



Micah Center of Pinellas County, Inc.  
 2812 Eighth Street North  
 Saint Petersburg, FL  
 33704-2007  
 Phone: 727-822-7178  
 E-mail: micahcenterpinellas@gmail.com

STATEMENT OF UNDERSTANDING

Dear Parent/Guardian:

We are excited about working with your child at our Learning Camp Program. Please fill out the enclosed permissions (two sided so be sure to complete both sides of the page). **BE SURE TO HAVE THE MEDICAL RELEASE NOTARIZED.**

All permissions must be on file with Micah Center before your child can begin.

Afterschool Literacy Program begins September 5, 2018. The Program begins at 2:30 PM. Please be advised that your child may not be allowed into the building before 2:30 PM. Arrangements may be made with the Executive Director if your child cannot arrive before 3:50 PM.

A convenience charge of \$10 per 15 minutes will be charged to you after 5:30 PM. We are not a babysitting service. Any child left more than ½ an hour will be considered neglected and appropriate actions will be taken. **BE SURE TO CALL IF THERE IS AN EMERGENCY THAT WILL MAKE YOU LATER THAN 5:30 PM.**

The location of the program will be The McCabe United Methodist Church , 2800 26th Ave S, St. Petersburg, FL 33712. Sign-in and sign-out will be in the hallway. Parent/guardian (or authorized representative) must physically sign your child into the program each day. Do not drop children off. And, children will not be released until properly signed out. A list of approved people to pick up your child will be kept on file. **No one will be allowed to take your child unless he/she is on that list.**

Responsibilities of Parent/Guardian

- Update contact information and medical history as soon as it changes.
- Provide a doctor’s note if your child is absent from the program (two unexcused absences and your child’s spot will be available to another waiting student).
- A monthly meeting with the Parent/Guardian is mandatory. Some meetings will be one on one and some will be group meetings. If you miss an appointment it is your responsibility to reschedule. Two or more missed meetings and your child will be dismissed from the program.
- All school notifications regarding your child (report cards, progress reports, teacher/parent meetings and disciplinary notes) will be copied for your child’s records kept at Micah Center.
- A release of information for Micah Center to talk with the School Administration and Faculty about the academic and social needs of your child.

Failure to keep these responsibilities will jeopardize your child’s continuation in our programs.

It is going to be a great year!

Grace and Peace,  
 Phil Miller-Evans  
 Executive Director

Janel Miller-Evans  
 Director of Social Service

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

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date



Student Information Form 2018/2019

Please check days your child will regularly attend

Mon.  Tues.  Wed.  Thurs.  Fri.

Student's Name (last, first, middle initial)

Gender (male, female) *circle one*

Date of Birth

Child's Current Grade Level

Child's Current School

Race

- American Indian/Alaska Native  Asian
- Black/African American  Pacific Islander  White  Other

Ethnicity

- Hispanic  Haitian  Other

English proficiency

- yes  no

Additional/Other language(s) spoken

- English  Spanish  Haitian Creole  Other

1. Parent/Guardian's name (last, first, middle initial)

**list ALL legal guardians seperately**

Relationship to the Child (e.g. mother, father, grandmother, etc.)

Street Address, City, and Zip Code

Home Phone

Cell Phone

2. Parent/Guardian's name (last, first, middle initial)

**list ALL legal guardians seperately**

Relationship to the Child (e.g. mother, father, grandmother, etc.)

Street Address, City, and Zip Code

Home Phone

Cell Phone

3. Parent/Guardian's name (last, first, middle initial)

**list ALL legal guardians seperately**

Relationship to the Child (e.g. mother, father, grandmother, etc.)

Street Address, City, and Zip Code

Home Phone

Cell Phone

(Please list any other individuals you wish to grant permission to sign your child in or out. Unless listed on file, your child will not be released to any other individual.)





## Release Form for Media Recording

I, the undersigned, do hereby consent and agree that Micah Center, its employees, or agents have the right to take photographs, videotape, or digital recordings of me beginning on September 6, 2018, and ending on termination of relationship with family and children and to use these in any and all media, now or hereafter known, and exclusively for the purpose of promoting Micah Center. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Micah Center, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Micah Center is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

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Name

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Address

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Phone

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Witness for the undersigned

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Signature

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Date

I, further, give permission for Micah Center to similarly use media including my minor child named below. Micah Center will never identify minor children other than by first name. I do hereby release to Micah Center, its agents, and employees all rights to exhibit this work of my minor children in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

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Name of minor

## Permission for Religious Instruction

Micah Center of Pinellas County, Inc. is a faith-based organization. Our interest is not to proselytize for a particular church or religious group. We do promote Christian values and the good that Christian values imparts to the community.

The After School Learning Camp program of Micah Center is not intended to be religious instruction, but we may use materials based on Christian values and teaching. As to avoid any uncertainty this document acknowledges that you have read and understood the intent of this document to inform you that the curriculum may include Christian religious material and that you give your child permission to receive this instruction.

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Signature of Parent/Guardian

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Printed Name of Parent/Guardian

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Name of Minor Child

## Release of Information between Micah Center and Student's School

Authorization for Release of Information in accordance with Family Educational Rights and Privacy Act (FERPA)

Student Name: \_\_\_\_\_  
Last name, first name, middle initial

STUDENT ID: \_\_\_\_\_

Authorization: I authorize the administration and teachers of

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Name of student's school

to release information regarding grades, attendance, and disciplinary matters to the Executive Director or Director of Social Services of Micah Center of Pinellas County, Inc. from August 1, 2018 to June 15, 2019  
Micah Center is given authority to access student records through the online portal of the school.

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

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

Mailing Address:

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Street, City, State, Zip Code

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. With limited exception, schools are required to receive written consent from students or legal guardians before personal identifiable information can be discussed or released to any third party (e.g., spouse, parent, employer, etc.) This Authorization for Release of Information form allows students to grant others access to their records.

If the parent/guardian believes that information has been inappropriately shared or communicated between or with the school or Micah Center a complaint can be filed with:

Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue SW, Washington, D.C. 20202-4605