



## Wayne Barton Study Center

### Student Enrollment Kit

The administration and staff of the Wayne Barton Study Center are delighted to have your child participate in our Barton's Boosters programs. At the Study Center, your child will find comprehensive programs to help him or her achieve a higher level of success in school.

Our goals are to help students:

- Improve F.C.A.T. scores and successfully pass all F.C.A.T. tests
- Improve overall Grade Point Average
- Acquire a high school diploma
- Seek post-secondary education
- Improve school conduct
- Increase school attendance

Our team of skilled educators are at the Study Center every school day from 3:00pm to 7:00pm to assist students in completing their homework, in a safe environment conducive to learning. Students are assigned to one of three homework assistance schedules, with sessions beginning at 3:30pm, 4:30pm and 5:30 pm. Beginning at one of those times; they spend about an hour in one of the Study Center's classrooms, working on their homework.

Most students remain at the Study Center for 2-1/2 to 3-1/2 hours. In addition to the homework assistance, we provide:

- A healthy snack
- Structured recreational activities
- A well-equipped and staffed library and computer lab for individual study

In order to participate in this program, you and your child must complete this form and provide the documents specified below. Study Center students are expected to:

- Come to their assigned classroom on time, with all necessary text books and homework assignment sheets.
- Use their personal security badges to sign in and out of the Study Center.
- Abide by a code of conduct similar to that expected in the public school system.

#### How To Enroll

To enroll your child, please complete all spaces on the inside of this form. The student then signs in one place and you sign in two places.

Submit this form to the Study Center, along with:

- A copy of the student's most recent school **report card**
- A copy of the student's latest **FCAT score**
- A copy of the student's **birth certificate** or school system **student ID card**

If you need help with enrollment, please visit the Study Center or call us.

269 N.E. 14th Street ♦ Boca Raton, Florida 33432 ♦ 561-620-6203 ♦ [www.WayneBartonStudyCenter.org](http://www.WayneBartonStudyCenter.org)

# Wayne Barton Study Center

## Student Information

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Race/ethnic (check one):  White  Black  Hispanic  Asian  Amer. Ind.  Other \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID No.: \_\_\_\_\_

Subjects I like best are: \_\_\_\_\_

I would like help in: \_\_\_\_\_

I want my GPA to be: \_\_\_\_\_

As a member of the Wayne Barton Study Center, I promise to bring in a progress report from my teachers every 2 weeks. I also promise to bring in my report card every 9 weeks. I agree to follow all rules and regulations established by the administration and staff at the Study Center, as described in the Center's Student and Family Handbook. I am aware that any disruptions or discipline problems may result in my being suspended or permanently dismissed from the Wayne Barton Study Center.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Parent or Guardian Information

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Alternate Emergency Phone: \_\_\_\_\_

As legal parent/guardian(s), I/We hereby give the above student permission to participate in the Wayne Barton Study Center's education, recreation, and physical fitness programs. I/We agree to provide support and encouragement to our child as a participant in the Study Center. I/We give permission for the Wayne Barton Study Center program staff to request specific information from the student's school, including grades, attendance records, reports, and other data.

In consideration of our child's right to participate in the Study Center activities, I/We hereby waive, release and discharge any and all rights or claims which I/We may have against Barton's Boosters, its sponsors, their respective subsidiaries, affiliates, directors, officers, employees, members and staff (collectively "Barton's Boosters" sponsors) as a result of our child's participation in the Wayne Barton Study Center. Further, I/We agree to defend, indemnify and hold the sponsors harmless against any and all claims, actions or suits which may be brought as a result of damages or losses sustained as a result of participation in the Wayne Barton Study Center.

I/We understand and acknowledge that our child can and will be asked to withdraw from this program at the discretion of the program staff should the child become a disciplinary problem and/or disrupts the operation of the program. I/We also understand that students may occasionally be photographed or filmed for promotional purposes and I/We agree to having our child's photo appear in news reports about the Center or in Study Center promotional materials or Web sites.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Health Information**

Does your child have allergies to any foods or medicines? If Yes, please list:

\_\_\_\_\_ List: \_\_\_\_\_  
**Yes No**

Check below if your child has ever had the following conditions:

	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Low Blood or Anemia	_____	_____	Sickle Cell	_____	_____
Asthma or Wheezing	_____	_____	Seizures/Epilepsy	_____	_____
Broken Bones	_____	_____	Trouble with Hearing	_____	_____
Trouble with Seeing	_____	_____	Kidney/Bladder Infection	_____	_____
Heart Murmur/Heart Problems	_____	_____	Pregnancy	_____	_____
STD's	_____	_____	Convulsion/Fit/Spell	_____	_____
HIV	_____	_____	Hepatitis	_____	_____
Diabetes	_____	_____	Other (describe) _____		

List any medications your child is currently taking:

\_\_\_\_\_  
\_\_\_\_\_

Additional health concerns or needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

In the event of a serious accident or illness, I request the Wayne Barton Study Center to contact me. If I cannot be reached, the Study Center may make whatever arrangements are necessary to provide emergency care and treatment for my child. This may include conveyance to treatment at a hospital or other medical facility. I will assume responsibility for payment for services rendered. In case of an accident or illness where immediate treatment of my child is not necessary, but where he/she is unable to remain at the Center, I request that the Center attempt to contact me first at the numbers I have provided to arrange transportation for my child. In the event that I cannot be reached, please contact the emergency contact I have listed.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IMPORTANT – EVERYONE MUST ANSWER THESE QUESTIONS:**

1. Is there a visitation order or other Florida court order barring either parent from removing the student from WBSC or coming into contact with the student?  Yes  No If YES, provide WBSC with a copy of the Florida court order.

2. Parents **DO NOT** have shared parental responsibility.  If checked provide WBSC with copy of court order.

\_\_\_\_\_   
 Parent Signature

\_\_\_\_\_   
 Date

3. Provide the name(s) of person(s), other than the parent, allowed to pick up the student

NAME (last, first, middle initial)	Relationship to Student	Telephone	Cell Number

(This rest of this page for use by Study Center staff)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Received**

- \_\_\_ Report Card
- \_\_\_ Birth Certificate
- \_\_\_ Student ID



## **Wayne Barton Study Center (WBSC) Net Consent and Waiver**

The following form must be read and signed by you, your parent(s) or legal guardian(s), and the teacher, counselor, or administrator. Signed consent and waiver documents will be kept on file.

By signing the Consent and Waiver form, attached, I \_\_\_\_\_ (print name here) and my parent(s) or legal guardian(s) agree to abide by the following restrictions. I have discussed these rights and responsibilities with my parent(s) or legal guardian(s).

Further, my parent(s) or legal guardian(s) and I have been advised that neither The Wayne Barton Study Center or Barton's Boosters, Inc. have control of the information on the Internet, though attempts are made to provide prudent and available barriers. Other sites accessible via the Internet may contain material that is illegal, defamatory, inaccurate, or potentially offensive to some people. While the intent of WBSC is to make Internet access available to further educational goals and objectives, account holders will have the ability to access materials which may not be appropriate for that purpose. The WBSC believes that the benefits of Internet access to educators and students, in the form of information resources and opportunities for collaboration, far exceed any disadvantages. However, the parent(s) and legal guardian(s) of minors are ultimately responsible for setting and conveying the standards that their children should follow. Therefore, the WBSC supports and respects each family's right to decide whether or not to apply for access to the Center's wide area network. Any questions should be directed to staff members at (561) 620-6203.

The student and his/her parent(s) or legal guardian(s) must understand that student access to the WBSC network is being developed to support the Center's educational responsibilities and mission. The specific conditions and services being offered will change from time to time. In addition, the Center makes no warranties with respect to WBSC Net service, and it specifically assumes no responsibilities for:

1. The content of any advice or information received by a student from a source, or any costs or charges incurred as a result of seeking or accepting such advice.
2. Any costs, liability, or damages caused by the way the student chooses to use his/her WBSC Net access.
3. Any consequences or service interruptions or changes, even if these disruptions arise from circumstances under the control of WBSC.

By signing this form I agree to the following terms:

1. My use of the WBSC Net must be consistent with the primary goals of the WBSC.
2. I will not use WBSC Net for illegal purposes of any kind.
3. I understand that misuse may occur in many forms, including the sending or receiving of messages which indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, and/or other issues described in this document. I will not use the WBSC Net to transmit threatening, obscene, or harassing materials. The WBSC will not be held responsible if I participate in such activities, or for any such behavior on my part.
4. I will not use the WBSC Net to interfere with or disrupt network users, services, or equipment through the distribution of unsolicited advertising, propagation of computer viruses, using printers other than those designated at WBSC for student use, and using the network to make unauthorized entry to any other machine accessible via the network or by any other means.
5. I will not use the WBSC Net to access information or resources unless permission to do so has been granted by the owners or holders of the rights to those resources or information. It is assumed that information and resources accessible via WBSC Net are private to the individuals and organizations which own or hold the rights to those resources and information unless specifically stated otherwise by the owners or holders of the rights.

The WBSC makes no warranties of any kind, whether express or implied, for the services provided and will not be responsible for any damages a user suffers. This includes loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by WBSC's negligence or by user's errors or omissions. Use of any information obtained via the Internet is at the user's own risk. The WBSC specifically denies any responsibility for the accuracy or quality of information obtained through WBSC Net services. All users need to consider the source of any information they obtain and consider how valid that information may be.

In accordance with the Electronic and Communications Privacy Act of 1986, (18 USS Section 2510), all students are hereby notified that there are no facilities provided by WBSC Net for sending or receiving private or confidential electronic communications. All messages will be determined to be readily accessible to the general public. Do not use this system for any communications which the sender intends only for the sender and intended recipients to read. By your use of WBSC Net, you agree to hold harmless the WBSC and Barton's Boosters, Inc. against any and all claims arising out of said use.

# WBSC Net Consent and Waiver Required Signatures

PLEASE PRINT

## STUDENT SIGNATURE

I understand and will abide by the provisions and conditions of this contract. I understand that any violations of the above provisions may result in disciplinary action, the revocation of my access privileges, and/or appropriate legal action. I also agree to report any misuse of the information systems to the school site administrator, teacher, or technology representative. All the rules of conduct described in WBSC policies, procedures, and handbooks apply when I am on the network.

Student Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(last) (first) (middle)

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

## PARENT OR LEGAL GUARDIAN SIGNATURE (required for students under the age of 18)

As the parent or guardian of this student, I have read this contract and understand that Internet access via WBSC Net is being provided solely for educational purposes. I understand that it is impossible for the WBSC to restrict access to all controversial materials, and I will not hold the WBSC responsible for materials acquired on the WBSC Net. I also agree to report any misuse of the information system to the school site administrator, teacher, or technology representative. I accept full responsibility for the supervision of my child should he/she use remote connections to the WBSC Net in any other setting.

Please complete all of the information below and return the WBSC Net Consent and Waiver portion of this document to the Programs Director or CEO for approval. Your Internet access will not be granted without the completion of all informational items listed.

(Please print)

Parent or Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
Date

## PROGRAMS MANAGER, OPERATIONS MANAGER OR CEO

I have read this contract and agree to promote this agreement with the student. As the Programs Director or CEO, I agree to instruct the student on the acceptable use of the network and proper network etiquette. I also agree to report any misuse of the information system to the technology representative.

PROGRAMS DIRECTOR OR CEO NAME \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE of PROGRAM DIRECTOR OR CEO

\_\_\_\_\_  
Date

## PARENT NOTIFICATION/PERMISSION SLIP

**FOR YOUR CHILD'S SAFETY, S/HE CAN ONLY BE ALLOWED TO LEAVE THE PROGRAM WITH**

- (1) YOU (THE PERSON ENROLLING THE CHILD)**
- (2) PERSON'S YOU HAVE LISTED BELOW; AND (OPTIONAL)**
- (3) A PERSON NOT LISTED BELOW IN AN EMERGENCY WHEN:**
  - a. YOU HAVE TOLD THE PRGRAM DIRECTOR IN PERSON OR BY PHONE THAT THE PERSON IS COMING TO PICK UP THE CHILD, AND**
  - b. YOU SEND A SIGNED AND DATED NOTE WITH THAT PERSON AUTHORIZING THE RELEASE OF THE CHILD**

**MY CHILD(REN) \_\_\_\_\_ MAY LEAVE THE WAYNE BARTON STUDY CENTER WITH THE FOLLOWING PEOPLE:**

Name	Home Phone Number	Work Phone Number	Relationship to Child

Please initial and date the following statements if you child your child(ren) to be dismissed early. Regular dismissal is as follows: First dismissal is 5:30PM; last dismissal is 7:00PM.

- 1. \_\_\_\_\_ I give permission to the Wayne Barton Study Center to release my child(ren) before the end of the program. (As a situation may arise students will occasional need to be released or to leave early for personal reasons. If you wish to have your child participate in these practices, please initial number one. If you do not initial number one we will not allow your child to leave the premises.)
- 2. \_\_\_\_\_ I give the Wayne Barton Study Center authorization to release my child from school per telephone permission. This applies only to parent/guardians listed above. (We realize with most parents working today that it is difficult to come in person to sign your child out of school when they are ill or have an emergency arise. If you like to give your child permission for your child(ren) to leave the Wayne Barton Study Center with permission over the phone, please initial number two.)

This permission slip is also for any and all field trips that we plan for the children during the year as well as any education classes we give at the center. Please initial and date that you understand the following two items.

- 1. \_\_\_\_\_ I give permission to the Wayne Barton Study Center to allow my child(ren) on any trips that the center feels is appropriate for my child(ren).
- 2. \_\_\_\_\_ I give permission to the Wayne Barton Study Center to allow my child(ren) to participate in important programs on sexual health being presented by Planned Parenthood educators. Parents and other caregivers will be welcome to sit in on any session.
- 3. \_\_\_\_\_ I give permission to the Wayne Barton Study Center to access school records for FCAT score and classroom assignments. PUT IN STUDENT ID# \_\_\_\_\_.

**I have read and understood the above guidelines. I understand these rules and policies apply to all students enrolled in the Wayne Barton Study Center.**

**STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**PARENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**



## Letter of Commitment

### **What being committed to The Wayne Barton Study Center means:**

1. The student must come to the center every day, Monday thru Friday, unless there is no school in Palm Beach County.
  - a. If you miss more than two days in any week, you must have a parent/guardian call explaining why so we can note this in the student file.
  - b. If you do not notify the Program Director, you will be suspended from the center for the following ten (10) school days.
2. You will be at all fundraisers to help the center raise money for your activities.
  - a. If for any reason you cannot be there, you must get a letter from parent/guardian/teacher/coach, that you have to be excused and the reason why.
3. Your assignment book must be filled out every day. If you do not have homework, work will be assigned to. Any work given must be completed.
4. Each time you receive your report card you must bring it to the center so that we can make a copy.
  - a. If your grade goes down in any subject you will be given extra work in that particular subject until your next report card.
  - b. If you do not do the extra work you will be suspended for ten (10) school days and not allowed to go on any trips until the next report card period (if your grade has gone up).
5. Your behavior in and out of school is important. The Wayne Barton Study Center has a Code of Conduct that must be adhered to at all times. If you are involved in any of the following activities you will be suspended from the center.
  - a. Cursing, disruptive behavior or disrespect – Ten (10) school days.
  - b. If you are suspended from school, you are suspended from the Center.
6. Transportation to the Center is a privilege and not a right. By being provided transportation to the center you are agreeing that you are going to come to the Center until you are released.
  - a. If caught using the Study Center's transportation for only a ride
    - i. 1<sup>st</sup> Time – Written Warning
    - ii. 2<sup>nd</sup> Time – Suspension from receiving Transportation from the Study Center for (10) school days.

I, \_\_\_\_\_ agree to be committed to The Wayne Barton Study Center and understand all the above.

Date \_\_\_\_\_





# Wayne Barton Study Center

*Children With A Vision  
Don't Need Wings to Soar*

## PARENT/GUARDIAN RESPONSIBILITIES

I, \_\_\_\_\_ THE PAREN/GUARDIAN OF  
\_\_\_\_\_ WILL BE COMMITTED TO THE WAYNE BARTON STUDY  
CENTER AS OF THIS DATE.

- Whenever a parent/guardian has free time they will volunteer at the center and attend fundraisers in order to help raise money for the center.
- Attendance is required to all "Parent Nights". The center will make sure that that parents/guardians are told in advance about these events so that arrangements can be made.
- It is the parent/guardian responsibility to make sure their child/children obey all the rules of the Center.
- Parent/guardian is responsible for providing the Programs Manager with the students "Edline" ID number. This will be used to track students in school progress and assignments.
- Parent/guardian must submit a schedule of your child's extracurricular activities such as baseball, track etc. at school so we know not to expect them at the center. If we are not told and your child just doesn't show up at the center they will be suspended for one (1) week.

**By signing below I make all the of the above commitments to myself and to The Wayne Barton Study Center**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Staff Member** \_\_\_\_\_ **Date** \_\_\_\_\_

**THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
DEPARTMENT OF SUPPLEMENTAL EDUCATIONAL SERVICES  
Release or Transfer of Student Information**

Student Name (*last, first, middle*) \_\_\_\_\_

Student Birth Date \_\_\_\_\_ School \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

Name of Agency or individual  requesting records  releasing records

\_\_\_\_\_  
Mailing Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Telephone Number (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Send Records to (if different from above) Wayne Barton Study Center

Mailing Address 269 NE 14<sup>th</sup> Street, Boca Raton, FL 33432

Contact Name Shaneka Ramos

Contact Telephone Number (561)561-620-6203 Fax Number 561-620-6205

Email Address boosters2@bellsouth.net

List the specific information requested (medical, psychological, psychiatric, and educational)

Report card

Provide the reason for requesting the information (be specific)

**Educational planning and programming for an after school tutorial program**

I authorize  The School District of Palm Beach County to release the following medical, psychological, psychiatric, and/or educational records of the above named student. This release does not expire unless an expiration date is specified below.

In applicable, specify release date:

\_\_\_\_\_  
Signature of Parent/Legal Guardian      Date

Date from \_\_\_\_\_

\_\_\_\_\_  
Signature of Student if 18 years of age or older      Date

Date to \_\_\_\_\_

The following is to be completed by the person releasing the records.

Person Releasing Records \_\_\_\_\_

Telephone \_\_\_\_\_

