

PRODIGY APPLICATION

OFFICE USE ONLY: ALL PAGES OF THIS FORM MUST BE COMPLETELY FILLED IN AND SIGNED BY A PARENT OR LEGAL GUARDIAN PRIOR TO YOUTH PARTICIPATION IN PRODIGY. ORGANIZATION NAME: _____	<input type="checkbox"/> DEPT. OF JUVENILE JUSTICE (DJJ) <input type="checkbox"/> HILLSBOROUGH COUNTY SITE (HC)	NEW APPLICATION DATE: _____ <small>CLICK HERE TO ENTER A DATE.</small>	<input type="checkbox"/> ROLLOVER (NEW GRANT YEAR)									
	<input type="checkbox"/> PREVENTION <input type="checkbox"/> DIVERSION <input type="checkbox"/> OTHER	YOUTH ID# _____	<table border="1"> <tr> <td>DATE</td> <td>STAFF INITIALS</td> </tr> <tr> <td>DATE</td> <td>STAFF INITIALS</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> RETURNING (SAME GRANT YEAR)</td> </tr> <tr> <td>DATE</td> <td>STAFF INITIALS</td> </tr> <tr> <td>DATE</td> <td>STAFF INITIALS</td> </tr> </table>	DATE	STAFF INITIALS	DATE	STAFF INITIALS	<input type="checkbox"/> RETURNING (SAME GRANT YEAR)		DATE	STAFF INITIALS	DATE
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SECTION I: YOUTH INFORMATION

Demographic Information: *The race and ethnicity selections below are selected based on the information our funder requires. Please SELECT ONLY ONE for Race, and ONE for Ethnicity.*

Race (**MARK ONLY ONE**): ☐ Black ☐ White ☐ Asian ☐ American Indian ☐ Pacific Islander

Ethnicity (**MARK ONLY ONE**): ☐ Haitian ☐ Hispanic ☐ Jamaican ☐ Non-Hispanic

Gender: ☐ Female ☐ Male

Participant Information:

Last Name: _____ First Name: _____ Middle Name: _____

DOB: _____ Age: (5-17 -only for DJJ Site) _____ Age: (6-19 -only for HC Site) _____ Primary Language Spoken: _____

Address: _____ Apt/Unit # _____ City: _____

Address 2: _____ State: _____ Zip Code: _____

County (mark one): ☐ Hillsborough ☐ Pasco ☐ Pinellas ☐ Polk ☐ Manatee ☐ Sarasota ☐ Orange ☐ Osceola ☐ Hardee ☐ Highlands

Youth Parental Status: ☐ None ☐ Youth is pregnant ☐ Youth is a mother ☐ Youth is a father

Family Status: ☐ Lives with two parents ☐ Lives with single mother ☐ Lives with single father ☐ Lives with relative(s)

☐ Lives with non-relative(s) ☐ Foster Care ☐ Other (Please describe)

Youth was referred by: ☐ Self or Family ☐ School ☐ DCF ☐ Other (Please describe)

Does youth receive free/reduced lunch? ☐ Yes or ☐ No

Is youth currently in foster care? ☐ Yes or ☐ No

Do you receive food stamps and/or Medicaid assistance? ☐ Yes or ☐ No

Parent/Legal Guardian Information: *Please note that individual(s) listed below is (are) designated as emergency contact(s) for this participant.*

#1
Last Name: _____ First Name: _____ Middle Name: _____

Home phone () Work phone () Cell phone () Email: _____

Relationship to youth: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other (Please describe)

#2
Last Name: _____ First Name: _____ Middle Name: _____

Home phone () Work phone () Cell phone () Email: _____

Relationship to youth: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other (Please describe)

School Information: _____ Name of School (Indicate if Youth is homeschooled): _____
Currently Enrolled In School? ☐ Yes ☐ No Grade Level: _____

Address: _____ Apt/Unit # _____ City: _____

Address 2: _____ State: _____ Zip Code: _____ Phone: () _____

*All information contained in this application is confidential and kept in a locked cabinet. Revised 5/12/2023

PRODIGY APPLICATION

Site Manager (SM) must review and initial this application to complete program enrollment.

Initials _____

Approval of new enrollment year changes

SM (Initials) _____

SECTION II: TRANSPORTATION RELEASE & EMERGENCY CONTACT INFORMATION

The following individuals are also allowed to pick-up/drop off my child. I have marked the EC ☐ below with my designated emergency contacts.

Last Name		First Name		EC <input type="checkbox"/>
Relationship <input type="checkbox"/> Relative <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other (please describe)				
Home phone ()		Work phone ()		Cell phone ()

Last Name		First Name		EC <input type="checkbox"/>
Relationship <input type="checkbox"/> Relative <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other (please describe)				
Home phone ()		Work phone ()		Cell phone ()

In addition to the people listed above, my child has permission to sign him/herself in and out of the Prodigy program. ☐Yes ☐No
 Program Staff where class is held is allowed to sign my child in and out of the Prodigy program. ☐Yes ☐No

SECTION III: MEDICAL RELEASE INFORMATION

My child has the following medical condition(s) and/or is taking the following medication(s) listed below. The medical information provided herein is covered by the Health Insurance Portability and Accountability Act (HIPAA). **Please indicate N/A for sections that do not apply.**

Medical conditions:	Medications:	Other special needs:
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If my child should become ill or injured while at Prodigy, I understand that I will be immediately contacted first and then my emergency contacts, if I cannot be reached. In the event that I and/or my emergency contacts do not respond, I authorize the program staff to call "911" for immediate assistance. I fully understand the Prodigy Cultural Arts Program is not liable for expenses resulting from the incident, neither is responsible for costs associated with medical treatment and/or ambulance transport. (Initials) _____

SECTION IV: INFORMED PROGRAM CONSENTS & GRIEVANCE PROCESS

The program is funded by the Department of Juvenile Justice (DJJ) and/or the Hillsborough County (HC). Every child must be assessed by the Prodigy program staff to identify needs for enrollment. All information collected is used for enrollment purposes only.

I grant permission for the Prodigy Staff to conduct assessments with my child for enrollment and allow for the information provided on this application to be used to complete the program enrollment.

☐Yes ☐No (Note: a 'NO' response will disqualify your child from enrolling him/her into the Prodigy Program.)

____ (Initials) I hereby release the University Area CDC, Inc. (UACDC), DJJ, HC, and the Organization completing this application, their employees and agents from any and all liability, loss claim, damage, charge or expense that may arise from injury or harm to my child, or from damage to my property in connection with my child's enrollment and participation in the Prodigy Program.

____ (Initials) I received and understand the youth grievance process; and I am aware that this program consent is effective for the entirety of my child being enrolled in the Prodigy Program at this Organization and can be revoked in writing by me at any time.

SECTION V: MEDIA RELEASE PARENT/GUARDIAN CONSENT

I hereby voluntarily and without expecting reimbursement grant to the Prodigy Program of the University Area CDC, Inc. and the Organization completing this application permission to use photographs and videos made of my Youth during his/her participation in the program. The use of photographs and videos will not be used for profit; they will include but not be limited to publications, website, display, advertising, editorial illustration, etc.

I give the University Area CDC, Inc. and the Organization completing this application permission to photograph, videotape my child and publish his/her name with print photograph as a participant in the Prodigy Program. ☐Yes ☐No (Initials) _____

Signature of Parent/Guardian _____	Date: _____
Signature of Youth _____	Date: _____
Signature of Staff _____	Date: _____

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