

Application for S.K.A.T.E

Sponsoring kids at the edge assist students that are in foster care or at risk, participate in a comprehensive after school program. The students enrolled in the S.K.A.T.E. program will receive a comprehensive curriculum with real life values and hands on teaching that makes a tangible difference in their life and the lives of their families. A holistic approach to behavior modification is the premise of our program.

Independent learning

Homework and service learning offer opportunities for kids to build independent learning skills. Each day we set aside time for children to work on their homework. Adult program leaders are available to answer questions or provide tutoring. Children without homework can read, write, work on test preparation skills or study a subject of their choosing. Service learning offers valuable life lessons through participation in community service activities.

Academics

Success in school is supported through fun project-oriented activities, which use health, fitness and nutrition to teach English language arts, math and science. Computers, technology and games that combine entertainment with educational content are also used as teaching tools.

Enrichment

Enrichment activities include creative expression, communication and cooperation, which build social, physical and emotional skills. These activities include sports, arts, culture, and computer training. Additional life skills programs help children learn about such things as anger management, conflict resolution, money management, and career development.

Counselors and Dietitians

Our staff counselors and dietitians are a vital part of the program, assisting parents/guardian/teachers and the students with real life problems and real life solutions. Weekly group counseling sessions and monthly evaluations and classes with the dietitians complete the program.

Please note: Brevard county school board schedules are followed

Parent / Guardian; First Name _____ Last Name _____

Phone Number _____

Address/email

Parent / Guardian First Name _____ Last Name _____

Phone Number _____

Address/email

Childs Primary resident _____

Monthly income of primary parent/guardian: _____

Employers name: _____

Address, Phone number: _____

Student Information

Name	Age/birthday	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

What school does you child/children attend? if Pick up authorization is needed.

Address, phone number _____

Teachers name and Email address _____

Referred by Social services Agent/number/email:

Pick-Up Authorization

All adults must show a photo ID when they pick up a child. Your child will be released only to the parent or legal guardian and the persons listed below. Those persons will also be contacted in case of illness, accident or emergency. If for some reason the parents or guardians cannot be reached, the following are authorized to remove the child from the facility: (If none, indicate "None.")

Name Daytime Phone Relationship

Name Daytime Phone Relationship

Name Daytime Phone Relationship

Name Daytime Phone Relationship

Child Emergency Information

Child's Doctor _____ Phone

Dentists Name _____ Phone

Hospital _____

To Parent/Guardian: In case of accident or illness, we need:
Name and Phone Numbers of two adults we may call if you are not available:
Name Daytime Phone Relationship
Name Daytime Phone Relationship

List Allergies:

Health Concerns: Specify and explain fully (include chronic conditions, limitations, medications, special needs)

I do hereby authorize officials of The Park Corporation of Melbourne DBA The Park to contact directly the persons named on this card, and do authorize the named physician or associates to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that parents, legal guardians, or other persons named on this card cannot be reached, the Center officials are hereby authorized to take whatever action is deemed necessary in the judgment of the health of child.

Signature of Parent or Legal Guardian Date

Permission to Photograph Child

I give The Park Corporation of Melbourne DBA The Park permission to have my child photographed/videotaped by the press or staff of the facility to use for public relation purposes at any time.

Signature of Parent or Legal Guardian Date

Or

I do not wish to have my child included in photographs and videotapes.

Signature of Parent or Legal Guardian Date

Parent Handbook Receipt

I have received a copy of the Parent Handbook. I hereby agree to follow the policies set forth in the Parent Handbook.

The parents' or legal guardian's signature verifies the parents or guardians have been notified in writing (via Parent Handbook) of the disciplinary practices of the facility. Please complete the following:

I,

(Print Name of Parent or Legal Guardian)Have received in writing the disciplinary practices used by the facility that is stated in the Parent Handbook.