

ENROLLMENT APPLICATION

OUT OF SCHOOL SUSPENSION PROGRAM



STUDENT INFORMATION

Name _____ MI _____ Last Name _____

Date of Birth _____ Age _____ Student I.D. _____ Male Female

Address _____ City _____ State _____ Zip _____

Ethnicity: Black White Haitian Hispanic Other _____

School _____ Grade _____ # Days Suspended _____

*Students are limited to attend Project R.O.C.K. 3 times per school term:

[1] Reason for Suspension _____ Date In _____ Date Out _____

[2] Reason for Suspension _____ Date In _____ Date Out _____

[3] Reason for Suspension _____ Date In _____ Date Out _____

PARENT / GUARDIAN INFORMATION

Name _____ Last Name _____

Home Phone () _____ - _____ Mobile Phone () _____ - _____

Email _____ @ _____

STUDENT DROP OFF & PICK-UP INFORMATION

Satellite Site Pick Up (3090 Ave G) Satellite Site Drop Off (3090 Ave G)

I, _____ give _____ permission to walk to and from 3090 Avenue G, Ft. Pierce, FL, 34950 and be transported to and from 3891 Edwards Road, Ft. Pierce, FL, 34981.

PERSONS AUTHORIZED TO PICK-UP

_____ Initial

1. _____ Phone _____ 2. _____ Phone _____

MEDICAL INFORMATION

Is the student on any type of medication? Yes No

I authorize medical transport in the event of an emergency. Yes No

_____ Initial

Discrimination and harassment of any nature based on one's race, color, national origin, sex, religion, age, disability, sexual orientation, marital status, veteran status, or genetic information is strictly prohibited.

AGREEMENT BETWEEN PROJECT R.O.C.K. and STUDENT, PARENT or LEGAL GUARDIAN

1. Any suspended student 1-12 grade from St. Lucie County schools are eligible to attend Project R.O.C.K.
2. The student will not be allowed to leave until the end of the program day, unless otherwise noted by parent or legal guardian.
3. Parents or legal guardians will not hold Project R.O.C.K., Club Pure Inc. or Children's Services Council of St. Lucie County, its staff or directors liable for any injuries that may occur while attending the Project R.O.C.K. program.
Any medical needs occurring while in the care of Project R.O.C.K. are the sole responsibility of the Student, Parent and or Legal Guardian.
4. No student can be removed from the program except by authorized persons noted on the enrolment application. (I.D. Required)
5. Students are to enter the facility in an orderly manner, be signed in by parent, obtain necessary materials, be seated and prepare to follow instructions from staff, mentors and tutors.
6. No chewing gum allowed in facility. All food and beverages are to be consumed in the designated area(s) only.
7. Under no circumstances will students be allowed to engage in excessive talk, fighting, arguing or behaviour that violates the rights of others.
8. Strictly No smoking, drugs, weapons, inappropriate articles, images or equipment, profanity, abusive or insulting language allowed on campus.
9. Students must take care of personal needs before class, student must obtain permission before leaving the group.
10. School uniform is encouraged. Students must adhere to the posted dress code.
11. Students must maintain a respectful attitude while participating in the program.
12. To better understand and meet the individual needs of the student a one-on-one session with Parent / Legal Guardian and Student are required upon entering and exiting the program. Additional meetings may be needed for students to remain in the program.
13. Students may have a talk session anytime with a Project R.O.C.K. director or staff member.
14. Students should bring school work from teachers and complete the assignments to assure a grade when they return back to school.
15. Project R.O.C.K. is funded by the Children's Services Council of St. Lucie County (CSC). I understand that general information about each student, attendance and program outcomes are required to be reported to CSC on a quarterly basis.

I have read the agreement, I understand and agree to abide by the 15 statements _____ (Initial).

LIABILITY / HOLD HARMLESS RELEASE

I _____ forever release Club Pure Inc. and Children's Services Council of St. Lucie County, Project R.O.C.K. staff and volunteers, all members of the board, officers and directors harmless from any and all actions, claims, or demands that I, my next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my child's participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I have read the liability release, I understand and agree to the conditions stated _____ (Initial).

PROMOTIONAL RELEASE

I _____ hereby release Club Pure Inc. and Project R.O.C.K. staff to take pictures and video of my child (who's name is listed on this enrollment form) while participating in onsite activities, presentations or field trips. I understand that the media captured may be used in (but is not limited to) print materials, radio, television, websites and social media. I understand that there will be NO financial compensation made to the said student, parent or legal guardian for use of the promotional materials unless a contract is signed stating so.

I have read the Project R.O.C.K. Promotional Release, I understand and agree to the conditions stated _____ (Initial).

Signature of Parent / Legal Guardian

Date

Signature of Project R.O.C.K Intake Person

STAFF COMMENTS

(Record any incidents, parent contacts, and phone calls for behavior, absentee, follow up or other concerns)

Day/ Date _____ Commenting Person _____

Day/ Date _____ Commenting Person _____

Day/ Date _____ Commenting Person _____

Day/ Date _____ Commenting Person _____

Day/ Date _____ Commenting Person _____

Day/ Date _____ Commenting Person _____

Day/ Date _____ Commenting Person _____

Day/ Date _____ Commenting Person _____



Your child will be asked to participate in classes that need your permission. Some classes will be conducted by Professional Guest Speakers from other community agencies. The students will be given an option to attend a faith-based program on Friday's.

****Please initial which activities you will allow your child to participate in; the first 2 are not optional, if they aren't initialed they can not participate in the program.****

- Conflict Resolution/Coping Skills
- 1 Hour Community Service Per Day
- Teen Dating Topics Taught by Professional Guest Speaker
- HIV/STD educational topics taught by Professional Guest Speaker

Signature of Parent / Legal Guardian

Date

Signature of Project R.O.C.K Intake Person