



Community Action Foundation of Citrus County, Inc.

Making a difference in the lives of our children - through community action and involvement

Name of Student: _____

Enrollment from June 1, 2009 – May 31, 2010

2009-2010 YOUTH APPLICATION FORM

Completing this application does not guarantee acceptance to CAFCC programs.

Instructions and Selection Process

APPLICATION DATE: _____

- Please read and complete the Youth Application and the Parent Covenant.
- **Mail the completed application, signed covenant and a non-refundable \$15.00 application fee to:**
CAFCC PO BOX 551 Crystal River, FL 34423
- After the application, covenant and application fee are received, the applications will be reviewed by our staff and a parent interview scheduled.
- Based upon the application and parent interview, a decision for admission to CAFCC Programming will be made and the parent notified.

Youth Information

First Name:	MI:	Last Name:	Nickname:	Date of Birth:
Home Address:	City:	State:	ZIP:	Length of Time at Address:
Race:	Ethnicity:	SSN:	Home Phone:	
Emergency Contact:		Relationship:	Emergency Phone:	
School:		Grade:		

Females

Males

<input type="checkbox"/> Ladies of Tomorrow –Level I	Grades K - 4	<input type="checkbox"/> Young Men of Distinction –Level I	Grades K - 4
<input type="checkbox"/> Ladies of Tomorrow –Level II	Grades 5 - 7	<input type="checkbox"/> Young Men of Distinction –Level II	Grades 5 - 7
<input type="checkbox"/> Sister 2 Sister	Grades 8 - 12	<input type="checkbox"/> Brother 2 Brother	Grades 8 - 12

Parent/Guardian Information

First Name:	MI:	Last Name:	Date of Birth:	Nickname (if applicable):
Home Address:	City:	State:	ZIP:	Length of Time at Address:
Email:	Home Phone:	Work Phone:	Cell Phone:	
Race:	Ethnicity:	Occupation:	Can we contact you at work?	
Employer:		Work Hours	How long employed:	
Business Address		City	State	ZIP

Annual Household Income Level

\$ 0 – 9,999 \$10,000 – 19,999 \$20,000 – 29,999 \$30,000 – 39,999 \$40,000 – 49,999 \$50,000 and up

Does child receive free/reduced lunch at school? Free Reduced Not Applicable

Household Arrangement

Single Parent: Female Head of Household Single Parent: Male Head of Household Dual Parent: Married

Grandparent Other Relative

Education Level

Does parent or guardian have a 4 year degree (Bachelor's) from a college or university? Yes No

Please state why you want your child to be a part of CAFCC programs: _____



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Total Number Living in Household		
Adults _____	Children: _____	Please List Others in Home
Name	Age	Relationship to Child

Statement of Consent

I hereby request that my child be included in the program offered by the Community Action Foundation of Citrus County and I consent to his/her participation in any activity offered by this program/organization. In consideration of the participation, I hereby covenant and agree that I will make no claims or demands for myself or in behalf of my child, against the Community Action Foundation of Citrus County, Inc. or against any member thereof on account of any injuries or results thereof which may occur during the participation directly or indirectly in the activities of the program. I understand that participation in programming for the Community Action Foundation of Citrus County is a privilege and that CAFCC assumes no legal or financial liability.

Signature of Parent/Guardian: _____ Date: _____

Image Release Consent

I consent for all purposes of sale, reproduction and/or use of photographs of me and/or my child (with or without use of my name), by the Community Action Foundation of Citrus County, and by nominee or designee of Community Action Foundation of Citrus County (including any agency, client, periodical, or other publication) in all forms and media and in all manners, including advertising, trade, display, editorial, art and exhibition. In giving this consent, I release Community Action Foundation of Citrus County, their nominees and designees from liability for any violation of any personal or proprietary right I may have in connection with such sale, reproduction or use.

Signature of Parent/Guardian: _____ Date: _____

School Access Consent

My signature below indicates that I give (please check all that apply):

- DO DO NOT Mr. Greg Wilson
- DO DO NOT Ms. Laurie Dunston
- DO DO NOT Mrs. Andrea K. McCray-Holly
- DO DO NOT _____

DO DO NOT I permit access to my child and his or her academic and administrative records at _____ (Name of School).

The access includes the following (please check all that apply):

- Join the child for lunch
- Planned and unplanned visits to the classroom of the child,
- Follow up and interaction with the child's teacher(s) to check on progress of child
- Accompany the child to a school sponsored field trip or outing.

Signature of Parent/Guardian: _____ Date: _____



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Parent Covenant

Name of Youth: _____

Application Date: _____

Because we believe that success is only possible when there is support in the home, we ask the parents of the Community Action Foundation of Citrus County (CAFCC) students to renew their commitment to our Parent Covenant each year. The following is the covenant that we ask parents to sign:

In recognition of the commitment to my child and our community depends largely on my support and involvement:

1. I understand that a \$15.00 non-refundable registration fee is due at the time of application.
2. I agree to support the Community Action Foundation of Citrus County, its programs and events.
3. I agree that as a parent, I am responsible for the behavior and actions of my child.
4. I agree to pay the dues each week for my child/children of \$1.00 each week/per child.
5. I agree to provide a supportive environment for my child, which includes:
 - 5.1. I will ensure that my child attends the weekly CAFCC programs.
 - 5.2. I will make sure my child arrives on time for CAFCC programs and events.
 - 5.3. I will make sure to pick my child up on time after CAFCC programs and events are over.
 - 5.4. I will make sure my child follows the CAFCC dress code when specified.
 - 5.5. I will do my best to attend CAFCC special events to support both my child and the CAFCC organization.
6. I understand that I must contact CAFCC if my child is unable to attend the weekly program or a special event.
7. I understand that my child/children may be removed from CAFCC weekly programming with two or more consecutive and/or unexcused absences.

Failure to adhere to these commitments can cause my child to lose various privileges and can lead to my child's removal from CAFCC programs.

Signature of Parent/Guardian: _____ Date: _____

For Office Use Only

Action /Event	Date	Signature	Notes/Comments
Application Received			
Application Fee Paid			
Parental Interview			
Enrollment Activated			
Other:			
Other:			
Other:			