



Career Lifestyle Arts Program

REGISTRATION PACKET  
2022-2023

CLAP AFTER SCHOOL PROGRAM  
8601 Youngerman Court, Suite 3  
Jacksonville, FL 32244  
904.779.0177  
rmoxey@theaoejax.com

## WEST JACKSONVILLE RESTORATION CENTER PRESENTS

### C.L.A.P. After School Program Registration Overview

#### REGISTRATION

Enrollment is open to any child currently in Kindergarten – 12<sup>th</sup> grade residing in Duval County. Registration is not complete until after the registration packet has been completed and returned.

#### HOURS

3:00PM until 6:00PM Extended programs and services are not available on The Academy of Excellence's half days or days when The Academy of Excellence is not in session.

**\*Late pick up fee is \$1 per minute, per child, for any child picked up later than 6pm. The fee is due at pickup and must be paid before the child may attend the program again.**

#### NUTRITION

A Healthy Snack is provided for children daily.

#### FOR MORE INFORMATION

Contact the Program Director at your school for more information on daily activities, homework assistance, enrichment and more. You may visit the C.L.A.P. After School Program during program hours, contact the office at 904.779.0177 Ext. 3; or by email at [rmoxey@theaoejax.com](mailto:rmoxey@theaoejax.com).





# C.L.A.P. AFTER SCHOOL PROGRAM REGISTRATION FORM | 2022-2023

West Jacksonville Restoration Center | C.L.A.P. After School Program | 904.779-0177 ext. 3 | rmoxy@theaoejax.com

Your child may not attend the C.L.A.P. After School Program until ALL required forms are completed and on file.

## PROGRAM INFORMATION

ENROLLMENT (START) DATE / / SCHOOL NAME

DUVAL SCHOOL ID (IF PUBLIC SCHOOL)

LAST 4 DIGITS OF SOCIAL

## CHILD INFORMATION \*Child must be a Kindergarten – 12<sup>th</sup> grade Duval Resident\*

CHILD'S NAME NICKNAME DATE OF BIRTH / /

GENDER GRADE ETHNICITY (CIRCLE ALL THAT APPLY) W B A H I OTHER

ADDRESS CITY STATE ZIP

HOUSEHOLD PHONE HOUSEHOLD EMAIL

## PARENT/GUARDIAN INFORMATION

MOTHER OR LEGAL GUARDIAN NAME

ADDRESS CITY STATE ZIP

EMPLOYER WORK PHONE

HOME PHONE CELL PHONE EMAIL

FATHER OR LEGAL GUARDIAN NAME

ADDRESS CITY STATE ZIP

EMPLOYER WORK PHONE

HOME PHONE CELL PHONE EMAIL

## WHO HAS LEGAL CUSTODY?

MOM ONLY  DAD ONLY  BOTH PARENTS  OTHER (PLEASE EXPLAIN)

## WHO IS PERMITTED TO REMOVE THE CHILD?

MOM ONLY  DAD ONLY  BOTH PARENTS  OTHER (PLEASE EXPLAIN)

## EMERGENCY CONTACTS & AUTHORIZED TO PICK UP

ID IS REQUIRED TO PICK UP YOUR CHILD (REQUIRED: MINIMUM OF 2 OTHER THAN PARENTS)

NAME PHONE RELATIONSHIP

NAME PHONE RELATIONSHIP

NAME PHONE RELATIONSHIP

NAME PHONE RELATIONSHIP

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## MEDICAL INFORMATION

CHILD'S PHYSICIAN

PHYSICIAN PHONE

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### PLEASE INDICATE ANY OF THE FOLLOWING:

MEDICAL CONDITION/DIAGNOSIS:

CHRONIC ILLNESS:

HISTORY OF SERIOUS INJURY/HOSPITALIZATIONS:

PHYSICAL RESTRICTIONS:

ALLERGIES (INSECT, MEDICATIONS, FOODS, ETC.):

SPECIAL DIETARY RESTRICTIONS:

SPECIAL NEEDS (IF YES, PLEASE COMPLETE THE ADDITIONAL INFORMATION BELOW):     YES     NO

### SPECIAL NEEDS

PLEASE HELP US LEARN ABOUT YOUR CHILD'S SPECIFIC SPECIAL NEED AND ABOUT HIS/HER ABILITY TO MANAGE EVERYDAY TASKS THAT ARE COMMON IN OUR PROGRAM. BEFORE YOUR CHILD IS ENROLLED, WE WILL MEET WITH YOU TO DISCUSS FURTHER.

### PLEASE DESCRIBE YOUR CHILD'S NEEDS:

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DOES YOUR CHILD HAVE AN IEP?     YES     NO

### MEDICATIONS

NAME OF MEDICATION:

DOSAGE/FREQUENCY:

NAME OF MEDICATION:

DOSAGE/FREQUENCY:

NAME OF MEDICATION:

DOSAGE/FREQUENCY:

### ADDITIONAL INFORMATION

PLEASE SHARE ANY ADDITIONAL INFORMATION YOU FEEL WOULD BE HELPFUL IN CARING FOR YOUR CHILD:

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A completed registration consists of a completed Registration Packet (Child Information Form, Medical Information, a signed copy of Conditions of the C.L.A.P. After School Program, and a signed copy of all required waivers). Your child may not attend C.L.A.P. After School Program until ALL required forms are completed and on file with the C.L.A.P. After School program.

## CONDITIONS OF THE C.L.A.P. After School Program

While the C.L.A.P. After School Program will make every attempt to provide reasonable accommodations for mentally and physically challenged children, C.L.A.P. will not accept children that are (1) a danger to themselves, (2) a danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy any special conditions or circumstances involving your child. The C.L.A.P. After School Program strongly recommends that you discuss with the C.L.A.P. staff any special conditions or circumstances involving your child. C.L.A.P. requests that the undersigned do this PRIOR to registration so that C.L.A.P. can advise as to whether we can make reasonable accommodations for your child.

The undersigned understands that West Jacksonville Restoration Center (WJRC) is NOT responsible for any personal property lost or stolen while members and/or program participants are using WJRC facilities or are on any WJRC premises.

I give my permission to WJRC to use, without limitations or obligations, photographs, film footage or tape recordings that may include mine and or my family member's image(s) or voice(s) for purposes of promoting or interpreting WJRC programs.

The undersigned hereby gives his or her permission to the physician selected by WJRC to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application in the event my designated emergency contact person cannot be reached.

The undersigned understands that no accident or medical insurance is provided for WJRC participants.

The undersigned gives his or her permission for my child to be transported by the bus service secured by WJRC for program related activities.

**CHILDREN MUST BE PICKED UP NO LATER THAN 6:00 PM OR A LATE CHARGE OF \$1.00 PER MINUTE, PER CHILD WILL BE CHARGED AND IS DUE AT THE TIME THE CHILD IS PICKED UP OR BEFORE THE CHILD RETURNS TO PROGRAM.**

## ACCEPTANCE

I accept the conditions of the C.L.A.P. After School Program set forth above and, being in sympathy with the Mission of West Jacksonville Restoration Center and The Academy of Excellence, hereby apply to participate.

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**ONLY THE INDIVIDUAL WHOSE SIGNATURE APPEARS ON THE ORIGINAL REGISTRATION FORM IS AUTHORIZED TO MAKE CHANGES TO THE REGISTRATION FORM, INCLUDING ADDING, DELETING, OR TEMPORARILY DESIGNATING INDIVIDUALS AUTHORIZED TO PICK UP CHILD.**

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
ENROLLMENT DATE

## **FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY**

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and on behalf of your minor child, release West Jacksonville Restoration Center (WJRC), its officers, directors, board members, employees, volunteers, agents, independent contractors, and other participants and/or others acting on its behalf (collectively, "WJRC"). You agree this Release is effective immediately.

## **NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF WJRC USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT TO THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED.**

**BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM WJRC IN LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND WJRC HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

I HAVE READ AND AGREE THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT (If less than 18-years-old, parents or guardian must sign below)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE