



Return to:
 AKA AKADEMY
 P.O. Box 15004
 St. Petersburg, FL 33733
www.zuochapter.org

AKA AKADEMY: _____

Participant Information (Child)

Date: _____ Participant Name: _____
 Male Female T shirt size (youth) _____ / (adult) _____
 Street Address: _____ Date of Birth: ____/____/____
 City: _____ Zip Code: _____ SS# _____
 Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

School Status/ Grade for 2010-2011 school year (circle one):

 6 7 8 9

Race: _____ Chinese _____ Native Hawaiian
 _____ White _____ Filipino _____ Other Asian
 _____ American Indian or Alaska Native _____ Guamanian or Chamorro _____ Other Pacific Islander
 _____ Asian Indian _____ Japanese _____ Samoan
 _____ Asian Unspecified _____ Korean _____ Vietnamese
 _____ Black, African American _____ Multiracial _____ Some other race

Ethnicity: _____ No, Not Spanish/Hispanic/Latino _____ Yes, Other Spanish/Hispanic/Latino
 _____ Yes, Puerto Rican _____ Yes, Mexican, Mexican American, Chicano _____ Yes, Cuban

Foster Child Yes No NA **Student ID #** _____ **Free/Reduced Lunch:** _____ N/A
 _____ Free _____ Reduced _____ Not Eligible
School Consent: _____ Agreed _____ Declined
 (Guardian Initials above) **School Name:** _____

Reason For Participation

Primary – (pick one from list)

Secondary – (pick one from list – only if applicable)
 Do not pick same reason as the primary

Activities/Services

Primary – (pick one from list)

Secondary – (pick one from list – only if applicable)
 Do not pick same activity/service as the primary

Academic Achievement: the participant is seeking challenging activities that promote, encourage or increase academic achievement.

Character Building: the participant is seeking activities that will assist in their ethical or moral development.

Community Service: the participant wishes to volunteer services or time to a project in their neighborhood or community (the Community is the recipient of the volunteer services).

Leadership: the participant wishes to develop the capacity to guide, direct, or inspire others.

Mentoring: the participant wants to be a mentor or is seeking a mentor. Mentoring is defined as an asset based relationship that provides a child with a caring adult. Mentoring strives to insure that every child who wants a mentor and every adult who wishes to mentor has access to a program. Mentoring should have an appropriate infrastructure for service to support and insure a quality relationship. Mentoring is further defined as having as part of its infrastructure recruitment screening, training, placement, evaluation, supervision, and recognition procedures. (Source: Big Brothers Big Sisters of Pinellas County)

Planning and Decision Making: the participant desires to learn how to plan ahead and make choices.

Positive Family Communication: the participant wants to learn healthy ways to share feelings, talk with, and seek advice or counsel from members of his or her family.

Self Development: the participant needs to engage in activities that will increase self-knowledge or lead to self-actualization.

Social Competence: the participant wishes to learn and enhance the skills that facilitate appropriate behavior in different types of social situations.

Social Contact: the participant enrolls in the program to seek contact with people.

Volunteering: the participant wishes to volunteer services or time to an agency or program.

Confidentiality Statement: The information provided in this form will be used only for the purpose of statistics and reporting to the Juvenile Welfare Board. This information will not be disseminated to the public and will be treated as confidential by AKA AKAdeMY staff.

AKA AKADEMY: _____

Case/Household Application

Date: _____ Parent/Guardian _____ Male ___ Female ___

Street Address: _____ Birth Date: ____/____/____

City: _____ Zip Code: _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

PARENT EMAIL ADDRESS: _____

Referred From: _____

Current Employment Status: _____
 Full Time/32 hours or more per week Not working by choice
 Part Time/31 hours or less per week Unemployed Disabled Retired

Household Income:	\$0- \$9999	\$10,000- \$19,999	\$20,000- \$29,999	\$30,000 - \$39,999	\$40,000 - \$49,999	\$50,000 & up
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(circle one)

Household Arrangement:

<input type="checkbox"/> Dual Parent-Married	<input type="checkbox"/> No Dependents – Single Female
<input type="checkbox"/> Other-Relative/Kinship Care – Married	<input type="checkbox"/> Single Parent - Male Head of Household
<input type="checkbox"/> No Dependents – Married	<input type="checkbox"/> Dual Parent – Non-Married Male Head of Household
<input type="checkbox"/> Single Parent – Female Head of Household	<input type="checkbox"/> Other-Relative/Kinship Care – Male Head of Household
<input type="checkbox"/> Dual Parent – Non-Married Female Head of Household	<input type="checkbox"/> No Dependents – Single Male
<input type="checkbox"/> Other-Relative/Kinship Care – Female Head of Household	<input type="checkbox"/> Other – Non Relative
	<input type="checkbox"/> No Dependents – Couple, non-married

Rent Home Own Home Other arrangement

____ # of Adults In Household

____ # of Children In Household

GUARDIAN/ADULT SIGNATURE _____ DATE: _____

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*Youth Development Foundation of Pinellas County, Inc.
AKA AKAdemy*

PERMISSION TO PARTICIPATE/RELEASE

I _____, the parent/legal guardian of _____, hereby authorize and given consent for my daughter/son to participate in activities related to the AKA AKADEMY PROGRAM for the 2011-2012 program year. Furthermore, I agree to release and hold harmless the Youth Development Foundation of Pinellas County, Inc., Zeta Upsilon Omega Chapter of Alpha Kappa Alpha Sorority Inc., Eta Rho Services Inc., Eta Rho Chapter of Omega Psi Phi Fraternity and individual members, representatives and agents of the aforementioned organizations. I, the undersigned have read this release and understand its terms.

Signature of Parent/ Legal Guardian

Date

MEDICAL RELEASE

I _____, the parent/legal guardian of _____, authorize the members of the Youth Development Foundation of Pinellas County AKA AKADEMY staff and members of the Zeta Upsilon Omega Chapter of Alpha Kappa Alpha Sorority to take such actions as necessary for the medical care and treatment of my daughter in the event that I or my emergency contact cannot be reached for authorization. Additionally, I agree to accept responsibility for all costs and expenses incurred for any and all medical services that may be provided.

Signature of Parent/Legal Guardian

Date

Name of Emergency Contact/ Relationship

Phone Number/Cell

List health issues/illnesses or allergies which we should be aware of:

PHOTO/MEDIA/TELEVISION RELEASE

I _____, parent/legal guardian hereby release and consent that photographs that are taken during the course of AKA AKADEMY activities shall become the property of the Youth Development Foundation including without limitation the exclusive right to publish, display, reproduce and distribute the image in all forms or media now known or hereafter developed.

Signature of Parent/Legal Guardian

Date

PARTICIPANT STATEMENT

I _____, understand that I must abide by all rules of the AKA AKAdemy.

Participant Signature

Date

JWB Children's Services Council of Pinellas County
Written Statement of Purpose(s) for Collection of Social Security Numbers

Recipients of JWB-funded Programs and Services

By Florida Law, JWB Children's Services Council of Pinellas County (JWB) is required to set forth, in writing, purposes for which it collects social security numbers. JWB is further required to provide individuals from whom it collects a social security number with a copy of the written statement setting forth those purposes.

Certain programs and services provided to members of the public by and through other agencies are funded in whole or in part by JWB. An agency providing programs or services funded in whole or in part by JWB may share with JWB the social security number of an individual who is a recipient of any such programs or services. Therefore, JWB Children's Services Council of Pinellas County collects the social security numbers of recipients of JWB-funded programs and services for the following purpose(s):

- To research, track and measure the impact of JWB-funded programs and services in an effort to maintain and improve such programs and services for the future (individual information will not be disclosed).
- To identify and match individuals and data within and among various systems and other agencies for research purposes.
- If applicable, to share information with the Florida Department of Health for purposes of Medicaid funding.