

FRONTLINE FOR KIDS, INC.



309 South 7th Street- Fort Pierce, Florida 34950

Offices: 772-464-0100 Fax: 772-464-2555

www.frontlineforkids.org

Member Information Form

Date: _____

(Please print clearly and fill out completely – all information is confidential)

FIRST NAME: _____	MIDDLE: _____	LAST: _____
HOME ADDRESS: _____		
CITY: _____	STATE: _____	ZIP CODE: _____
GENDER: M/F BIRTHDATE: _____ SCHOOL: _____		
SKYWARD LOG-IN: _____ PASSWORD: _____		
GRADE: _____	MEMBER LIVES WITH (Circle One):	
	Both parents	Mother Father
	Aunt/Uncle	Sister/Brother
	Grandparent	Guardian Other

FEMALE PARENT/GUARDIAN NAME: _____		
HOME#: _____	WORK#: _____	CELL#: _____
RELATIONSHIP TO MEMBER: _____		
MALE PARENT/GUARDIAN NAME: _____		
HOME#: _____	WORK#: _____	CELL#: _____
RELATIONSHIP TO MEMBER: _____		
ALTERNATE CONTACT: _____		
HOME#: _____	WORK#: _____	CELL#: _____
RELATIONSHIP TO MEMBER: _____		

CHECK ALL THAT APPLY TO THIS MEMBER- AT LEAST ONE MUST BE CHECKED

<input type="checkbox"/> BASIC SKILLS DEFICIENT
<input type="checkbox"/> FAMILY IS ECONOMICALLY DISADVANTAGED
<input type="checkbox"/> BELOW GRADE LEVEL FOR AGE
<input type="checkbox"/> RECIEVES FREE OR REDUCED LUNCH
<input type="checkbox"/> INVOLVED IN JUVINILE JUSTICE SYSTEM
<input type="checkbox"/> FAMILY RECIEVES PUBLIC ASSISTANCE
<input type="checkbox"/> LIVES IN SINGLE PARENT HOME
<input type="checkbox"/> HAS FAILED READING
<input type="checkbox"/> RECORD OF POOR SCHOOL ATTENDANCE/TRUANCY
<input type="checkbox"/> HAS FAILED OR IS AT RISK OF FAILING FCAT
<input type="checkbox"/> HAS FAILED MATH

YEARLY INCOME GUIDELINES (CIRCLE ONE)

	VERY LOW	LOW	MODERATE
FAMILY OF 1:	\$18,350	\$29,350	\$44,040
FAMILY OF 2:	\$20,950	\$33,550	\$50,280
FAMILY OF 3:	\$23,600	\$37,750	\$56,640
FAMILY OF 4:	\$26,200	\$41,900	\$62,880
FAMILY OF 5:	\$28,300	\$42,250	\$67,920
FAMILY OF 6:	\$30,400	\$48,650	\$72,960
FAMILY OF 7:	\$35,500	\$52,000	\$78,000

ANSWER ALL QUESTIONS COMPLETELY

TAKING MEDICATION? NO/YES, EXPLAIN: _____

SPECIAL NEEDS? NO/YES, EXPLAIN: _____

ANY ALLERGIES (INCLUDE FOOD ALLERGIES) NO/YES, LIST: _____

IS THERE ANY INFORMATION CONCERNING YOUR CHILD, INCLUDING HEALTH OR LIVING SITUATION THAT YOU FEEL WE SHOULD KNOW? NO/YES, EXPLAIN: _____

ARE THERE ANY FACTORS THAT MAY PREVENT YOUR CHILD FROM PARTICIPATING IN PROGRAM ACTIVITIES INCLUDING REALITY THERAPY GROUP? NO/YES, EXPLAIN: _____

HOW WILL YOUR CHILD GET HOME EACH NIGHT? WALK/PICKED UP: BY WHOM: _____

I AGREE THAT IF MY CHILD DISPLAYS DISCIPLINARY PROBLEMS, NON-PARTICIPATORY ATTITUDES OR DISRUPTIVE BEHAVIOR, THAT THE PROGRAM RESERVES THE RIGHT TO SUSPEND AND OR DISMISS MY CHILD FROM THE PROGRAM. I UNDERSTAND AND AGREE THAT MY CHILD AND I MAY BE CALLED TO SPEAK WITH A FRONTLINE FOR KIDS COUNSELOR, I AGREE TO ATTEND ANY AND ALL FAMILY COUNSELING SESSIONS AS PRESCRIBED BY THE STAFF OF FRONTLINE FOR KIDS, INC.

I HEREBY CONSENT FOR MY CHILD TO PARTICIPATE IN THE FRONTLINE FOR KIDS PROGRAM LOCATED AT 309 SOUTH 7TH STREET FORT PIERCE, FL 34950 AND AGREE TO RELEASE AND DISCHARGE FRONTLINE FOR KIDS, INC, IT'S OFFICERS, AGENT AND EMPLOYEES, EXERCISING REASONABLE CARE WITH THEIR SCOPE OF EMPLOYMENT, FROM ALL LIABILITY, CLAIMS, DAMAGES, SUITS, JUDGEMENTS, AND SETTLEMENTS INVOLVING PERSONAL INJURY AND PROPERTY DAMAGE RESULTING FROM OR ARISING IN CONNECTION WITH THE FRONTLINE FOR KIDS PROGRAM.

NAME OF PARENT/GUARDIAN (PLEASE PRINT) _____

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

RELEASE OF INFORMATION FORM

STUDENT NAME: _____ AGE: _____ SEX: _____

I hereby consent to release and discharge the Frontline for Kids, Inc., their officers, agents and employees, exercising reasonable care within their scope of employment, from all liability, claims, damages, suits, judgments, and settlements involving personal injury and property damage resulting from or arising in connection with my child's participation in this program.

Release Information:

1. **Medical Release Permit:** I authorize Frontline for Kids, Inc. to obtain any emergency care that may become reasonably necessary in the course of the event or incidental to such event. I also agree that the expense for such transportation and treatment shall not be born by Frontline for Kids, Inc or their employees.
2. **Marketing Release:** I hereby give specific permission for Frontline for Kids, Inc. to use any pictures, video taping, photographs, or statements made by the undersigned, in any brochures, catalogs, advertisements, television broadcast, audio presentation, or any other printed, audio, or televised material for which it is the author or caused to have printed or produced. This statement shall be constructed as a specific release of any and all liability from Frontline for Kids, Inc. for the use or publication of any pictures, televised episodes, audio recordings, photographs, or statements in which I am depicted.
3. **Transportation Release:** I hereby give specific permission for Frontline for Kids, Inc. to provide appropriate transportation to, and from, Frontline for Kids, Inc. functions, events, classes or outings. Appropriate transportation, shall be defined by the Site Director or the Executive Director of the Frontline for Kids, Inc. program when such need arises. This statement shall be constructed as a release of any and all liabilities of Frontline for Kids, Inc. and their employees, board, or representative for any harm, injury, or accident incurred while participating in such an event.
4. **Educational Data Release:** I hereby grant permission for Frontline for Kids, Inc. to obtain access to school records and information regarding the undersigned individual. Data may include standardized test results, daily grades and reports, present level of subject area performance, adaptive and behavior within a student file. It is understood that a qualified employee from the Frontline for Kids, Inc. program will use the above information in a confidential and professional manner for educational purposes.
5. **Report Cards:** I agree to allow Frontline for Kids, Inc. to copy my child's report cards to further assist in the education of my child.

Parent Signature: _____ Date: _____

Printed Name: _____

FUNDED BY: CHILDREN'S SERVICES COUNCIL OF ST. LUCIE COUNTY, UNITED WAY OF ST.
LUCIE COUNTY, WYNNE CHARITABLE FOUNDATION.

www.frontlineforkids.org

Program Expectations

1. All participants will complete written and verbal assessments to evaluate their current level of psycho-social functioning, their interest, and their performance and skill in a variety of areas to include physical fitness, cognitive/academic ability, technological skill (computers), leadership, vocational, etc.
2. All participants will develop personal goals for behavior and academic performance in and out of the school setting as identified in their success plans.
3. Participants will help identify the rules and responsibilities and consequences and rewards for behavior.
4. Participants will process inappropriate behavior in either an individual counseling session or Reality Group or both.
5. Participants will complete homework and/or academic/cognitive skill building activities every day they attend the Frontline for Kids, Inc. program,
6. All participants will complete a written and verbal assessment to evaluate their current level of psycho-social functioning, their interest, and their performance skills in a variety of areas to include physical fitness, cognitive/academic ability, leadership, vocational, etc.
7. All participants will develop personal goals in their personal success plan.
8. All participants will participate I classes and mini-workshops and lead/facilitate classes and mini workshops on personal growth and development topics.
9. If poor choices and decisions are made, the participant will identify a better choice or decision in either an individual counseling session or Reality Group session or both to implement/employ this new strategy, including making amends to any individual(s) who may have been adversely affected.
10. All will participate in leadership opportunities and skill building task such as: interview candidates for the program, evaluate program activities and services, develop programs and community projects, lead mini-workshops and teach peers, maintaining and beautify the site.
11. Provide a very available and accessible program and staff for participants and their parent/guardians almost every day of the year, after school and out of school times, on holidays and during the summer.
12. Each participant will develop a Personal Success Plan that identifies personal goals, actions needed to achieve successful outcomes and consequences/rewards for behaviors.
13. Provide a healthy, safe, productive and structured environment/program that offers a variety of participant desired activities: personal plan goal setting, personal growth and development, daily Reality Group sessions, daily individual reality counseling, homework help/tutorial, social skill development, recreation, sports and fitness activities, leisure skill and talent development activities, arts and cultural activities, field trips and special projects.
14. Counselors will establish a relationship with the teen and the family and develop a plan to reduce and/or eliminate delinquent behaviors.
15. **IF STUDENTS ARE NOT PICKED UP ON TIME A SERVICE CHARGE OF \$15.00 PER 30 MINUTES WILL BE CHARGED AND YOUR CHILD WILL NOT BE PERMITTED TO RETURN UNTIL FEE IS PAID IN FULL!**

Child's Signature: _____

Parent's Signature: _____

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Jerome Z. Gayman, Executive Director

Emergency Contact Information

Date: _____

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