\_\_ **City\*** \_\_\_\_\_ **ZIP Code\*** \_\_\_\_\_

**Parent/Guardian Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Child's Gender\***  Male  Female **Child's Date of Birth (mo/day/yr)\*** \_\_\_\_\_

**Child's Race\*:**  American Indian or Alaskan  Asian  Black or African American  
 Pacific Islander  White  Other, please specify \_\_\_\_\_

**Child's Ethnicity\*:**  Hispanic  Haitian  Other, please specify \_\_\_\_\_

**Child's Country of Origin:** \_\_\_\_\_

**Is Child Proficient in English?\***  Yes  No

**Additional/Other language(s) spoken in the home\*:**  Spanish  Haitian-Creole  Other \_\_\_\_\_

**Child's Social Security number\*:** \_\_\_\_\_  No SSN;  prefer not to give SSN

**MDCPS ID Number\*:** \_\_\_\_\_  No MDCPS ID;  prefer not to give MDCPS ID

**Child's Current Grade\*:** \_\_\_\_\_ **Child's Current School\*:** \_\_\_\_\_

**Does child have health insurance (ex., private insurance, KidCare, Medicaid)?\***  Yes  No  
(If not, The Children's Trust may be able to help you find affordable coverage—call 211)

**Does child have a documented disability?\***  Yes  No

- If yes, do you have (check all that apply):*
- an Individualized Family Service Plan (IFSP; if under 3 years old)
  - an Individualized Education Plan (IEP) from the school system
  - a Section 504 Plan
  - a medical diagnosis from a doctor
  - a diagnosis by a state certified/licensed professional (ex., psychologist)
  - disclosed by the parent or guardian describing the child's specific condition and/or need for accommodations

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

- Autism Spectrum Disorders
- Chronic Medical Condition
- Developmental Delay (under 5 only)
- Emotional and/or Behavioral Disorder
- Hearing Impairment (or deaf)
- Intellectual Disability (or mental retardation)
- Learning Disability
- Physical Disability
- Speech/Language Impairment
- Visual Impairment (or blind)
- Other Disability \_\_\_\_\_

*I give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes.*

**PARENT/GUARDIAN SIGNATURE\*:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### For Staff Use Only (MUST BE COMPLETED)

ORGANIZATION: \_\_\_\_\_ SITE LOCATION: \_\_\_\_\_



## AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ hereby authorize and give consent to service providers and the staff of The Children's Trust of Miami-Dade County as follows:

I hereby:

consent and authorize      or       do not consent and authorize

the staff of The Children's Trust of Miami-Dade County to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of The Children's Trust.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against The Children's Trust of Miami-Dade County, their staff, service providers, employees, agents, affiliates and Board members.

3150 SW 3<sup>rd</sup> Avenue, 8<sup>th</sup> Floor • Miami, FL 33129  
(305) 571-5700 • Fax: (305) 860-2328  
[www.thechildrenstrust.org](http://www.thechildrenstrust.org)

## VII. Behavior Contract for *My Backyard*\*

I, \_\_\_\_\_, agree to respect and abide by

(Print Child's Name)

all rules for positive behavior set forth in this handbook. I understand that the failure to do so will result in behavior consequences and possible removal from the program.

I, \_\_\_\_\_, agree to support and

(Print Parent/Legal Guardian's Name)

encourage my child to behave in a respectful and positive manner with others while attending *My Backyard*. I understand that the failure to do so may result in consequences for my child and possible dismissal from the program.

X \_\_\_\_\_

(Student's Signature)

\_\_\_\_\_

(Date)

X \_\_\_\_\_

(Parent/Guardian's Signature)

\_\_\_\_\_

(Date)

*\*Please, detach and sign this page and return the "Behavior Contract for My Backyard" by the end of your child's first week at the program to My Backyard's administrative assistant.*

## VIII. Hold Harmless Release Form\*

We (I) give permission for my child \_\_\_\_\_ to participate in the recreational/sports activities at *My Backyard*. We (I) assume all responsibility for any medical cost that may result from injury. My medical insurance carrier name is: \_\_\_\_\_

and my policy number is: \_\_\_\_\_.

The physician to contact is:

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

During the day, the parental contact number for emergencies is:

Parent's Name: \_\_\_\_\_

Parent's Day Phone: \_\_\_\_\_

---

### HOLD HARMLESS RELEASE OF LIABILITY / ASSUMPTION OF RISK

Participation in athletic activities and the use of athletic equipment and/or facilities involves a risk of accidental injury despite all safety precautions. We (I) assume all risk and hazards incidental to these activities, and release *My Backyard*, its Board Members, Directors, independent contractors, volunteers, all employees, and St. Margaret's Episcopal Church, for any illness or injury to my child occurring during participation in any activity, or use of any facility, conducted by *My Backyard*.

x \_\_\_\_\_  
(Parent/Guardian's Signature) (Date)

x \_\_\_\_\_  
(Parent/Guardian's Signature) (Date)

*\*Please sign, detach this page and return the "Hold Harmless Release Form" by the end of your child's first week at the program.*

## IX. Acknowledgment of Receipt of Handbook\*

I acknowledge that I have reviewed *My Backyard's* Policies & Procedures Handbook, as published July 22, 2010. I acknowledge that I am responsible for knowing and understanding the policies and procedures governing the *My Backyard*. I agree to follow these rules as a participant in the program.

x \_\_\_\_\_  
(Student's Signature) (Date)

I have reviewed the Handbook personally, together with my child(ren).

x \_\_\_\_\_  
(Parent/Guardian's Signature) (Date)

*\*Please sign, detach this page and return the "Acknowledgment of Receipt of Handbook" by the end of your child's first week at the program.*

X. Authorization to *My Backyard* to Make Copies  
of Report Cards and Progress Reports\*

I hereby authorize *My Backyard* to make the necessary copies of all report cards and progress reports of my child, \_\_\_\_\_ . I understand that I must provide a copy, or I will bring the original to be copied by the staff at *My Backyard*. I understand that *My Backyard* will keep this information confidential and will only use it to monitor my child's progress.

x \_\_\_\_\_

(Student's Signature)

\_\_\_\_\_

(Date)

x \_\_\_\_\_

(Parent/Guardian's Signature)

\_\_\_\_\_

(Date)

*\*Please sign, detach this page and return this authorization by the end of your child's first week at the program.*

## XI. Permission to Use Student Photos \*

I hereby give permission for my child \_\_\_\_\_ to participate in any media related photographs or taping for airing or print. I hereby give *My Backyard* the right and permission without compensation to use photographs of my child and his/her name for public relations purposes.

x \_\_\_\_\_

(Student's Signature)

\_\_\_\_\_

(Date)

x \_\_\_\_\_

(Parent/Guardian's Signature)

\_\_\_\_\_

(Date)

*\*Please sign, detach this page and return this authorization by the end of your child's first week at the program.*

## XII. Acknowledgment of Pick-Up Time and Late Fees

I hereby acknowledge that the hours of operation for *My Backyard* are 3:00 p.m. until 7:00 p.m., Monday through Friday on days when school is in session. The latest I may pick-up my child is 7:00 p.m. and I am responsible for his/her transportation home. **I agree to pay a late fee of \$1 for each minute that I am late arriving to pick-up my child after 7:00 p.m.** I understand that this late fee will be strictly enforced and paid at the time of the late pick-up. I agree to phone *My Backyard* if extenuating circumstances occur. I understand that if my child has not been retrieved by 7:05, and *My Backyard* has not received a phone call explaining any extenuating circumstances, *My Backyard* will make two attempts to reach the parent by phone, and if this is not successful, the authorities will be notified. I agree to make every attempt to have an alternative plan for when unexpected delays occur.

X \_\_\_\_\_

(Parent/Guardian's Signature)

\_\_\_\_\_

(Date)

*\*Please sign, detach this page and return this authorization by the end of your child's first week at the program.*

XIII. Method of Student Transportation  
from School to *My Backyard*\*

My child \_\_\_\_\_ will be released  
from \_\_\_\_\_ School to attend *My*  
*Backyard*. (name of school)

Please choose one of the following:

I hereby give my permission for my child to walk from Miami Lakes Middle School to *My Backyard*, escorted by Staff of the *My Backyard* program.

Transported by walking with *My Backyard* Staff.

\* \* \* \* \* OR \* \* \* \* \*

My child will not be walking with the *My Backyard* Staff, he/she will arrive at *My Backyard* by the following means of transportation.

Please check:

Transported by walking alone, unsupervised.

Transported by bus service: \_\_\_\_\_  
(name of bus service)

Transported by other: \_\_\_\_\_  
(name person and relationship)

\_\_\_\_\_  
(parent's signature)

\_\_\_\_\_  
(date)

***\*Please sign, detach this page and return the "Method of Transportation" form by the end of your child's first week at the program.***



*My Backyard Registration  
After School Tutoring 2010-2011*

Student's Name: \_\_\_\_\_

Names of person(s) authorized to pick up student:

| Name | Relationship to Student | Daytime Phone Number |
|------|-------------------------|----------------------|
| 1.   |                         |                      |
| 2.   |                         |                      |
| 3.   |                         |                      |
| 4.   |                         |                      |
| 5.   |                         |                      |

| Emergency Contacts | Relationship to Student | Daytime Phone Number |
|--------------------|-------------------------|----------------------|
| 1.                 |                         |                      |
| 2.                 |                         |                      |

This is to authorize the release of the information contained on this form to My Backyard Program. I certify that this information is true. I understand that this information is for statistical purposes only and will be kept confidential as stipulated in the Federal Privacy Act of 1968.

In case of emergency, we will call 911 in order to ensure the safety and well-being of your child. Any and all necessary procedures will be administered, awaiting the arrival of EMTs. Please mark your approval.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\*TUITION PAYMENTS ARE DUE *FRIDAY BEFORE* THE PROGRAM WEEK\*\*\***