



FIU | Arts, Sciences & Education
School of Education and Human Development

**MIDDLE SCHOOL ENRICHMENT
FLORIDA INTERNATIONAL UNIVERSITY
AFTER-SCHOOL ALL-STARS
PARTNERSHIP PROGRAM**



**REGISTRATION PACKAGE
2021-2022**



**PARENTAL ACKNOWLEDGEMENT FORM
MIDDLE SCHOOL ENRICHMENT/FIU AFTER-SCHOOL ALL-STARS
PARTNERSHIP PROGRAM**

I have received, read, and acknowledge the policies outlined in the program guidelines for the Middle School Enrichment/FIU After-School All-Stars Partnership Program. As a parent/guardian, I am responsible for my child's supervision before and after the scheduled program.

The opportunity to purchase the student accident insurance for this school year for my son/daughter has been offered to me.

Parents/guardians are required to attend at least one program event per year and must complete all required surveys in order for their child to be able to participate in this free program.

Students must participate in the program for the duration of the daily schedule. I understand that if my child is picked-up before the end of the daily program and/or is not picked up on time, his/her participation in the program will be terminated after the third occurrence.

I understand that this completed acknowledgement form will be kept in my son's/daughter's file as an official document.

Student Name (Please print)

Parent/Guardian Name (Please print)

Parent/Guardian Signature

Date



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
MIDDLE SCHOOL ENRICHMENT PROGRAM / FIUASAS REGISTRATION FORM**

SCHOOL: ANDOVER MIDDLE SCHOOL REGISTRATION DATE : _____

LAST NAME		FIRST NAME		MI	CLASSROOM TEACHER	GRADE
AGE	DATE OF BIRTH / /	GENDER M F	ETHNICITY A B H I M W		STUDENT ID #	
HOME ADDRESS		CITY	ZIP CODE	HOME PHONE ()		
MOTHER'S NAME	ADDRESS		HOME PHONE ()	BUSINESS PHONE ()	CELL PHONE ()	
FATHER'S NAME	ADDRESS		HOME PHONE ()	BUSINESS PHONE ()	CELL PHONE ()	
MOTHER'S E-MAIL ADDRESS			FATHER'S E-MAIL ADDRESS			
EMERGENCY CONTACT OTHER THAN PARENT NAME		PHONE # ()		RELATIONSHIP TO STUDENT		
EMERGENCY CONTACT OTHER THAN PARENT NAME		PHONE # ()		RELATIONSHIP TO STUDENT		
OTHER PERSONS AUTHORIZED TO PICK-UP STUDENT			DISMISSAL ARRANGEMENTS			
IN THE EVENT NO ONE CAN BE CONTACTED, I GIVE PERMISSION FOR MY SON/DAUGHTER TO RECEIVE EMERGENCY MEDICAL TREATMENT: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						
IF "NO" WAS CHECKED IN THE PREVIOUS BOX, PLEASE PROVIDE A PROTOCOL TO FOLLOW:						
SPECIAL NEEDS/INSTRUCTIONS						
SIBLINGS IN THE PROGRAM						
PARENT/GUARDIAN SIGNATURE				DATE		

FM-6096 Rev. (07-20)

**ALL SECTIONS OF THIS FORM MUST BE COMPLETED
PRIOR TO ADMISSION INTO THE PROGRAM**

SIGNATURE _____ DATE _____
PRINCIPAL/APCE/PROGRAM MANAGER

**TO PARTICIPATE IN THIS FREE PROGRAM, PARENTS/GUARDIANS ARE REQUIRED TO COMPLETE PARENT SURVEYS
AS WELL AS PARTICIPATE IN AT LEAST ONE OF THE PARENT ACTIVITIES DURING THE SCHOOL YEAR.**



Please read the following: In consideration of accepting this application for registration in the Middle School Enrichment/ FIU After-School All-Stars Program (the "Program"), I, the parent, guardian or other legal custodian of the participant described above, intending to be legally bound, for the participant and his/her heirs, guardians and personal representatives, do hereby, waive and release The Florida International University Board of Trustees, South Florida After-School All-Stars, Inc., Miami-Dade County, the Miami-Dade County Public School System, and all other municipalities, schools, clubs and private agencies, their officers, directors, agents, employees, volunteers and assigns and any sponsors for any and all injuries suffered by my child/ward as a result of his./her participation in the Program. I represent that I have the authority to acknowledge and sign this registration for the purpose set forth herein and that no other consents are required. I hereby grant full permission to any and all of the foregoing parties to use the participant's photograph, likeness and voice, including but not limited to, videotapes, recordings, television broadcasts or any other record of these events to any purpose related to the Program, without payment of any additional consideration. It is further agreed that the participants will be evaluated during this Program and that these evaluations may be used and the results made public. These evaluations will be based on data, which will include but may not be limited to, the participants' grades, attendance records and test scores as recorded with the Miami-Dade County Public Schools and other agencies. The participants' names will not be used in connection with any public use of these evaluations without the expressed written consent of the participant and their parent, guardian or legal custodian. I certify that all of the information contain herein is true and correct.



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
MEDIA RELEASE PARENTAL CONSENT FORM**

(Date)

Dear Parent:

Please be advised that during the year your child may be photographed, videotaped, or interviewed at various school sponsored events. With your consent, the photograph, video or interview may be reproduced and released for use in the media, i.e., newspapers, brochures, videos, television, the internet, and Miami-Dade County Public Schools websites and social media platforms such as Facebook, Twitter, etc.

Please indicate your preference below.

(Student's Name)

(Student's ID)

Yes.

My child's photograph/video/interview **may** be reproduced and released for use in the media.

No.

My child's photograph/video/interview **may not** be reproduced and released for use in the media.

(Signature)

(Date)

Return this signed form to:

CONTACT PERSON: MR. LEBRUN

SCHOOL NAME: ANDOVER MIDDLE SCHOOL

SCHOOL TELEPHONE: (305) 654-2727

Obligations of Activity Participants
Waiver, Release & Hold Harmless

COVID-19 and Voluntary Third-Party Extracurricular Activities
Summer 20__ and School Year 20__ - 20__

Extra-Curricular Activity: _____

Parent/Guardian's Name: _____

Participating Child(ren)'s Name: _____

I desire to participate or allow my child(ren) ("Activity Participant") to participate in one or more voluntary extracurricular activities being held on the campus(es) of the School Board of Miami-Dade County, Florida ("School Board"). I acknowledge that the novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact, including in Miami-Dade County. I further acknowledge that federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19.

The School Board will have third-party organizations ("Organizations") conducting certain extracurricular activities, including summer camps, on its campus(es) beginning in the Summer of 2020 and continuing into the 2020-21 school year. I understand that if I or my child(ren) choose to participate in these Organizations' activities (hereinafter "Activity"), the Activity will be controlled, organized, contracted, staffed and insured independent of the School Board, and will be conducted with the safety protocols these Organizations deem appropriate under the circumstances at the time, which may be subject to change. I understand that the School Board will not be responsible for implementing, supervising, or informing the Activity Participant(s) of this Organization's safety protocols, and that it is solely my responsibility, as well as the Activity Participant's, to adhere to all state, federal, and local safety protocols, as well as those the Organization provides.

In an effort to ensure the safety and wellness of our school community, I understand the importance of Activity Participants, including my child(ren), being healthy and safe when they participate in the Activity. By signing below, I agree that I will:

- Perform daily temperature checks on my child(ren) to screen for fever before arrival to the Activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If my child(ren) has a fever, I will not permit my child(ren) to participate in the Activity until he/she has been without a fever for at least 72 hours.
- Make a visual inspection of my child(ren) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the Activity until he/she has been without signs or symptoms for at least 72 hours.

- Confirm that my child(ren), before and while participating in the Activity, has not tested positive for COVID-19 in the past 14 days, is not waiting for test results based on a diagnosed or suspected case of COVID-19, and has not within 14 days returned from an area subject to CDC Level 3 Travel Health Notice.
- Confirm that my child(ren), before and while participating in the Activity, has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days, is waiting for test results based on a diagnosed or suspected case of COVID-19, or has returned from a highly impacted area subject to a CDC Level 3 Travel Health Notice. If my child(ren) has been in contact with such a person, including from the same household, I will not permit my child(ren) to participate in the Activity until 14 days have elapsed since the time of contact.
- Promptly pick up my child(ren), or arrange for pickup, if signs or symptoms of illness are present. I understand that children are to remain home until illness-free for at least 72 hours without the use of medicine.

By signing this document, I acknowledge and affirm all of the statements above. I also understand that I or my child(ren) may unavoidably be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), these Organizations, School Board staff, volunteers, or agents, other Activity participants, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of my and/or my child(ren) being able to participate in the Activity, I, on behalf of myself and my child(ren), as well as anyone entitled to act on my behalf, hereby knowingly and voluntarily forever waive, release, and hold the School Board and its employees and agents harmless from any and all claims, suits, liability, actions, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activity.

If this Waiver, Release and Hold Harmless or any portion thereof is determined to be invalid or unenforceable for any reason, the remaining provisions of this Waiver, Release, and Hold Harmless, as well as any other agreement(s) concerning my or my child(ren)'s participation in this Activity, shall be unaffected and remain in full force and effect.

Signature of Parent/Guardian

Signature of Activity Participant

Print name of Parent/Guardian

Print name of Activity Participant

Date of signature

Date of signature



BUS FORM #1

School _____

Student _____

Dear Parent/Guardian,

We are pleased that your child is participating in the FIU After-School All-Stars program, a partnership with the Miami-Dade County Public Schools. We have made arrangements for an activity bus that will be available to transport your child from the after school program to a selection of stops in your neighborhood **within 3 miles of the school**. For the first few weeks of the program while stops are being created your child may be dropped door to door. When the stops have been created, you will be sent a bus corner stop location form for your child that must be signed by you in order for your child to continue riding the bus. If you do not sign the form, your child will not be able to receive transportation service.

- You are required to read the following information and sign this letter.
- No student will be permitted to ride the bus unless a properly signed program registration form and this letter are on file at the school.
- **NO STUDENT WILL BE ALLOWED TO LEAVE THE BUS AT A STOP THAT IS DIFFERENT FROM THE ASSIGNED STOP WITHOUT AUTHORIZATION FROM YOU IN WRITING IN ADVANCE.**
- It is the responsibility of your child to board the bus at the end of the program. If your child misses the bus, it will be the responsibility of the parent or guardian who signs this form to make arrangements for student pick up.
- The SFASAS bus service is a privilege and can be revoked at any time due to behavior problems, suspension, excessive absences, etc....

Thank you for the continued support of your child and the after school program.

Sincerely yours,

Sean A Prospect
Executive Director

Signature of Parent or Guardian: _____

Date: _____ Site Manager Signature: _____

MSE/FIUSAS WALK HOME PERMISSION FORM

This letter is to notify parents/guardians that your child, _____, has shown an interest in an after-school activity. He/She would like to be a member of the After School FIU All-Star Program. This program will meet from 4:00pm to 6:00pm Monday through Friday.

While the school safeguards the students during school-sanctioned activities, it is the parents' (your) responsibility to arrange transportation for your child to return home after all school functions and activities have ended.

Please indicate below whether or not your child has permission to walk home:

Yes, I _____ (parent's name) give my child permission to walk home after this school program has ended.

Thank you for your concern in this matter. We hope that you and your child have a safe and enjoyable experience at our School.

Student Name

ID#

Print name

Signature

Date



FIU AFTER-SCHOOL ALL-STARS PARENT NEEDS ASSESMENT SURVEY

Throughout the course of the year, the FIU ASAS program at your child's school will be providing monthly parent education nights. As part of your commitment to the program, it is required that you attend a minimum of 2 of these parent education nights a year in order for your child to remain within the program. To better determine the workshops that parents are most interested in attending, we ask that you complete the following survey, and return it along with your student's registration packet.

1. What After-School All-Star Site does your child belong to?

2. Please select the types of session you would like to see offered by ASAS (Circle all that apply):

- | | |
|---|--|
| • Financial Literacy | • Drugs and Substance Abuse |
| • GED Information Session | • How to help your child succeed |
| • Nutrition and Health | • Effective communication strategies with youth |
| • Self Esteem and Body Positivity | • Creating meaningful conversations and social connections |
| • Parent Portal | • Teaching kids to be thankful |
| • Standardized Testing and End Of Course exams | • Goal setting |
| • Protecting youth from bullying and harassment | • College Readiness |
| • Sexting and internet safety | • Stress management strategies for parents |
| • Discipline strategies for parents | • Fitness (Zumba, Yoga etc.) |
| • Protecting youth from risky behavior | • Strengthening Math and Reading Skills |
| • Becoming an Effective Advocate for your Child | • Preparing for the Job You Want |
| • Resolving Family Conflicts | |

Other (Please Specify)

3. What day(s) of the week are you available to attend (Circle all that apply):

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

4. What time(s) are you available to attend (Circle all that apply):

7:00 AM 8:00AM 9:00 AM 10:00 AM 11:00 AM 12:00 PM 1:00 PM
 2:00 PM 3:00 PM 4:00 PM 5:00 PM 6:00 PM 7:00 PM 8:00 PM