



Jubilee
Family Development Center

1512 Florida Ave. Lynchburg, VA 24501-4112
Phone: 434-845-0433 Fax 434-845-4740

Membership Application - After School Tutorial Program

Last Name _____ First Name _____ M.I. _____
 Address _____ City _____ Zip Code _____
 Home Phone # _____ School _____ Grade _____ Age _____
 Parent/Guardian: Last Name _____ First Name _____
 Daytime Telephone Number _____ Cell Phone Number _____
Emergency Contact (other than parent/guardian) – this will be secondary contact
 Last Name _____ First Name _____
 Relationship to the Student _____ Telephone Number _____
 (School Bus Transportation from: William Bass, Heritage, Sheffield, Dearington, Payne, Dunbar, TC Miller, Sandusky Middle)

*****Please list complete names of all siblings attending Jubilee. *** (See Reverse Side)**

I hereby give my child permission to participate in programs at the Jubilee Center and agree neither Jubilee nor its partners are responsible for any sickness or injury the applicant may receive while in attendance of the program. I am also aware that news cameras and other media may photograph my child, as they are often invited to cover our programs to help raise awareness and promote Jubilee. I also hereby give Jubilee staff members permission to review academic progress and disciplinary actions at my child's school.

Your child must sign herself/himself in at Jubilee; however, if child is under thirteen, a parent or designee must sign your child out. Parents are responsible for the arrival and departure of the child.

Parent Signature _____ Date _____

Jubilee Family Development Center sponsors family-oriented programs. It is open to all youth and their families in Region 2000. Jubilee provides a safe environment to all those who attend. Jubilee asks that everyone who attends the Center follow the rules and regulations. We ask that everyone respect each person and the building. Anyone who does not follow the rules will be asked to leave. We also request that students participate in the daily clean up of the Center and that parents volunteer at Jubilee and attend family events.

Please check all of the programs for which you would like to register.

X	DAILY EVENTS
	MONDAY – FRIDAY 3:00 P.M. TO 6:00 P.M. TUTORIAL PROGRAM (Grades 1-12) YES – Youth Educational Support- Sponsored by Genworth. Students eligible for college tours and more.
	Building Young Men Mentoring Program – 2nd & 4th Saturday 11:00 a.m.

***** Youth under 13 MUST have copies of: *****
– Immunizations * Physicals * and Birth Certificate –

The Jubilee Center receives funds from a variety of sources. Some funders request information on the clients who use the Jubilee Center. No individual information is reported, only collective numbers.

Gender: Male or female **Race:** African-American White Hispanic Asian Other _____

Multiracial _____

Parents Income:

Less than \$10,000	\$10,001-\$15,000	\$15,001-\$20,000	\$20,001-\$25,000	\$25,001-\$30,000	
\$30,001-\$40,000	\$40,001 - \$50,000	\$50,001-\$60,000	\$60,001-\$70,000	\$70,001-\$80,000	\$80,001-\$90,000

How many people reside in your household? 2 3 4 5 6 7 8 9 10 11 12

Does a female head your household? Yes No

Jubilee Therapeutic Day Treatment Program

Is your child currently enrolled in a Day Treatment Program? Yes ____ No ____ If Yes, Name of Agency _____

Case Worker _____ Has your child been discharged? Yes ____ No ____ Would you like to enroll your child in the Jubilee Therapeutic

Day Treatment Program? Yes ____ No ____ Insurance information _____

Insurance Number _____

PLEASE LIST COMPLETE NAME(S) OF ANY SIBLING(S) ATTENDING JUBILEE. *

***NOTE: A separate Application must be submitted for EACH sibling.**

INFORMATION ON SOCIAL SERVICES FORM

(a) Please leave NO blank spaces on this form. If a section does not apply, please write the letters N/A.

(b) The Emergency Information section MUST contain two (2) sets of NAMES, ADDRESSES and PHONE NUMBERS, which are NOT the same as the Emergency Contact on the front side of the Membership Form.

**DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES
CHILD REGISTRATION FORM (Model)**

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

PARENT(S)/GUARDIAN(S)

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

<i>Parent(s) or Guardian(s)</i>	<i>Date</i>
<i>Administrator of Center</i>	<i>Date</i>

Date Child Entered Care: _____ Date Left Care: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

_____ *Date*

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.