



**APDS S.M.A.R.T. 2.0 Summer Enrichment Program Parental Consent Form**

Name of Consumer \_\_\_\_\_

I give the Africentric Personal Development Shop, Inc. (APDS) permission to provide:

- Substance abuse and violence prevention education services
- Academic programming
- Use of computers with restricted access to internet
- Athletic and recreational experiences

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**Field Trip Permission**

I understand that I will be notified in advance when my child is scheduled for a field trip, including details on the time, location, and planned activities.

- I authorize my child to participate in all scheduled field trips as part of the APDS S.M.A.R.T. 2.0 Summer Enrichment Program.
- I do not authorize my child to participate in any scheduled field trips with the APDS S.M.A.R.T. 2.0 Summer Enrichment Program.

**Photograph/Video Consent**

The APDS S.M.A.R.T. 2.0 Summer Enrichment Program may photograph and record videos of children and families participating in program activities. These photos and videos are the property of APDS S.M.A.R.T. 2.0 and may be used for marketing, promotional, and reporting purposes.

- I authorize the APDS S.M.A.R.T. 2.0 Summer Enrichment Program to photograph and/or videotape my child for marketing, promotional, and reporting purposes.
- I do not authorize the APDS S.M.A.R.T. 2.0 Summer Enrichment Program to photograph or videotape my child for any purpose.

As a parent/guardian of a participant in the APDS S.M.A.R.T. 2.0 Summer Enrichment Program, I confirm that I have received copies of the following documents: Participant Expectations, HIPAA Regulations, Client Rights Policy, and Grievance Procedure.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Print

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Print



## APDS S.M.A.R.T. 2.0 Summer Enrichment Program Participant Expectations

Expectations for S.M.A.R.T. 2.0 Summer Enrichment Program Participants:

- Actively engage in all program activities and attend at least 75% of scheduled days.
- Put forth their best effort in all activities.
- Show respect to peers, staff, and the program environment always.
- Refrain from teasing, bullying, or making fun of others, including staff and fellow participants.
- Abstain from using alcohol, tobacco, or any other drugs.
- Using appropriate language—profanity, vulgarity, or obscenity will not be tolerated.
- Stay within the designated program areas and do not leave the premises without permission or supervision from a APDS S.M.A.R.T. 2.0 Summer Enrichment Program staff member.
- Treat others with kindness and respect.
- Avoid any gang-related activity, including wearing gang-affiliated colors, using gang signs, or engaging in behavior perceived as gang-related.
- Masks are optional. The program will follow CDC, state, and local health guidelines.

Expectations for Parents/Guardians of S.M.A.R.T. 2.0 Summer Enrichment Program Participants:

- Ensure your child attends the program regularly and notify the program director in advance of any absences. Failure to meet attendance requirements may result in removal from the program.
- Ensure your child does not bring any weapons, including toy or cap guns, toy knives, or similar items, while participating in the program.
- Pick up your child on time to avoid late fees.
- Support program staff in creating a positive and enriching environment for all participants.

Failure to meet participant expectations will result in disciplinary action. The following measures may be taken, though not necessarily in order listed, depending on the severity of behavior.

1. Verbal warning/phone call to parent or guardian.
2. Removal from the day’s activities and issuance of a written warning.
3. Suspension or dismissal from the S.M.A.R.T. 2.0 Summer Enrichment Program.

**I have read and fully understand the APDS S.M.A.R.T. 2.0 Summer Enrichment Program Participant Expectations outlined above, and I agree to abide by them.**

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Participant Signature Date



**APDS S.M.A.R.T. 2.0 Summer Enrichment Program Customer Fee Agreement**

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Activity Fee: At or below 275% FPL \$333.00 \_\_\_\_\_

Above 275% FPL \$495.00 \_\_\_\_\_

(Exclusive to S.M.A.R.T. 2.0 Summer Enrichment Program)

I agree to pay Africentric Personal Development Shop, Inc. (APDS) a total of \$\_\_\_\_ for my child’s participation in the APDS S.M.A.R.T. 2.0 Summer Enrichment Program. I understand that full payment is required before services begin. Additionally, I acknowledge that once services have started, APDS, Inc., does not provide refunds if participation is terminated for any reason.

**Late Pick-up Fee:**

I agree to pick up my child from the APDS S.M.A.R.T. 2.0 Summer Enrichment Program before the designated 6:00 PM pickup time. If neither I nor my authorized representative arrives by 6:00 PM, I understand that a late fee of \$1.00 per minute, per child, will be charged until my child is picked up. I acknowledge that all late fees must be paid in full to APDS, Inc. before my child can return to the program.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
APDS Staff Member Signature Date



**Emergency Contact Sheet-APDS S.M.A.R.T 2.0 Summer Enrichment Program**

Youth's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In the event of an emergency, if the individuals listed above cannot be reached, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list all individuals authorized to pick up your child. Each person must present a valid photo ID at the time of pickup. For your child's safety, they will not be released to anyone not listed below.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I have read and understand the late pick-up fee policy. If I or an authorized individual arrives after 6:00PM, I acknowledge that the fee must be paid in full before the participant can return to the program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# APDS S.M.A.R.T. 2.0 Summer Enrichment Program Standard Authorization for Information Disclosure

*Instructions: Please complete each section.*

I (Youth's Name) \_\_\_\_\_ authorize the staff of the:

Africentric Personal Development Shop Inc. and Millennium Community School

to \_exchange and/or \_\_\_disclose information with:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

## PURPOSE OF DISCLOSURE

- |  |  |
|--|--|
| <input type="checkbox"/> to coordinate prevention services                   | <input type="checkbox"/> to coordinate supplemental services |
| <input type="checkbox"/> to gather information for evaluation of programming | <input type="checkbox"/> other purposes                      |
|  | (specify) <u>Publicity</u> _____                             |

## TYPE OF INFORMATION TO BE DISCLOSED (*Staff should check only the specific ones that apply for this release*)

- |  |   |
|--|---|
| <input type="checkbox"/> family background                           | <input type="checkbox"/> aggregate evaluation results                                   |
| <input type="checkbox"/> information regarding student's behavior    | <input type="checkbox"/> information regarding student's social interaction with others |
| <input type="checkbox"/> school attendance                           | <input type="checkbox"/> other: <u>pictures, quotes, name</u> _____                     |
| <input type="checkbox"/> information regarding program participation |   |
| <input type="checkbox"/> academic information                        |   |

## TIME PERIOD TO BE DISCLOSED (time, duration, frequency - ex: 1 year past end of program)

This authorization expires on \_\_\_\_/\_\_\_\_/2025\_\_\_\_ unless revoked before this specified time:

Student Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Complete this section if you wish to restrict the disclosure of any requested information and/or if you previously authorized disclosure but now wish to revoke your consent. Revocation: **This authorization may be revoked in writing at any time, except in cases where the program or individual responsible for the disclosure has already acted based on prior consent.**

I hereby revoke consent \_\_\_\_\_  
Student Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

I hereby revoke consent \_\_\_\_\_  
Parent/Guardian Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

**Prohibition Against Re-Disclosure:** This information has been disclosed to you from records protected by Federal Confidentiality Rules. The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C. F. R., Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)

Name of Youth: \_\_\_\_\_ Age: \_\_\_\_ Gender: F/M Date: \_\_\_\_\_

### APDS S.M.A.R.T. 2.0 Parent/Guardian Risk & Protective Factors Questionnaire

Research indicates that various factors can influence the likelihood of substance abuse in youth. **Risk factors**—while they may increase the chances of future substance use—do not necessarily guarantee that a problem will develop. On the other hand, **protective factors** can help counteract risks and provide a buffer against negative influences.

By identifying both risk and protective factors, we can take proactive steps to prevent or reduce substance abuse among youth. Please answer the following questions as honestly and accurately as possible. Your responses will help us better support your child on an individual level and also provide insights into common challenges and strengths among the youth we serve, allowing us to tailor our programming accordingly.

**Individual** ✧ **Peer** ✧ **Family** ✧ **School** ✧ **Community**

1. How would you rate your child's self-esteem?  
Very High    Somewhat High    Average    Somewhat Low    Very Low
2. Does your child have difficulty managing their anger? \_\_\_\_\_
3. Has your child ever been suspended from school due to fighting, violent behavior, weapon possession, or making threats toward others? \_\_\_\_\_
4. To your knowledge, has your child ever used alcohol or drugs? \_\_\_\_\_
5. Does your child have difficulty getting along with classmates at school or other youth in the neighborhood? \_\_\_\_\_
6. Does your child have any involvement in gang-related activities? \_\_\_\_\_
7. Is there at least one employed adult residing in the home with your child? \_\_\_\_\_
8. Are there clear household rules and consequences regarding the use of alcohol and drugs?  
\_\_\_\_\_
9. Are you actively involved in your child's education (e.g., attending parent-teacher conferences, PTA meetings, or school events)?  
\_\_\_\_\_
10. Is there any additional information you would like us to know about your child (e.g., academic strengths or challenges, communication barriers, or emotional concerns)? \_\_\_\_\_  
\_\_\_\_\_



**APDS S.M.A.R.T. 2.0 Summer Enrichment Program Health Form**

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Number of Siblings: \_\_\_\_\_

**(For any items that do not apply, please write "None" or "N/A".)**

Allergies: \_\_\_\_\_

List all medications: \_\_\_\_\_

List any health problems and/or history of hospital stays: \_\_\_\_\_

List any physical limitations or restrictions: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

**Emergency Transportation Authorization**

*(Please complete either Part One or Part Two- do not complete both.)*

Part 1: Permission to transport child.

I authorize APDS and Millennium Community School to release the care of my child into the care of emergency medical professional for urgent medical or dental treatment at the nearest available source of assistance.

Part 2: Refusal to grant permission to transport child.

I do not authorize APDS and Millennium Community School to release my child into the care of emergency medical personnel for urgent medical or dental treatment. Instead, I request that the following actions be taken:

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
APDS Staff Member Signature

\_\_\_\_\_  
Date



**APDS S.M.A.R.T. 2.0 Summer Enrichment Program**

**Indemnification and Hold Harmless Agreement**

The participant, \_\_\_\_\_, and their parent(s)/guardian(s), enrolled in the 2025 APDS S.M.A.R.T. 2.0 Summer Enrichment Program at Millennium Community School, agree to indemnify and hold harmless Africentric Personal Development Shop, Inc. (APDS) and Millennium Community School, including their officers, employees, agents, or representatives (hereafter referred to as the “Provider”). This agreement covers any liability, loss, damages, costs, or expenses that the Provider may be required to pay due to any personal injury, death, property loss, or damage sustained by the participant while participating in or receiving program services. This includes services provided by legally authorized representatives, chartered entities, or contracted service providers.

However, this indemnification does not apply to liabilities arising from or caused by the negligent acts of the Provider or its officers, employees, agents, or representatives.

I have read and understand the indemnification and hold harmless policy outlined above and agree to its terms.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





**APDS S.M.A.R.T. 2.0 Summer Enrichment Program Youth Enrollment Form**

(Please write clearly and legibly.)

Intake Date: \_\_\_\_\_

Youth Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Grade Level Fall 2025: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian(s) Name: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Email Address: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Phone Number: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If your child has any siblings enrolled in the program this summer, please list their names below.:

\_\_\_\_\_

T-Shirt size:  Youth/ Adult  
 Small  Medium  Large  X-Large  XX-Large

Has your child attended APDS summer day camp before?  Yes  No

What year(s)? \_\_\_\_\_

Payment does not guarantee enrollment in the program. APDS reserves the right to approve or deny admission at its discretion.

- Aware of fees  Aware of mandatory meeting(s)
- Aware no concealed weapons on premises

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## File Contents for 2025 Program

### Left Side

Top Sheet – File Content Sheet

- |   |                          |
|---|--------------------------|
| 1. Youth Intake Form  | <input type="checkbox"/> |
| 2. Customer Fee Agreement   | <input type="checkbox"/> |
| 3. Participant Expectations ( <b>Requires Youth’s Signature</b> )                   | <input type="checkbox"/> |
| 4. Health Form  | <input type="checkbox"/> |
| 5. Emergency Contact Sheet  | <input type="checkbox"/> |
| 6. Parental/Guardian Consent Form   | <input type="checkbox"/> |
| 7. Parent/Guardian Risk & Protective Factor Questionnaire                           | <input type="checkbox"/> |
| 8. Youth Participant Disclosure Authorization ( <b>Requires Youth’s Signature</b> ) | <input type="checkbox"/> |
| 9. Hold Harmless Agreement  | <input type="checkbox"/> |
| 10. Parent/Guardian Handbook Acknowledgement  | <input type="checkbox"/> |

Required Documents

- |  |                          |
|--|--------------------------|
| a. Birth Certificate                         | <input type="checkbox"/> |
| b. Immunization Record                       | <input type="checkbox"/> |
| c. Most Recent Report Card                   | <input type="checkbox"/> |
| d. Proof of Household Income (If Applicable) | <input type="checkbox"/> |

All forms must be accurately completed and reviewed before enrollment. Payment will not be accepted until all required forms are submitted. Please note: Numbers 3, 8, and 10 require the youth’s signature—no exceptions!