

2024-2025 MEMBERSHIP APPLICATION FORT VALLEY YOUTH CENTER OF EXCELLENCE, INC.

First Name: _____ Middle: _____ Last: _____
 Nickname: _____
 Gender: ___ M ___ F Ethnicity: _____ DOB: _____ SSN: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

School Information:

Current Teacher: _____
 School: _____ Grade: _____ Fee Level: _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____
 Date of Last Medical Exam: _____
 Permission for Treatment by Doctor/Hospital: ___ Yes ___ No Medicaid: ___ Yes ___ No
 Does your family have health and/or accident insurance: ___ Yes ___ No
 Insurance Carrier: _____ Insurance Phone: _____
 Policy #: _____ Group#: _____
 Date Health Info Received: _____
 Serious Health Problems: ___ Yes ___ No If Yes, explain: _____
 Medications: ___ Yes ___ No If Yes, explain: _____
 Date Medical Info Received: _____

Shots:	Hepatitis	MMR	HIB	Polio	DTP Shot	Chicken Pox
1 st Shot	_____	_____	_____	_____	_____	_____
2 nd Shot	_____	_____	_____	_____	_____	_____
3 rd Shot	_____	_____	_____	_____	_____	_____
4 th Shot	_____	_____	_____	_____	_____	_____
5 th Shot	_____	_____	_____	_____	_____	_____

General:

Birth Certificate on File: ___ Yes ___ No Birth City: _____ Birth State/Country: _____
 Member/Contacts Understood Signed Insurance Disclaimer and Permission Statement: ___ Yes ___ No
 Member has permission to be used in public relations materials: ___ Yes ___ No
 Member may participate in all Center activities in or adjacent to the Center building: ___ Yes ___ No
 Center Member Since: _____ Religion: _____

Household:*NOTE: This information is collected for Grant writing purposes ONLY*

Member lives with: Mom Step Mom Dad Step Dad Grandparent
 Foster parent(s) Other: _____

Housing Development: _____

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Income	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Level:	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Number in Household: _____

Is there a Member of the Household 65 years old or Older: Yes No

Is there a Member of the Household Handicapped: Yes No

Current Head of Household: Female Male Both

Current Single Parent: Yes No

Physical:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____
 Height: _____ Weight: _____

Do you Belong to other Groups:

Boys Scouts or Girl Scouts School Center YMCA or YWCA Church Group
 Other: _____

Reason(s) for joining: Fun Learning Sports Other: _____

Contact's Signature: _____ Member's Signature: _____

FOR OFFICE USE ONLY

Membership #: _____

Entry Date: _____ Expiration Date: _____ Status: _____

Type: _____ New/Renewal Member: _____ Processed by: _____

MEMBERSHIP APPLICATION - CONTACTS

FORT VALLEY YOUTH CENTER OF EXCELLENCE, INC.

Member's Name: _____

<p style="text-align: center;">PRIMARY CONTACT</p> <p>Relationship to Member: _____</p> <p>Parent/Guardian: _____ Emergency: _____</p> <p>Person Authorized to Pickup Member: _____</p> <p>Name: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>	<p>Relationship to Member: _____</p> <p>Parent/Guardian: _____ Emergency: _____</p> <p>Person Authorized to Pickup Member: _____</p> <p>Name: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>
<p style="text-align: center;">Secondary Contact</p> <p>Relationship to Member: _____</p> <p>Parent/Guardian: _____ Emergency: _____</p> <p>Person Authorized to Pickup Member: _____</p> <p>Name: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>	<p>Relationship to Member: _____</p> <p>Parent/Guardian: _____ Emergency: _____</p> <p>Person Authorized to Pickup Member: _____</p> <p>Name: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>
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2024-2025 Summer and Afterschool Program - Membership Application

Please indicate your choice by initialing one of the following for EACH section.

Center Member Name: _____

Release of School Records

As parent/legal guardian of the aforementioned Center member, I grant Fort Valley Youth Center of Excellence, Inc. permission to obtain school records - i.e. all academic information, report card information, attendance information and/or tutorial information. I also grant Fort Valley Youth Center, youth development professionals' permission to speak with teachers, counselors and other school administrators at my child's school in order to obtain and exchange information as part of the services provided by Fort Valley Youth Center. I authorize Fort Valley Youth Center to access and/or receive copies of my child's academic transcripts, report cards, and test scores including Georgia Milestones.

_____ I give permission to Fort Valley Youth Center to receive all academic information from my child's school.

_____ I **DO NOT** give permission to Fort Valley Youth Center to receive all academic information from my child's school.

Media Release

As parent/legal guardian of the aforementioned Center member, I hereby irrevocably consent to and authorize the unrestricted use by Fort Valley Youth Center of Excellence, Inc., Georgia Department of Human Resources, and their subsidiaries, affiliates and advertising agencies ("Companies") of my child's name, photographs, voice, likeness, works of art and identity in various Fort Valley Youth Center of Excellence, Inc. marketing and collateral materials, as well as miscellaneous print publications, website and social media publications, and other media outlets. I authorize the use of these images without any right of prior review or further approval. I hereby waive, release, and discharge said companies and all agents, employees and other officers of the companies from any claims, liability and demands, past present or future, including any that I do not now know of or anticipate arising in the future. I waive all rights with respect to such use of my name, photography, identity and personal information including but not limited to publicity, privacy, injury and libel.

_____ I give permission for my child to be included in various media events and grant all media permissions described above.

_____ I **DO NOT** give permission for my child to be included in various media events or any media permissions described above.

General Travel Consent

As parent/legal guardian of the aforementioned Center member, I hereby grant permission for my child to participate in the activities and programs of Fort Valley Youth Center of Excellence, Inc. that necessitate transportation in vehicles. I understand that often local day trips will be unannounced. Out of town trips will be posted in advance. I understand that all trips will be under the supervision of Fort Valley Youth Center of Excellence, Inc. youth development professionals. I hereby release, indemnify and hold harmless Fort Valley Youth Center of Excellence, Inc. and the Department of Human Resources from any liability, claim or demand resulting from such participation.

_____ I give my child general travel permission as described above.

_____ I **DO NOT** give my child general travel permission.

Emergency Medical Consent

As parent/legal guardian of the aforementioned Center member, In case of accidental injury, and/or medical emergency, I hereby authorize Fort Valley Youth Center of Excellence, Inc. to see that the necessary medical treatment is obtained. In this event, I authorize a Fort Valley Youth Center of Excellence, Inc. youth development professional to sign for and authorize the physician of his/her choice to provide emergency care. In case of accidental injury, I agree to assume financial responsibility for cost incurred.

_____ I give my permission to Fort Valley Youth Center of Excellence, Inc. to seek medical treatment in instances mentioned above and agree to the release of all liabilities.

_____ I **DO NOT** give my permission to Fort Valley Youth Center of Excellence, Inc. to seek medical treatment for my child.

2024-2025 Summer and Afterschool Program - Membership Application

Please indicate your choice by initialing one of the following for EACH section.

Computer/Internet Usage Consent

As parent/legal guardian of the aforementioned Center member, I hereby give my permission for my child to participate in the activities and programs of Fort Valley Youth Center of Excellence, Inc. that use the internet. I understand that all computer use will be under the supervision of Fort Valley Youth Center of Excellence, Inc. youth development professionals. I understand my child may only go to internet sites that are pre-approved by Fort Valley Youth Center of Excellence, Inc. Any inappropriate use of the computer will result in suspension and may result in my child's membership to be revoked.

_____ I give my child permission to use the computers and/or internet in accordance with Fort Valley Youth Center of Excellence, Inc. rules and program expectations.

_____ I **DO NOT** give my child permission to use the computers and/or internet while at Fort Valley Youth Center of Excellence, Inc.

Hold Harmless and Liability Release

I hereby release and agree to indemnify, defend, and hold harmless the Fort Valley Youth Center of Excellence, Inc. and The City of Fort Valley, its affiliates, representatives, agents, employees, and directors from all claims or liability for damages and/or injuries incurred by my child in connection with these services. I voluntarily submit the registration of my child as a member at Fort Valley Youth Center of Excellence, Inc. I understand the activities at the Center may include but are not limited to: swimming, sports, fitness and recreation, etc.; I understand and accept the inherent risks of these activities to include, but not limited to, muscle strains, bruises, cuts, head trauma, broken bones, and even death. I hereby affirm that I have granted the above stated permissions to my child to participate in these activities. I will hold harmless Fort Valley Youth Center of Excellence, Inc. from any claim by me or my child or any entity on behalf of myself or my child arising out of my child's participation in any Fort Valley Youth Center of Excellence, Inc. programs, activities or services. I further state that I am the lawful parent/guardian for my child and of lawful age and legally competent to sign this agreement, and that signing this agreement is my own free act and done voluntarily. I also understand and agree that the terms herein are contractual. I have read, understand, and fully informed myself of the contents of this agreement. I assume responsibility for my child's physical condition and capability to perform during the program.

Parent Name: _____ Parent Signature: _____ Date: _____

Parental Agreements with Child Care Facility

The **Fort Valley Youth Center of Excellence** agrees to provide care for

(Name of Child)

Summer Camp (June- July)

Monday – Friday 8 a.m. to 4 p.m.

My child will participate in the following meal plan: Breakfast, Lunch, and Afternoon Snack

After School (August - May)

Monday – Friday 3 p.m. to 7 p.m.

My child will participate in the following meal plan: Evening Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The **Fort Valley Youth Center of Excellence** agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than two (2) feet deep.

I authorize the childcare facility to obtain emergency medical care for my child when I am not available. I have received a copy and agree to abide by the policies and procedures for Fort Valley Youth Center of Excellence.

I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)

Waiver and Release Form for Fort Valley Youth Center of Excellence, Inc.

Liability Release and Parental Consent Form

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Fort Valley Youth Center of Excellence, Inc., City of Fort Valley, Georgia Department of Human services – Afterschool Care, Georgia Department of Human Services-Office of Prevention, Georgia Department of Education, its officials, officers, employees, volunteers, and agents from liability. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees.

Also, in light of the national health emergency due to the COVID-19 pandemic, I hereby declare the following:

I am fully and personally responsible for my child's safety and actions while and during their participation and I recognize that my child may be in any case at risk of contracting COVID-19.

With full knowledge of the risks involved, I hereby release, waive, discharge the Fort Valley Youth Center of Excellence, Inc., City of Fort Valley, Georgia Department of Human services – Afterschool Care, Georgia Department of Human Services-Office of Prevention, Georgia Department of Education, its officials, officers, employees, volunteers, and agents and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of a related to any loss, damage, injury, or death, that may be sustained by my child related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

I agree to indemnify, defend, and hold harmless the Fort Valley Youth Center of Excellence, Inc., City of Fort Valley, Georgia Department of Human services – Afterschool Care, Georgia Department of Human Services-Office of Prevention, Georgia Department of Education, its officials, officers, employees, volunteers and agents from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

Parental Consent (Complete if applicant is under 18) I give consent for my child,

_____ to participate in the above activities, and I execute the above liability release on their behalf.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Fort Valley Youth Center of Excellence, Inc. will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I have read and understood the foregoing registration liability release and parental consent form and agree to all of its terms and conditions.

Parent/Guardian Signature

Print Name

Date

Georgia Department of Human Services
Afterschool Services
Parental Permission for Photo Release

Page 1 of 2

Page two of this document requests your permission for the Georgia Department of Human Services to take and use photographs of your child and other Afterschool Program staff. When we tell others the story about the DHR Youth Initiative's statewide afterschool program, it would be helpful to share photographs of the participants. Pictures can enhance people's understanding about who is involved in the program and what activities and services are being conducted. If you have more than one child, this form should be completed for each child participating in the DHR funded afterschool program.

If you agree for us to take and use these photographs, our use of them will include, but will not necessarily be limited to the following: publications about the program; recruitment activities to reach additional youth who might participate in the future; and/or reports about the program to supporters and others who are interested in the program's outcomes.

If you have any questions regarding the Photo Release Form, please contact Fort Valley Youth Center of Excellence, Inc. at 478-825-1800.

**Photo/Video
Release
Agreement**

Peach County, Georgia

School/Organization Name: Fort Valley Youth Center of Excellence, Inc.

1. I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child(ren) by the Georgia Department of Human Resources.
2. This release gives the Georgia Department of Human Services the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information and education of employees of the Department or the general public.
3. Further, I hereby release the Georgia Department of Human Services and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.
4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.

Name _____

Address _____

Telephone _____

Photo Description: Participation in the DHS funded afterschool/summer program activities.

Children Participating in Program:

Name _____ Age _____

Signature _____

Date _____

Photographer or producer or witness:

AFTERSCHOOL and SUMMER PROGRAM

Participant Medical Information Form – Page 1

(To be maintained on site for each participant)

STUDENT INFORMATION			
Legal Name of Child (<i>Last, First</i>):		Date of Birth (<i>MM/DD/YYYY</i>):	Age: Sex (<i>check one</i>): <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:		Home Phone No:	
P.O. Box/Apt #:	City:	State:	Zip Code:
INSURANCE INFORMATION			
Does the child have health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of insurance provider (if applicable):	
MEDICAL INFORMATION			
Does the child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:			
Does the child have any other medical conditions (disabilities, infections, viruses, diseases, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:			
Is the child currently taking any medications (prescribed and non-prescribed)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:			

IN CASE OF EMERGENCY			
Contact Name:	Relationship to youth:	Home Phone Number:	Work Phone Number:
Alternate Contact Name:	Relationship to youth:	Home Phone Number:	Work Phone Number:

PLEASE SIGN PAGE 2 TO VERIFY THE INFORMATION PROVIDED

Participant Medical Information Form – Page 2

By signing below, I certify the above information is true to the best of my knowledge. I authorize Fort Valley Youth Center of Excellence, Inc to contact me if my child is injured and/or harmed in any way. I also authorize Fort Valley Youth Center of Excellence, Inc to seek medical attention for my child if he or she is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. In consideration of their granting my child the opportunity to participate in the Afterschool Program, I hereby release, indemnify and hold harmless the Department of Human Resources and Fort Valley Youth Center of Excellence, Inc from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child.

Legal Name of Parent (print)

Parent Signature

Date

Authorization to Dispense External Preparations
590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give **Fort Valley Youth Center of Excellence**, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- Baby Wipes
- Band-aids
- Neosporin or similar ointment
- Bactine or similar first aid spray
- Sunscreen
- Insect Repellent
- Non-Prescription ointment (such as A & D, Desitin, Vaseline)
- Baby Powder
- Other (please specify) _____

Parent/Guardian Signature

Date

*center should maintain in child's file

After School Transportation Agreement

This is to certify that I give **Fort Valley Youth Center of Excellence** _____
Name of Facility

Permission to transport my child _____
Name of Child

from pickup location: _____ Kay Road Elementary School at 3:45 pm (9.4 Miles from Center)
_____ Hunt Elementary School at 4:00 pm (2.3 miles from Center)
_____ Fort Valley Middle School at 2:50 pm (2.5 miles from Center)

to **Fort Valley Youth Center of Excellence** at **3pm** for Middle School and **4pm** for Elementary Schools.
Delivery Location

on the following days:

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

T. Gibson or B. Baker _____ are authorized to receive my child. In the event the authorized
Name of Authorized Persons

person is not present to receive my child, the following procedures are to be followed:

_____ Fort Valley Youth Center will have an authorized substitute driver to pick up students.

In the event that my child is not to be transported as outlined above, I agree to notify the

Fort Valley Youth Center of Excellence _____.
Facility

Signature (Parent/Guardian) _____ Date _____



Childcare and Parent Services (CAPS)

- Provides families access to high quality, affordable early learning
- Helps:
 - » Improve school readiness
 - » With child care costs so families can be self-sufficient

How do families apply for CAPS?

To apply for CAPS, families must complete a 4-step process:

Step 1: Log in to Georgia Gateway or create an account if they don't already have one - <https://m.gateway.ga.gov/home>

Step 2: Complete the application for child care

Step 3: Submit required documents that verify eligibility

Step 4: Have application reviewed by a CAPS staff member

For more details on these steps, go to:

<https://caps.dec.state.ga.us/en/ApplicationProcess/>

2024-2025 Enrollment and Fee Information

For each **NEW** member, an application and **\$60 membership fee** will be due at time of registration. For each **RENEWING** member, an updated application is due at registration. January 2024, Annual Membership \$60 is due *by January 31, 2024*. Annual membership is from January 1, 2024 – December 31, 2024.

A program fee of **\$125** per child will be due for the **2024 Summer Camp Program**. Discounts will be given for 2 or more siblings living in the same household or a multiple child legal guardian household. These fees cover summer camp for the period of June - July 2023. Payment arrangements for this fee will be accepted as follows:

1 child- \$125 per week

*Each additional child is \$100 per week

Weekly program payments are due the previous Friday by 4pm. Late Fee of \$25 will be added afterwards. Child/ren will be released from program for delinquent fees once parents are notified.

A program fee of **\$50** per child will be due for the **2024-2025 After School Program**. Discounts will be given for 2 or more siblings living in the same household or a multiple child legal guardian household. These fees cover after school programs for the period of August – December 2023 and January - May 2024. Payment arrangements for this fee will be accepted as follows:

*Each additional child is \$40 per week

Weekly program payments are due the previous Friday by 7pm. Late Fee of \$25 will be added afterwards. Child/ren will be released from program for delinquent fees once parents are notified.

General

1. Member has permission to be used in public relations materials: ____ Yes ____ No
2. Member has permission to participate in Center surveys: ____ Yes ____ No
3. Member may participate in all Center activities in or adjacent to the Center building: ____ Yes ____ No
4. Member has permission to partake in activities using the internet in the technology lab under the supervision of Fort Valley Youth Center of Excellence, Inc. staff. I understand that if my child misuses the internet or equipment, privileges will be revoked and I will be contacted immediately by a Fort Valley Youth Center of Excellence official. ____ Yes ____ No

Cell Phone Rules

Members are not allowed to use cellphones while on Center time. Our programs are geared to be able to plan and supervise all internet and social activities and cell phone use is not able to be monitored by Center staff. All cell phones must be left at home or kept cut off and secured in book bags. Any cell phones seen in unauthorized use by members will be confiscated and maintained in a secured location to be returned to parents/guardians only upon child being signed out of Center activities that day.

Member Agreement

FORT VALLEY YOUTH CENTER OF EXCELLENCE CODE OF CONDUCT:

All Center members are expected to adhere to the following rules & principles:

RESPECT Yourself

RESPECT Others

RESPECT all Fort Valley Youth Center of Excellence Property

I understand there are consequences for breaking these rules including: time out, loss of privileges, Center Service, call home, meeting with parent/Center staff, and suspension from the Center.

By signing below, I certify the information presented within this form was verified and confirmed by me as parent and/or legal guardian. I also understand and agree to all stipulations and requirements as listed in this document.

Parent/Guardian Signature: _____ **Date:** _____

PARENT COPY

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General

1. Member has permission to be used in public relations materials: ___ Yes ___ No
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