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Initials from Site Manager are required to complete program enrollment.

PRODIGY APPLICATION

ALL PAGES OF THIS FORM MUST BE COMPLETELY FILLED IN AND SIGNED BY A PARENT OR LEGAL GUARDIAN PRIOR TO A STUDENT'S PARTICIPATION IN PRODIGY.		APPLICATION DATE: PLEASE PROVIDE <u>ONE</u> OF THE FOLLOWING:	
Programming Location: _____		SCHOOL STUDENT ID# _____ SOCIAL SECURITY# (last 4-digits): _____	
SECTION I: STUDENT INFORMATION			
Demographic Information: <i>The race and ethnicity selections below are selected based on the information our funder requires. Please SELECT ONLY ONE for Race, and ONE for Ethnicity.</i>			
Race (MARK ONLY ONE): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Bi-racial			
Ethnicity (MARK ONLY ONE): <input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic <input type="checkbox"/> Jamaican <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Multi-ethnic			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Participant Information: Last Name: _____ First Name: _____ Middle Name: _____			
DOB: _____	Age: (6-19 only) _____	Primary Language Spoken: _____	
Address: _____		Apt/Unit # _____	City: _____
Address 2: _____		State: _____	Zip Code: _____
County (mark one): <input type="checkbox"/> Hillsborough <input type="checkbox"/> Pasco <input type="checkbox"/> Pinellas <input type="checkbox"/> Polk <input type="checkbox"/> Manatee <input type="checkbox"/> Sarasota <input type="checkbox"/> Orange <input type="checkbox"/> Osceola <input type="checkbox"/> Hardee <input type="checkbox"/> Highlands			
Student Parental Status: <input type="checkbox"/> None <input type="checkbox"/> Student is pregnant <input type="checkbox"/> Student is a mother <input type="checkbox"/> Student is a father			
Family Status: <input type="checkbox"/> Lives with two parents <input type="checkbox"/> Lives with single mother <input type="checkbox"/> Lives with single father <input type="checkbox"/> Lives with relative(s) <input type="checkbox"/> Lives with non-relative(s) <input type="checkbox"/> Foster Care <input type="checkbox"/> Other (Please describe) ____			
Student was referred by: <input type="checkbox"/> Self or Family <input type="checkbox"/> School <input type="checkbox"/> DCF <input type="checkbox"/> Other (Please describe) ____			
Parent/Legal Guardian Information: <i>Parent/Legal Guardian 1</i>			
Last Name: _____		First Name: _____	
Middle Name: _____		Home phone () _____	
Work phone () _____		Cell phone () _____	
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Please describe) _____			
Email: _____			
Emergency Contact <input type="checkbox"/> (By selecting this box you are authorizing this individual to drop off/pick up student.)			
<i>Parent/Legal Guardian 2</i>			
Last Name: _____		First Name: _____	
Middle Name: _____		Home phone () _____	
Work phone () _____		Cell phone () _____	
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Please describe) ____			
Email: _____			
Emergency Contact <input type="checkbox"/> (By selecting this box you are authorizing this individual to drop off/pick up student.)			

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School Information:		Name of School <i>(Indicate if student is homeschooled):</i>	
Currently Enrolled In School? <input type="checkbox"/> Yes <input type="checkbox"/> No Grade Level:			
Address:		Apt/Unit #	City:
Address 2:		State:	Zip Code: Phone: ()
SECTION II: TRANSPORTATION RELEASE & EMERGENCY CONTACT INFORMATON			
Only the individuals listed below are authorized to drop off/pick up student. Please check the appropriate box for the emergency contact (EC) person you want to designate.			
Last Name		First Name	
		EC <input type="checkbox"/>	
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <i>(please describe)</i> _____			
Home phone ()		Work phone ()	Cell phone ()
Last Name		First Name	
		EC <input type="checkbox"/>	
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <i>(please describe)</i> _____			
Home phone ()		Work phone ()	Cell phone ()
In addition to the people listed above, my child has my permission to be released as indicated below <i>(please check all that apply)</i> . <input type="checkbox"/> Sign Self In and Out <input type="checkbox"/> Signed In and Out by Parent/Guardian Only <input type="checkbox"/> Other <i>(please describe)</i> ____			
SECTION III: MEDICAL RELEASE AND EMERGENCY INFORMATION			
My child has the following medical condition(s) and/or is taking the following medication(s) listed below. The medical information provided herein is covered by the Health Insurance Portability and Accountability Act (HIPAA). Please indicate N/A for sections that do not apply.			
Medical conditions:	Medications:	Other special needs:	
<p>If my child, _____ should become ill or injured while at Prodigy, I understand that an administrative staff member will contact me immediately or contact the person I have designated in the emergency contacts list if I cannot be reached. Should the administrative staff be unable to reach me or the person I have designated, I authorize the staff to contact the child's physician and/or arrange for immediate emergency treatment if deemed necessary to ensure my child's health and safety. I further understand that this Prodigy Cultural Arts Program is not liable for any payment or medical bills that may arise, including costs associated with ambulance transport.</p>			
Physician's Name:		Street address:	Phone ()
Name of Medical Insurance Company:		Policy#	Group #

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SECTION IV: INFORMED CONSENT FOR SERVICES, PRODIGY RELEASE & CONSENT FOR RELEASE OF INFORMATION

The Prodigy Cultural Arts Program is a research-based prevention program that provides a safe arena where students learn communication, problem-solving and anger management skills through visual and performing arts. The program is funded by the Department of Education (DOE). A designated staff member will explain the purpose, process and content of the program with the student and his/her family upon admission.

_____ (Initials) I allow the information provided herein be used to complete enrollment requirements and assessments, and grant permissions for assessments to be conducted as part of the Prodigy Program. Information provided will be utilized to complete enrollment requirements with DOE.

_____ (Initials) I authorize the Prodigy Program Staff to provide prevention services to my child throughout the duration of the program.

_____ (Initials) I understand that the Informed Consent is effective for one (1) year from the date of my signature. However, I may revoke consent orally or in writing any time prior to expiration.

_____ (Initials) I understand that this is a legally binding release made to the University Area CDC, Inc. (UACDC), DOE and Prodigy Site operated by (name of the organization) _____. And, in consideration of allowing my child to enroll and participate in the Prodigy Program at any approved location, I hereby release the above named entities (comprised of the Prodigy Program, their employees and agents) from any and all liability, loss claim, damage, charge or expense that may arise from injury or harm to my child, or from damage to my property in connection with my child's enrollment and participation in the Prodigy Program.

SECTION V: STUDENT GRIEVANCE PROCESS

While in the Prodigy program, every student and parent has access to a method to have a particular grievance considered rapidly, fairly and without reprisal. If a student or parent has experienced a circumstance or action on the part of a Prodigy Staff in which they deem to be unjust, he/she may file a grievance following the process provided.

_____ (Initials) I have received and understand the student grievance process.

SECTION VI: MEDIA RELEASE PARENT/GUARDIAN CONSENT

Effective for twelve months from date of signature below, I hereby voluntarily and without expecting reimbursement grant to the Prodigy Program of the University Area CDC, Inc. permission to use photographs and videos made of my student during his/her participation in the program. The use of photographs and videos will not be used for profit; they will include but not be limited to publications, website, display, advertising, editorial illustration, etc.

_____ (Initials) I give the University Area CDC, Inc. permission to photograph, videotape my child and publish his/her name with print photograph as a participant in the Prodigy Program.

_____ (Initials) I DO NOT give the University Area CDC, Inc. permission to photograph, videotape my child and publish his/her name with print photograph as a participant in the Prodigy Program.

Signature of Parent/Guardian _____	Date: _____
Signature of Student _____	Date: _____
Signature of Staff _____	Date: _____

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