



## ENROLLMENT APPLICATION

STUDENT NAME: \_\_\_\_\_

STUDENT'S DCPS, CHARTER, OR PRIVATE  
SCHOOL ENROLLMENT TYPE

PARENT(S) NAME: \_\_\_\_\_

☐ ONSITE, IN PERSON

CONTACT #(S): \_\_\_\_\_

☐ FULL OR PARTIAL YEAR VIRTUAL

☐ If made available, I would be interested in daytime services at JAMS, for my child who will be participating in DCPS' virtual school option.

### PROGRAM(S) OF INTEREST:

Please select up to three (3) arts areas with 1 indicating first priority, 2 indicating second priority, and 3 indicating third priority. Student selections will be made based on classroom size and capacity.

☐ ART    ☐ MUSIC    ☐ VOCAL    ☐ DANCE    ☐ FILM (6<sup>th</sup>-12<sup>th</sup> grade)

### CHECK LIST:

- ☐ Scholarship Awards, Enrollment & Invoice Payment Policies
- ☐ Student and Parent Information
- ☐ Attendance Policy and Procedures
- ☐ SmartSleeves Cellphone Policy and Parent Communication Procedures
- ☐ Student Behavior Policy and Procedures
- ☐ Pickup Authorization & Acknowledgement Form
- ☐ Release of Liability
- ☐ Media Release
- ☐ Medical Authorization and Emergency Form
- ☐ Student Academic Information
- ☐ Smoke, Weapon & Drug Free Policy
- ☐ Health and Safety Responsibility
- ☐ Parents Pledge

### DOCUMENT COPIES:

- ☐ Copy of Student's Birth Certificate
- ☐ Copy of Student's Immunization (if applicable)
- ☐ Copy of Parent/Guardian State ID or Driver's License
- ☐ Most Recent Report Card

### PAYMENT

- ☐ \$25 Application Fee (per family; invoice to be sent upon acceptance)



# SCHOLARSHIP AWARDS, ENROLLMENT & INVOICE PAYMENT POLICIES

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Jacksonville Arts & Music School's (JAMS) program tuition is \$7500 for the full 2020-2021 academic school year. We are excited to be able to offer two scholarships this year; the JAMS Creator Scholarship and the JAMS Community Scholarship. The purpose of the JAMS Scholarship is to provide financial assistance and promotion of students pursuing education in visual arts, music, film, dance or robotics.

## **JAMS Creator Scholarship**

Award: \$7500 credit to be applied towards tuition; 100% Tuition Pay

General Eligibility Requirements:

- Must be a returning JAMS Creator or recommended to JAMS leadership (letter of recommendation required)
- Must be in good behavior, participation and attendance standing from previous enrollment
- Must have demonstrated interest in the program during the 2020-2021 school year
- Must commit to enroll in the full after school term

Selection Criteria: Based on behavior, participation, attendance, instructor feedback and recommendation.

## **JAMS Community Scholarship**

Award: \$7200 credit to be applied towards camp tuition over 10 months of participation.

\$300 balance due in quarterly installments beginning on August 17th (prorating not applicable).

General Eligibility Requirements:

- Must be a rising 4th grader-8th grader
- Must reside in the 32206 zip code, be enrolled at a JAMS serviced school or home school (Fort Caroline, LaVilla, Darnell-Cookman, Kirby Smith, Matthew Gilbert, Andrew Robinson, Long Branch, Brentwood, R. L. Brown, \*Home School)
- Must provide proof of at least a 2.5 GPA via the 2019-2020 Quarter 4 report card
- Must commit to enroll in the full after school term

Selection Criteria: Based on residential location, school enrollment and good academic standing

## **Enrollment**

Applications shall be completed in their entirety and submitted, along with all required supporting documentation to the school by August 10, 2020. JAMS will send written confirmation of Enrollment Acceptance via email. A written email acknowledgement must be received from the parent or guardian within 3 days of email receipt. If acknowledgement of Enrollment Acceptance is not received within the allotted time, JAMS will assume the parent or legal guardian of the child has declined enrollment. A student who accepts enrollment will be deemed a currently enrolled student, and that student's enrollment will continue through the 2020-2021 academic school year. JAMS may terminate or suspend enrollment without prior notice or liability, for any reason, including without limitation to a breach of terms.

## **Invoice Payment Terms**

Tuition and Late Pickup Up Invoice payment terms are 15 days from the date of the invoice. Your child's enrollment is conditioned upon your acceptance of and compliance with these terms. By enrolling your child in Jacksonville Arts & Music School (JAMS) you agree to be bound by these terms.

## **PARENT OR LEGAL GUARDIAN**

PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_



# STUDENT AND PARENT INFORMATION

**STUDENT NAME** \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4-digits of SSN: \_\_\_\_\_ Cell Ph Number (\_\_\_\_)\_\_\_\_-\_\_\_\_

Race ☐ Black, African American ☐ White, Caucasian ☐ Hispanic, Latino Other \_\_\_\_\_

Ethnicity ☐ Hispanic ☐ Non-Hispanic

Grade Level \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ Home Ph # (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email \_\_\_\_\_ Cell Ph # (\_\_\_\_)\_\_\_\_-\_\_\_\_

Race ☐ Black, African American ☐ White, Caucasian ☐ Hispanic, Latino Other \_\_\_\_\_

Ethnicity ☐ Hispanic ☐ Non-Hispanic

Mother's Address (if different from child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Ph (\_\_\_\_)\_\_\_\_-\_\_\_\_

Mother's Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ Home Ph # (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email \_\_\_\_\_ Cell Ph # (\_\_\_\_)\_\_\_\_-\_\_\_\_

Race ☐ Black, African American ☐ White, Caucasian ☐ Hispanic, Latino Other \_\_\_\_\_

Ethnicity ☐ Hispanic ☐ Non-Hispanic

Father's Address (if different from child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Ph (\_\_\_\_)\_\_\_\_-\_\_\_\_

Father's Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Child's Living Arrangements** (Check one): ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

**Child's Legal Guardian(s)** (Check one): ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_



## ATTENDANCE POLICIES AND PROCEDURES

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Our daily schedule of activities is heavily based on the number of students enrolled and individual program area assignment. Our creative focus programming hours of instruction serve as the foundation of the JAMS organization. To ensure that participants receive the maximum amount of exposure, early/late pick up and absences are strongly discouraged and may result in participant dismissal.

In the JAMS after school program, each participating student will be **required** to maintain a 90% attendance rate, allowing for 10% of the offered program hours to be missed during the school year. Any program time missed will be deducted from the allotted 10%; to include extracurricular activities, sick days, doctor appointments, early pickups and late drop-offs. If more than 10% of programming time is missed, the student's After School Program Scholarship will be terminated. After termination of scholarship, the student will either be dismissed from the program or **required** to pay the remainder of the scholarship in monthly installments. The status of enrollment will be based on instructor feedback, behavior and participation.

We believe that school attendance is essential to student success. Therefore, if a student does not attend school for any reason, they cannot attend JAMS on that same day. Additionally, if a student is suspended from school, they cannot return to JAMS until their school suspension has been completed.

I (Parent/Guardian) \_\_\_\_\_, understand that Jacksonville Arts & Music School (JAMS) is committed to providing high quality after school care for (Student Name) \_\_\_\_\_ Monday through Friday (during the 2020-2021 school year, on Duval County Public School days only) from 3:00 p.m. to 6:30 p.m. JAMS is available to accept students on early release days beginning at 1:00 p.m. I understand that my child is **required** to be in attendance for JAMS programming hours beginning at 4:00 p.m. and ending at 6:00p.m. Student pick-up occurs between 6:10 p.m. and 6:30 p.m. A charge of **\$5 per minute** will be assessed to the parent or guardian of students who remain on campus after 6:35 p.m.

If your child will not be attending the program due to scheduled appointments or planned vacation please notify JAMS by calling (904) 329-4279 or emailing [angelah@jamslife.org](mailto:angelah@jamslife.org) a minimum of 1 week in advance.

### **Excused Absences:**

Students who are **required** to participate in arts related school events may receive an excused absence for program hours missed related to the event. School documentation noting participation must be provided to staff for approval. Students who are absent due to a COVID-19 related illness or exposure, will receive attendance credit for missed days.

### **PARENT OR LEGAL GUARDIAN**

PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_



# SMARTSLEEVES CELLPHONE POLICY & PARENT COMMUNICATION PROCEDURES

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**CELLPHONE POLICY** We understand that cellphones have great utility, but cellphone use can sometimes be a source of distraction and anti-social behavior. Our SmartSleeves cellphone policy has been implemented to increase engagement in programming activities while supporting the health and safety of our students. Upon arrival each student will place their cellphone in an Antimicrobial SmartSleeves clear bag which they will seal and keep with them.

The following actions will result in one day of suspension:

- Student opens a SmartSleeves cellphone bag without permission
- Student does not place their cellphone in a SmartSleeves bag upon arrival
- Student using phone for any reason other than what was intended by Creative Leader

**PARENT COMMUNICATION** Students are not allowed to make or receive calls from their cellphones. To check on your child's progress or speak to your child you may contact JAMS by calling (904) 329-4279. If your child has a problem, illness or urgent message for you, JAMS staff will call you. If you need to reach a JAMS Staff member for an emergency after office hours you may contact Tori Peoples or Angela Hill. Contact information to be provided during orientation.

## REMIND APP

Remind is a messaging app that helps staff and parents communicate quickly and efficiently. By connecting our families in the app, Remind helps us to build community both in and out of the classroom. JAMS will send programming news and updates to parents via the Remind App. If you wish to opt out and receive emailed updates please notify the program manager in writing at [angelah@jamslife.org](mailto:angelah@jamslife.org).

## PARENT OR LEGAL GUARDIAN

PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_



# STUDENT BEHAVIOR POLICY AND PROCEDURES

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Inappropriate behaviors such as bullying, hitting, fighting, stealing, vandalism, not following directions, leaving assigned areas without permission and disrespect to staff and fellow students will not be tolerated. When a child's behavior risks safety to themselves or others, a parent/guardian will be called and asked to pick up their child immediately. This behavior can automatically result in removal from the program and will be handled on a case-by-case basis.

It is the goal of JAMS to dispense the minimum disciplinary measures on our young creators necessary to maintain a wholesome, safe and enjoyable atmosphere for all who attend and participate. The following steps are designed to fit the necessary consequence to the seriousness of the offense committed by the youth. Very dangerous, vicious or malicious behavior may dictate that some steps be skipped.

1. Verbal Warning
2. Behavior Reflection - 1
3. Behavior Reflection - 2 (one-on-one with campus license therapist)
4. Behavior Reflection - 3 (one-on-one with campus license therapist)
5. Incident Report - 1 (Parent Conference)
6. Incident Report - 2 (Parent Conference)
7. Program Suspension - 2 Days
8. Incident Report -3 (Parent Conference)
9. Incident Report - 4 (Parent Conference)
10. Program Expulsion

## **PARENT OR LEGAL GUARDIAN**

PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_



# PICK-UP AUTHORIZATION & ACKNOWLEDGEMENT

All precautions for releasing students are to ensure their safety and are not meant to cause intentional inconvenience for parents/guardians. We appreciate your understanding and cooperation with our policies regarding student pick-up. Your child will only be released to authorized persons, 18 years and older, and after verifying the person with picture I.D. We know that emergencies and unusual situations happen, however we ask that you please restrict the people who pick up your child to those included on the Pick-up Authorization & Acknowledgement Form. If the pick-up person is someone not on your form, JAMS will require written authorization to release your child to said person. A follow up phone call will be made to parents confirming the written authorization. We cannot accept phone call pick-up changes if it will be someone not on your authorized list. You will be notified immediately if someone NOT on your form comes to pick up your child and we have not received a written note with your authorization. If changes need to be made to this form during the school year, please do so in person at JAMS. **If this form is not complete, Jacksonville Arts & Music School (JAMS) staff will not, under any circumstances, release your child to anyone other than you.**

I hereby authorize the persons listed below to pick up (student name) \_\_\_\_\_ from JAMS.

**\*Please include names of both parents or legal guardians on this list.**

## AUTHORIZED PICKUP #1:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ Vehicle Model/Color: \_\_\_\_\_

## AUTHORIZED PICKUP #2:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ Vehicle Model/Color: \_\_\_\_\_

## AUTHORIZED PICKUP #3:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ Vehicle Model/Color: \_\_\_\_\_

## AUTHORIZED PICKUP #4:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ Vehicle Model/Color: \_\_\_\_\_

## AUTHORIZED PICKUP #5:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ Vehicle Model/Color: \_\_\_\_\_

By signing below, I verify that I have read and agree to the pick-up policies described on the Pick-up Authorization & Acknowledgement form, and authorize Jacksonville Arts & Music School to release my child to the listed persons.

**Note: Permission for child to walk home and/or ride their bike home, requires approval; see JAMS staff.**

## PARENT OR LEGAL GUARDIAN

PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_



# RELEASE OF LIABILITY, ASSUMPTION OF RISK INDEMNIFICATION STATEMENT

This RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION STATEMENT ("Release") is made this \_\_\_\_ day of \_\_\_\_\_, 2020 for the benefit of Jacksonville Arts & Music School (JAMS) located at 3315 N. Liberty Street Jacksonville, Florida 32206 (the "Location"), the minor child /children listed below will receive instruction from artists, musicians, tutors and volunteers that have all been fully background checked by JAMS personnel. This arrangement, including the occupation of the Location before, after and during instruction, the serving and eating of food and drink, and miscellaneous play and activity on the date of instruction, is collectively referred to in this Release as the "Children's Program".

INTENDING TO BE LEGALLY BOUND, the undersigned, on behalf of myself and my minor child, hereby releases JAMS, its agents, officers, employees and instructors from all responsibility and any liability for any injuries, illness and/or loss which may result from or arise out of, or be connected with the Children's Program, including without limitation any injuries at or caused by conditions at the Location. And further, INTENDING TO BE LEGALLY BOUND, the undersigned on behalf of myself and my minor child hereby releases JAMS, its agents, officers and employees from all responsibility and any liability for any injuries, illness and/or loss which may result from or arise out of, or be connected with the Children's Program. This Release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated, and unsuspected injuries, damages, loss and liability, and the consequences thereof. The provisions of any State, Federal, Local or Territorial law or statute providing in substance that releases shall not extend to claims and/or demands which are unknown or unsuspected to exist at the time to the person executing such release, are hereby expressly waived.

On behalf of myself (parent/guardian name), \_\_\_\_\_, and my minor child (student name) \_\_\_\_\_, I voluntarily accept and assume these risks and dangers and release JAMS from all responsibility and any liability for any injuries and/or damages which may result from my decision to allow my child /children to participate in the Children's Program. Further, I further promise, covenant and agree not to bring, commence, prosecute or maintain, or cause or permit to be brought, commenced, prosecuted or maintained, any suit or action, either at law or in equity, in any court in the United States, or in any State thereof, or elsewhere, against JAMS or their agents, officers and/or employees for personal injury, property damage or any other type of loss, arising out of, or in any way connected with the participation of my child /children in the Children's Program. Without limiting the foregoing, I agree not to support or participate in any action arising out of the Children's Program or the Location against JAMS for any reason or in any way, even if brought by, or in the name of, my minor child. I also agree to indemnify and hold harmless JAMS, its agents, officers and employees from all liability, claims, demands and damage or cost, arising out of the participation of my child /children in the Children's Program, including any brought by, or in the name of, my minor child.

I understand and agree that this release is binding on me and my heirs, executors, administrators, personal representatives and next-of-kin. My signature denotes my understanding of the agreement with this statement and its implications. I agree that this document shall be interpreted and governed by the laws of the State of Florida and I also hereby consent to the jurisdiction, including the personal jurisdiction, of the courts of the State of Florida as the exclusive courts of jurisdiction with respect to the interpretation or enforcement of the provisions of this Release. I agree that if any provision of this document shall for any reason be held invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision of this document.

## PARENT OR LEGAL GUARDIAN

PRINT: \_\_\_\_\_

SIGN: \_\_\_\_\_

DATE: \_\_\_\_\_

## JAMS STAFF MEMBER

PRINT: \_\_\_\_\_

SIGN: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_





## MEDIA RELEASE

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### RELEASE FOR PUBLICITY PURPOSES

(Radio, TV, Newspaper, Magazine, Web Page, Personal Appearance or Other)

I, (parent/guardian name) \_\_\_\_\_, grant to Jacksonville Arts & Music School (JAMS), its representatives and employees the right to include my child, (student name) \_\_\_\_\_, in all forms of media such as photo, print, and digital media. I authorize JAMS, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that JAMS may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web and social media content.

#### **PARENT OR LEGAL GUARDIAN**

PRINT: \_\_\_\_\_

SIGN: \_\_\_\_\_

DATE: \_\_\_\_\_



# MEDICAL AUTHORIZATION AND EMERGENCY FORM

Except for first aid, personnel shall not dispense non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give Jacksonville Arts and Music School Staff permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container:

*(check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Baby Wipes                         | <input type="checkbox"/> Sunscreen   |
| <input type="checkbox"/> Band-aids                          | <input type="checkbox"/> Insect Repellent                                    |
| <input type="checkbox"/> Neosporin or similar ointment      | <input type="checkbox"/> Non-Prescription ointment (such as A & D, Vaseline) |
| <input type="checkbox"/> Bactine or similar first aid spray | <input type="checkbox"/> Other (specify) _____                               |

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Ph (\_\_\_\_) \_\_\_\_\_ Work Ph (\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Ph (\_\_\_\_) \_\_\_\_\_ Work Ph (\_\_\_\_) \_\_\_\_\_

Legal Guardian's Name *(optional)* \_\_\_\_\_

Home Ph (\_\_\_\_) \_\_\_\_\_ Work Ph (\_\_\_\_) \_\_\_\_\_

## Person to notify in an emergency if parents/guardians cannot be reached:

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

Child's Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Current prescribed medication: \_\_\_\_\_

Child's special needs and conditions: \_\_\_\_\_

In the event of an emergency involving my child, a JAMS staff member will immediately notify listed guardians via phone call and if JAMS cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

## PARENT OR LEGAL GUARDIAN

PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_



# STUDENT ACADEMIC INFORMATION

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JAMS staff will monitor student progress at school to provide academic support. To achieve this, JAMS staff will access the student's Focus, PowerSchool or any other grade platform consistently to identify areas of improvement. Please provide the login information below.

USERNAME: \_\_\_\_\_

PASSWORD: \_\_\_\_\_

## I-Ready Login Information

## Achieve 3000 Login Information

USERNAME: \_\_\_\_\_

USERNAME: \_\_\_\_\_

PASSWORD \_\_\_\_\_

PASSWORD \_\_\_\_\_

To provide additional support, tutors may be able to provide one on one tutoring.

Does your child have any of the following:      IEP                      504                      N/A

School Name: \_\_\_\_\_

Teacher/Home Room Teacher: \_\_\_\_\_

Staff members of the Jacksonville Arts and Music School (JAMS) have my permission to obtain attendance records, grades, standardized test scores and any other information related to my child's school performance.

Does Jacksonville Arts and Music School (JAMS) have permission to contact your child's school administration and teachers regarding academics and conduct in accordance with Family Educational Rights and Privacy Act (FERPA) guidelines?

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

## PARENT OR LEGAL GUARDIAN

PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_



# HEALTH AND SAFETY RESPONSIBILITY

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## **JAMS SHARED RESPONSIBILITY**

In order to provide a continued safe space at JAMS, we must work together to protect the lives of our students, parents, staff, and community members. The following policies are designed to encourage safe and healthy practices on and off campus.

### Policies

1. Wear a mask on campus where required.
2. Practice social distancing on and off campus.
3. Wash my hands and use hand sanitizer as needed.
4. Monitor my health for COVID-19 symptoms, and alert a health care professional if experiencing fever, coughing, or shortness of breath.
5. Monitor my student(s) health for COVID-19 symptoms, and alert a health care professional if experiencing fever, coughing, or shortness of breath.
6. Stay home if ill for the safety of myself and others.
7. Make wise choices in concerning social gatherings and large events.

### Procedures

1. Staff and students will be informed of this policy in the JAMS policy handbook and with signs posted at the JAMS facility.
2. Visitors will be informed of this policy through signs, and it will be explained by their hosts.
3. Any violations of this policy will be handled through JAMS disciplinary procedures.

## **PARENT OR LEGAL GUARDIAN**

PRINT: \_\_\_\_\_

SIGN: \_\_\_\_\_

DATE: \_\_\_\_\_



# THE JAMS PARENTS PLEDGE

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As a valued member of Jacksonville Arts & Music School, I pledge to honor the rules, regulations and the policies of this organization. I also pledge to conduct myself in a professional manner at all time. As such, I promise to set positive examples for the children, fellow parents, guardians and other persons with whom I encounter.

Please read and initial next to each statement.

☐

My child will not be allowed to enter or leave the JAMS facility without being escorted by a parent or guardian, or person authorized by parent or guardian as listed on the Pick-up Authorization & Acknowledgement form - *with valid form of photo identification*, or a JAMS staff member.

☐

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, including but not limited to telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records.

☐

JAMS agrees to keep me informed of any incidents, including illnesses or injuries that involve my child by notifying me at pick up of any incidents that occur.

☐

JAMS agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility and water related activities occurring in water that is more than two (2) feet deep.

☐

I authorize JAMS to obtain emergency medical care for my child when I am not available.

☐

I have read and agree to abide by the JAMSLIFE way and all other JAMS policies and procedures.

☐

I understand that JAMS will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs.

☐

I understand that participation of required meetings is mandatory for enrollment.

☐

I give Kids Hope Alliance staff the authorization to review my child's school records.