

St. Philip Benizi After- School Program

Regis	tration	Form
20	20	

St. Philip Benizi Youth Center

Please Complete the followi	ing information (Please print or	type)	
Child's Name:		Gender:	_(M/F)	
Nationality (Optional):		Fall School	Grade:	
Student's Date of Birth:		Student's Ag	ge:	
Student's School:				
Name of Parent(s)/ Guardian((s):			_
Mailing Address:				-
Residency: Belle Glade	South Bay	Pahokee	_ Clewiston	_Other
Home Phone Number:		Cell Number:_		
Work Number:				
*Note: If any of the above cha	nges, please notify	the Parish Offic	e immediately.	
]	Emergency Co	ntact Inform	ation	
Please list tv	wo emergency cont	tacts other than t	hose listed above	:
Name	Relationship		Home/	Cell Number
Name	Relationship		Home/	Cell Number
Medical Problems/Allergies	š:			

Emergency Medical Release

If emergency medical care is necessary and I cannot be reached, I authorize the St. Philip Benizi Youth Center including, his assistants and any and all designated administrative and staff members of the Youth Center or the Parish of St Philip Benizi to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

Parent/Legal Guardian Signature

Date

Youth Center

The Youth Center will run from the beginning of August when school starts until school is out in May.

- Students at the local schools will need to establish transportation to the youth center at St. Philip Benizi. Transportation will be made available for children.
- Hours of operation are from 3:00pm 5:30pm Monday through Friday.
- Parents are expected to pick-up their child from the program each day.
- SPBYC is closed on all school professional development days, holidays and breaks.
- Snacks will be provided for each child.
- Please remember this program is not a baby-sitting service. Children are expected to bring their school work, interact with others respectfully and participate in all activities provided by the SPBYC staff.
- Failure to follow the rules can result in your child being suspended or up to and including expelled from the program.
- Disrespect of the staff or fellow students, refusal to follow instructions, cursing, fighting, bullying, stealing, or any other type of inappropriate behavior are grounds for dismissal.
- If a child is expelled from the day program, there will be no refund of the registration fee.
- There is a \$15 fee per child/per week for the program. If the child receives transportation the cost will be \$20 per child/per week.

Hold Harmless Release

I, hereby, waive, release, absolve, indemnify, and agree to hold harmless the St. Philip Benizi Youth Center, St. Philip Benizi Church, and/or Diocese of Palm Beach, its directors, officers, organizers, sponsors, supervisory staff, participants, and any other affiliates: for, from and against all liability because of any bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above-named child in any and all activities whether the result of negligence or for any other cause of the St. Philip Benizi Youth Association. I, individually, and as a parent/guardian for my child, have read this release and understand all the terms. I execute it voluntarily and with full knowledge of its significance.

Release made this	of		20	by	
	Day	Month		Year	Parent's Signature

Authorization to Produce and Use Audiovisual Materials

Photograph and/or Videotape Consent & Release I hereby grant to Sponsor the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

Signature of participant: _____

Name:

Please Print

Date:

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant,

including without limitations any claims arising as a result of the participants leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian:_____

Name:

Please Print

Date: _____

Bullying/Harassment/Fighting Policy

Bullying /harassment/fighting has no place at the St. Philip Benizi Youth Center. Violations of this possible include:

- Physical assaults
- Threats ("Better watch your back", "I'm gonna hurt you", "We're gonna get you", etc.)
- Harassment (constant bothering)
- Name-calling
- Racial slurs
- Intimidation
- Sexual harassment (physical or verbal)
- Spreading rumors
- Extortion
- Foul language
- Taunting
- Making insulting remarks about another student's appearance, family members, friends, etc. .
- Using the internet to harass, threaten, verbally abuse, intimidate or spread rumors.

Code of Conduct

Below are some basic guidelines for all students to observe:

- Respect for God, others, and yourself.
- Respect moments of prayer or instruction given by leaders/staff.
- Being honest. Say only "the good things other need to hear" (Eph 4:29)
- Avoid inappropriate language.
- Applaud the efforts of others.
- Resolve disagreements in a positive way; ask assistance of staff when needed.
- Keep hands to yourself.
- Respect the property of others.

- Tobacco, drugs, alcohol. and /or any weapons are strictly prohibited.
- Please keep the property clean and take care of our facility, grounds, and equipment.

Violation of the intent of this policy by a participant of the St. Philip Benizi Youth Center will not be tolerated. Review of the policy serves as your WARNING.

- If you are found in violation of this policy, you will be suspended for up to one week.
- On the second offense, you will be suspended for the remainder of the program. There will be no refund of registration fees due to a suspended student.
- The enforcement of this policy and any judgement on the punishment of a student for a violation of this policy will be the decision of the program coordinator. There can be recourse made to the Pastor of St. Philip Benizi Church.

Student's Signature

Date

Parent/Legal Guardian's Signature

Date

Check-Out Authorization

Student's Name:_____

The following individuals are authorized to check-out the above named student from SPBYC Activities:

1.	Name:
	Relationship:
	Phone Number:
2.	Name:
	Relationship:
	Phone Number:
3.	Name:
	Relationship:
	Phone Number:
4.	Name:
	Relationship:
	Phone Number:

*Note: Add additional names if needed.

Please note, if anyone is <u>PROHIBITED</u> from contacting or checking-out students/children.

Specify the individual(s) below:

- 1. Name:______ Relationship:_____
- 2. Name:_____

Relationship:_____