



## Sanctuary on 8<sup>th</sup> Street 2024-2025 After-School Program Enrollment Application

Child's Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_

Race: Black or African/American \_\_\_\_ Hispanic \_\_\_\_ White/Caucasian \_\_\_\_ Native American \_\_\_\_  
Asian/Pacific \_\_\_\_ Multiracial \_\_\_\_ Prefer Not To Answer \_\_\_\_

Name of Child's School: \_\_\_\_\_ Grade for '24/25 School Year: \_\_\_\_\_

Student ID#: S \_\_\_\_\_ Last 4 numbers of Social Security # \_\_\_\_\_

Child's Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Parent/Guardian Information: (please provide TWO names if applicable)

(1) First /Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(2) First /Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact:** In the absence of a parent/guardian, this person will be contacted in case of illness, accident, or emergency who is authorized to remove the child from the facility. (NOT the parent/guardian)

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

In addition to Parents/Guardians listed above, the following person(s) are authorized to pick up my child:

(1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Registration Fees:**

Registration fees for the afterschool program are as follows: **\$10 if you have one child enrolled in the program, and \$20 if you have two or more children enrolled.** Payment can be cash, a check made out to "Sanctuary on 8<sup>th</sup> Street" OR on our website using the "donate" feature. Fees are due with application.

**Additional Application Questions:**

**1. How will your child be transported to the after-school program? (please check)**

<input type="checkbox"/>	Dropped off by parent/guardian or their designee
<input type="checkbox"/>	Picked up by Sanctuary on 8 <sup>th</sup> Street Staff in van (as of now, only available at Andrew Robinson)
<input type="checkbox"/>	Other (Please describe):

**Note:** You can call Duval County Public Schools Transportation Office at **(904) 858-6200** to find out if there is a bus your child can take from school that drops off near the Sanctuary. We are located at **120 E. 8<sup>th</sup> St.** The Transportation Office hours are 7:30 AM - 4:30 PM Monday through Friday.

**2. Is your child allowed to walk home at the end of the day\*? Yes \_\_\_ No \_\_\_**

*\*If yes, please contact Rick Carlidge to discuss a safety plan for your child.*

**3. Does your child have any behavior issues that we should be aware of? Yes \_\_\_ No \_\_\_**

(If "Yes" please, explain. This question is to help us help your child to the best of our ability.)

**4. Does your child have any special medical needs? Yes \_\_\_ No \_\_\_**

(If "Yes," please, explain):

**5. Is your child currently taking medication to alter or modify behavior and/or mood?**

Yes \_\_\_ No \_\_\_

(If "Yes" please, explain):

**6. Does your child have any allergies? Yes \_\_\_ No \_\_\_**

**After-School Meals Program:**

Each student will receive one nutritious meal each afternoon while attending the program through our partnership with the *Kids Hope Alliance After-School Meals Program*. To create fairness for all students, no student is permitted to bring outside food or drink to the Sanctuary, unless the director gives them specific permission.

**Fresh Minds Program:**

In partnership with the Junior League of Jacksonville, all Sanctuary students will have the opportunity to participate in *Kids in the Kitchen* lessons once a month, with volunteers who introduce new foods while teaching about nutrition and cooking topics. These volunteers also prepare meal kits with recipe instructions to send home monthly with each Sanctuary family, usually with snacks included as well. This is a free program called Fresh Minds.

**My family would like to receive the free monthly meal kits and recipes. Yes \_\_\_ No \_\_\_**

**Kids Hope Alliance Data:**

The Sanctuary on 8th Street after-school and summer programs are partially funded by a grant through the City of Jacksonville Kids Hope Alliance, and a grant through United Way of Northeast Florida. To obtain this funding, we need to collect the following information.

**Is your child eligible to receive free or reduced lunch at school? Yes \_\_\_ No \_\_\_**

**Is your family enrolled in TANF, WIC, and/or Medicaid programs? Yes \_\_\_ No \_\_\_**

**Please provide an estimate of your family’s annual income: \$ \_\_\_\_\_/year**

**# of children in household \_\_\_\_\_**

**# of seniors in household \_\_\_\_\_**

**# of seniors (65+) in household \_\_\_\_\_**

**Total # of people in household \_\_\_\_\_**

**PLEASE read the following sections carefully before signing. Your signature at the bottom of the application indicates your acknowledgement of and agreement with ALL of the following:**

**Field Trip Release:**

I understand that as a participant of the Sanctuary on 8th Street after-school program, my child is eligible for field trips, experience trips, community service trips, and other offsite activities based on good behavior and participation in the program. I give my permission for my child to participate in all trips and understand that my child may be transported by Sanctuary on 8th Street vans or rented vehicles. I understand and agree that the Release of Liability which I have executed extends to all offsite activities, including the transportation to and from those offsite activities.

**Authorization for Emergency Care:**

In case of accident or serious illness, and the program site is unable to reach me, I hereby authorize Sanctuary on 8<sup>th</sup> Street to make whatever arrangements necessary to provide care and treatment for my child. In case of accident/serious illness where the immediate treatment of my child is not necessary, but he/she is unable to remain in the program, I will be contacted, or transportation arrangements will be made for my child. If the program is unable to reach me, I authorize Sanctuary on 8<sup>th</sup> Street to contact one of the persons indicated on the enrollment form and ask them to pick up and transport my child home.

## **General Release of Liability:**

1. This is a Release of Liability and a waiver of legal rights. It deprives you of the right to sue the Sanctuary on 8th Street and other people and entities. Do not sign it unless you have read it in its entirety.
2. The Sanctuary on 8th Street is an after-school youth development program and summer camp ("the Program"). I confirm that I am the parent or legal guardian for the child listed in the Sanctuary on 8th Street 2024-25 After School Application ("my child"). I give permission for my child to participate in all Program activities unless I provide other directions in writing. I understand that some Program activities include the risk of injury. I assume that risk and personal responsibility for damages resulting from injury to my child related to Program activities.
3. If I have concerns with Program policies, I will discuss them with the Executive Director.
4. I agree to release and hold harmless and covenant not to sue any of the entities and people listed in paragraph 5 of this Release of Liability for any injury or property damage suffered by my child that is related to my child's participation in Program activities, including any injury or property damage related to transportation to Program activities. This Release of Liability binds me, my child, my child's other parents and guardians, and the next of kin of my child, me, and any other guardians.
5. This Release of Liability applies to:
  - a. The Sanctuary on 8th Street, its affiliated organizations, administrators, directors, officers, agents, coaches, staff, volunteers, and employees.
  - b. The City of Jacksonville, its affiliated organizations, administrators, directors, officers, agents, coaches, staff, volunteers, and employees.
  - c. The Kids Hope Alliance, its affiliated organizations, administrators, directors, officers, agents, coaches, staff, volunteers, and employees.
  - d. Other Program participants and their parents, legal guardians, and next of kin.
  - e. Sponsoring agencies and individuals, donors, and advertisers.
  - f. Owners and lessors of property used for Program activities.

## **Voice and Image Public Relations Release:**

I hereby grant the Sanctuary on 8th Street the right to use my child's name and photographs/videos of my child involved in Sanctuary on 8th Street activities (either on or off site) at any time for editorial, illustration, promotional, advertising, media coverage and/or similar purposes in connection with any publication or activity as part of Sanctuary on 8th Street. I agree to allow my child's name and/or photograph to be used on Facebook, Instagram, other social media sites and/or the Sanctuary on 8th Street website. I also give my consent for my child to be interviewed by the media regarding their participation in Sanctuary on 8th Street programs. I also understand Sanctuary on 8th Street may release photos of my child to partner organizations, funders, media, etc. for use in their promotional purposes and allow same to take promotional photos/videos.

## **School Information Release:**

I understand that one of the goals of the Sanctuary on 8th Street is to assist my child with school success in both the summer camp and after school learning programs. As such, I give permission to Sanctuary on 8th Street to access my child's school records (official school files to include academic, attendance, discipline, test scores, IEP plans and all other areas) through the Duval County Public Schools and Kids Hope Alliance. I give permission to Sanctuary on 8th Street to continue tracking my child's progress after they leave the program unless I specifically request in writing that they do not do so. I will provide a copy of my child's report card to the Sanctuary on 8th Street each quarter as well as other school documents that relate to my child's success. I understand that the Sanctuary on 8th Street will share information with individual staff members and Kids Hope Alliance staff as needed

to help with my child's success but that there are written policies and procedures in place for confidentiality of my child's records.

**Department of Children and Families Information:**

I have received the information packet from the Florida Department of Children and Families (DCF), including the brochure titled *Influenza Virus, The Flu, A Guide for Parents*, and the brochure titled *When Life Happens ...Don't be a Distracted Adult*.

**Student Behavior Policies:**

Sanctuary staff have three important guidelines for student behavior: **work hard, be nice, and have a good attitude**. We work constantly with our children to help them improve their behavior, and we are asking for parent and family support as well. Students who demonstrate these three actions will earn the ability to attend field trips and will earn bracelets to spend in the "store". Students who repeatedly disregard these guidelines, despite redirection by staff, are subject to receiving a day off from the after-school program, at the director's discretion. If the behavior continues after multiple days off, the student could face removal from the program, at the director's discretion.

**Application is NOT considered complete unless signed below to indicate agreement with all of the above. Please make sure you have read this application carefully.**

\_\_\_\_\_  
Child's Name (Please Print)

\_\_\_\_\_  
Parent or Legal Guardian Name (Print)

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

**For More Information,**  
**Phone:** 904.356.3588  
**Website:** Sanctuaryon8th.org  
**Email:** [rick@sanctuaryon8th.org](mailto:rick@sanctuaryon8th.org)



United Way  
of Northeast Florida

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**KIDS HOPE ALLIANCE**  
The Jacksonville Partnership  
for Children, Youth & Families

**Please review the remainder of this form. A signature from the parent/guardian is required to ensure your child's participation.**