



Project R.O.C.K South Inc.
"Reaching Our Community Kids"



Enrollment Application

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ Zip Code: _____

STUDENT ID#: _____ Age: _____ Male ☐ Female ☐ DOB: _____

Ethnicity: Black ☐ White ☐ Haitian ☐ Asian ☐ Hispanic ☐ Native American ☐ Other ☐

School: _____ Grade: _____

Date Entering Program: _____ Suspension Letter: YES ☐ NO ☐

STUDENT LUNCH NUMBER: _____

REASON FOR SUSPENSION: _____

Length of Suspension: # _____ Days Is Student on Probation? _____ Diversion Program? _____

Is Student Insured: YES ☐ NO ☐

Name of Individual Enrolling Student (PLEASE PROVIDE VALID ID): _____

Relationship to Student: ☐ Parent ☐ Grandparent ☐ Caregiver ☐ Sibling
☐ Aunt ☐ Uncle ☐ Other _____

Cell Phone: _____ Home Phone: _____

EMAIL: _____ Work Phone: _____

****STUDENT DROP OFF AND PICK UP INFORMATION-PHOTO ID REQUIRED FOR PICK UP****

Responsible Party	Relationship to Student	Telephone Number
1.		
2.		

Mornings: Student will be ☐ WALKING ☐ RIDING BIKE ☐ TRANSPORTED BY AUTOMOBILE
Afternoons: Student will be ☐ WALKING ☐ RIDING BIKE ☐ TRANSPORTED BY AUTOMOBILE

Emergency Contact:

Last Name _____ First Name _____

Relationship to Student _____ Contact Number _____

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Medical Information

I, _____ (legal guardian) authorize medical transportation in the event of an emergency.

Does your student experience any of the following? Seizures ☐ Allergies ☐

Are these conditions treated? YES ☐ NO ☐

Is the student on any type of medication? YES (if yes, please describe below) ☐ NO ☐

Name of medication? _____ Dosage _____

Frequency _____ Physician _____ Office# _____

Authorization for Medical Release from School

I hereby authorize the St. Lucie School Board to release the medical records to Project R.O.C.K South, Inc. for the following student:

Student

Legal Guardian

Date

Workshops/ Seminars

As part of the Project R.O.C.K South, Inc. program, we have agencies that visit our site and host an interactive Workshop/Seminar with the students. The students are engaged in a variety of discussion topics, such as: Puberty and Physical Development, HIV, STD's. Drugs, Violence, Anger Management, Self Esteem, Peer Pressure and Conflict Resolution.

If you would like your student to participate in the workshops/Seminars, please indicate:

☐ I WOULD like my child to participate in the Workshops/Seminar.

(Signature)

☐ I WOULD NOT like my child to participate in the Workshops/Seminar.

(Signature)

I verify that all of the previous information is correct to the best of my ability.

Student

Legal Guardian

Date

Office Use Only:

Staff Member: _____

Date: _____



Agreement Between PROJECT R.O.C.K. SOUTH INC. and STUDENT, PARENT, OR LEGAL GUARDIAN

1. Any suspended student from grades K-12 of St. Lucie County is eligible to attend Project R.O.C.K. South Inc
2. The student will not be allowed to leave until the end of the program day unless otherwise noted by the parent or legal guardian.
3. Parents or legal guardians will not hold Project R.O.C.K South Inc. or Children's Services Council of St. Lucie County and its staff or directors liable for any injuries that may occur while attending Project R.O.C.K. South program. Any medical needs occurring while in the care of Project R.O.C.K South is the student, parent, and legal guardian's sole responsibility.
4. No student can be removed from the program except by authorized persons noted on the enrollment application. (I.D. Required).
5. Students must be signed in by parent(s), obtain necessary materials, be seated, and be prepared to follow instructions from staff, mentors, and tutors.
6. All food and beverages are to be consumed only in the designated area(s).
7. Under no circumstances will students be allowed to engage in excessive talking, fighting, arguing, or behavior 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 maintain a respectful attitude while participating in the program.
10. Students may have a talk session anytime with a Project R.O.C.K. South director or staff member(s).
11. Project R.O.C.K. South is funded by the Children's Services of St. Lucie County (C.S.C.). I understand that general information about each student's attendance and program outcomes is required to be reported to C.S.C. quarterly.

I have read the agreement; I understand and agree to abide by the 11 statements _____
(initials).

LIABILITY/ HOLD HARMLESS RELEASE

I, _____, FOREVER RELEASE Project R.O.C.K. South Inc. and Children's Services Council of St. Lucie County, staff and volunteers, all members of the board, officers and directors, harmless from any actions, claims, or demands that I, my next of kin, spouse, and legal representatives now have, or may have in the future, 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, however, caused, by and release 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, my spouse, and legal representatives will not make a claim against, sue, or attack the property of any release concerning any of the matters covered by the foregoing release.

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

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

Signature of Parent/Legal Guardian

Date

Signature of Project R.O.C.K. South
(Office use)



PHOTO/VIDEO/PROMOTIONAL RELEASE FORM

I hereby authorize Project R.O.C.K South Inc. and those acting pursuant to its authority to: (1) record my likeness and/or voice on a video, audio, photographic, digital, electronic or any other medium; (ii) use my name and biographical material in connection with such recordings; and (iii) use, reproduce, exhibit, and/or distribute my name, biographical material, and such recordings in any medium (e.g., print publications, video, internet, etc.) for promotional, advertising, educational, and/or other lawful purposes. I release and waive any claims or rights of compensation or ownership regarding such uses and understand that all such recordings shall remain the property of Project R.O.C.K south Inc. I certify that I am 18 years of age or older or that my parents/guardian has signed below.

Name of Participant (please print): _____

Participant Signature: _____

Parent/Guardian Signature: _____

Date: _____

Phone: _____ Email: _____

Office Use Only

Staff _____ Date _____ Filed _____ Purpose _____

The Children's Services Council is a dedicated source of revenue established by voter referendum to improve the lives of families and students in St. Lucie County. This advertisement meets School Board policy 9.40. However, this acknowledgement does not represent a recommendation of the products/service for the distribution of the advertisement.