



2017 – 2018 HONEY SHINE, INC. REGISTRATION FORM

**** \$50.00 Processing Fee Required ****
NON-REFUNDABLE

September 9, 2017 – May 19, 2018

Located at: Carrollton School
Coconut Grove, FL 33133

Instructions: To Parent / Legal Guardian, any information given in this application will remain strictly confidential. All information on this form is required. Please fill out this application completely using a permanent ink pen only. Please make sure your email is legible and correct. Please print clearly except when you are asked for your signature.

APPLICATION DUE: FRIDAY AUGUST 11, 2017

HONEY BUG INFORMATION

First Name: _____ Last Name: _____

Social Security Number: ____/____/____ Date of Birth: ____/____/____

Honey Bug Email Address: _____ Parent Email Address: _____

Address: _____
(Street) (Apt #) (City) (State) (Zip)

Home Phone: _____ Alternative Phone: _____

Grade: _____ School Currently Attending (Full Name): _____

School's Student ID Number: _____ Student Password ID number: _____

Ethnicity: African-American Asian Caucasian Hispanic Native American

Descent: _____ (Example: Haitian, Jamaican, Cuban, Peruvian, etc.)

T-Shirt Size: (Please Indicate Which Size): **Youth:** XS S M L XL XXL **Adult:** XS S M L XL XXL

CONTACT INFORMATION

Mother's Name: _____

Mother's Telephone: (H) _____ (W) _____ (C) _____

Address: _____
(Street) (Apt #) (City) (State) (Zip)

Annual Income: _____ Number of People in the Household: _____

Father's Names: _____

Father's Telephone: (H) _____ (W) _____ (C) _____

Address: _____
(Street) (Apt #) (City) (State) (Zip)

Annual Income: _____ Number of People in the Household: _____

Guardian (if other than parent): _____



Guardian Telephone: (H)_____ (W)_____ (C) _____

Name of Adult that Honey Bug lives with (if other than parent): _____

Foster Care: NO YES

Homeless Shelter: NO YES

Are any of the biological parents incarcerated? NO YES

If yes, which parents? Mother Father

Length of incarceration _____

HONEY BUG SIBLING NAMES

List all siblings of this applicant that is currently in the Honey Shine, Inc. program.

PUBLICITY

Many parents enjoy seeing their children’s pictures in the newspaper and on television; however, some parents do not want their children identified for various reasons. If you do not want your child photographed, Honey Shine, Inc. will make an extra effort to see that your child is not available to the news media. Realistically, all situations cannot be controlled, and Honey Shine, Inc. cannot guarantee that a child will not be identified in the news media reports, etc.

NO I DO NOT WANT my child to be photographed or interviewed by the news media.

YES I DO WANT my child to be photographed or interviewed by the news media

RELEASE STATEMENT

I give permission to school districts and/or other organizations to release information to the Honey Shine, Inc. program, which will include, but not be limited to: grades (for individual classes as well as grade point average), attendance, behavioral information (referrals, suspensions and expulsions) and employment related information. I understand that any information given in this application is strictly confidential. I give the permission to release aggregate data to its funding sources concerning my child’s progress in school. I certify that the information provided in this application is true to the best of my knowledge. collects the social security numbers, genders behavior (referrals, suspensions and explosions and attendance of participants and provide their information to funders for the following purposes: To research, track and measure the impact of funded programs and services so that these programs and services may be maintained and improved in the future (individual identifying information will not be disclosed). To identify and match individual and data within and among various systems and other agencies for research purposes social security numbers neither are nor collected for adult participants.

PARENT/GUARDIAN SIGNATURE

DATE



EMERGENCY/MEDICAL INFORMATION

In case of emergency, please notify: _____

Relationship: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Health Plan/Insurance Co:

Policy Number:

Regular Physician: _____ Physician's Phone _____

Hospital Preferred:

Check here if currently enrolled in the Florida Medicaid Program

Please indicate any conditions that would affect your child's participation in activities, including medical conditions and/or allergies:

Note: Please contact the Honey Shine, Inc. program office with any changes of the above information. It is imperative that this information is current at all times to best serve you and your child in an emergency.

If my child is injured while participating in any activities and I cannot be reached, I give the Honey Shine Program my permission to treat my child promptly at an emergency medical facility.

PARENT/GUARDIAN SIGNATURE

DATE



FIELDTRIP PERMISSION FORM

Honey Shine, Inc. encourages and the balancing of mind, body, and soul in girls and women by providing nurturing experiences that enlighten their paths and empower their future. Honey Shine has arranged fieldtrips during the programming year that will allow the girls to experience new places, learn about different topics, as well as increase their service to the South Florida community. Honey Shine will also cover any admission cost for fieldtrips. Participants (Honey Bugs) are to dress appropriately for every fieldtrip – Honey Shine T-shirt, khaki bottoms, and closed toe shoe.

By signing this form, I relieve the Honey Shine, Inc. program from any liability that might transpire during these activities including transporting participants to and from the event and during the activity.

I (print name), _____, give permission for (print name), _____ to attend fieldtrips planned by the Honey Shine, Inc. program.

SIGNATURE OF PARENT/GUARDIAN

DATE

PERMISSION FOR ENROLLMENT

I give my child permission to participate in the Honey Shine, Inc. program and all of the activities provided by the program. I have read and am voluntarily signing this authorization.

I have read all forms and grant permission for my child _____ to participate in all activities provided by the Honey Shine, Inc. program.

PARENT/GUARDIAN SIGNATURE

DATE



RELEASE AND WAIVER

PLEASE READ THIS CAREFULLY. By signing this legal document, you are giving up any legal rights you may have to sue Honey Shine, Inc. and all other organizers and sponsors in court for money damages.

I desire to participate in or attend the games, activities and events related to Honey Shine, Inc. program, which is sponsored, produced and/or organized by Honey Shine, Inc., and all other organizers and sponsors. In exchange for the ability to participate in or attend the camp, I hereby irrevocably and unconditionally agree for myself and my heirs, estate, insurers, successors and assigns, as follows:

1. **ASSUMPTION OF RISK.** I understand that participation in or attendance in the Honey Shine, Inc. program may involve inherent risks and dangers of accidents, property loss or damage, serious personal and bodily injury, death, and severe, social, and economic losses. These may result in not only from my own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, or the condition of the facilities, equipment, or vehicles. Further, there may be other risks not known to me or reasonably foreseeable at this time. I understand and I have considered and evaluated the nature, scope, and extent of the risks involved, and I voluntarily and freely choose to assume these risks. I warrant that I suffer from no minor or serious injury, illness or disability that would make me especially susceptible to injury or disability and that I am physically able to fully participate in the camp.
2. **RELEASE FROM LIABILITY.** I fully and forever release, and discharge the Mentors, their subsidiaries, directors, offices, employees, agents, insurers, sponsors, advertisers, owners, or operators, of the Honey Shine, Inc. program, facilities, equipment, and vehicles, and all others involved in the program (the "Released Parties") from any and all injuries (including death), losses, damages, claims (including negligence claims), demands, lawsuits, expenses, and any other liability of any kind, of or to me, my property, or any other person, directly or indirectly arising out of or in connection with my participation in or attendance at the workshops/youth summits, including transportation related to the workshops/youth summits, even if it is due to the negligence or other fault of the Released Parties. I waive my insurers' right to make a claim against the Released Parties based on payments by insurers to me or on my behalf for any reason. This means my insurers have no right of subrogation.
3. **NO INSURANCE; MEDICAL EXPENSES.** I understand that the Honey Shine, Inc. does not provide me with any insurance, either life, medical or liability, for any illness, accident, injury, loss, or damage that may arise in connection, with my participation in or attendance in the Honey Shine Program. If I want insurance of any kind, I must obtain my own. I will pay my own medical emergency expenses and all subsequent medical expenses in the program of any illness, accident, or injury in connection with the workshops/youth summits.
4. **AUTHORIZATION TO USE IMAGE AND OTHER INFORMATION.** Honey Shine, Inc. may be photographing and/or filming the workshops/youth summits for advertising, promotional, or other commercial purposes, including for television, cable and/or Internet broadcast. I hereby consent and agree that photographs, film, and video may be taken of me and that of Honey Shine, Inc. their affiliates, and assigns may use, without compensation, my photograph, video or film portrayal, image, likeness and voice, as well as any information, in any media for any lawful purpose.
5. **VALIDITY.** If any portion of this Release and Waiver is held to be invalid or unenforceable, all other provisions shall nevertheless continue to be valid and enforceable. This Release and Waiver supersedes any oral or written statements made by or to me.

I HAVE READ THIS RELEASE AND WAIVER CAREFULLY, FULLY UNDERSTAND ITS CONTENT, AND VOLUNTARILY AGREE TO ITS TERMS.

PARENT/GUARDIAN (PRINT)

PARENT/GUARDIAN (SIGNATURE)

DATE



COUNSELING SERVICES WAIVER

The Honey Shine, Inc. program encourages the balancing of mind, body, and soul in girls and women by providing nurturing experiences that enlighten their paths and empower their future. Throughout the program year, we will have the opportunity for counseling sessions in conjunction with Barry University Family Enrichment Center (Barry). This release will authorize Barry and Honey Shine, Inc. to obtain and release information to and from the girls (Honey Bugs) attending group and individual counseling sessions. Barry is able to provide counseling services to the girls and their families (if you are interested please let Honey Shine know).

Full Name of Participant (Honey Bug) (PLEASE PRINT) _____
Date of Birth

Full Name of Participants Parent/Guardian (PLEASE PRINT)

Street Address City State Zip

Home Phone Number Cell Phone Number Work Phone Number

Information to be released include a treatment/discharge summary, treatment progress report, verbal exchange of information, and any videotape(s) of sessions.

This information has been disclosed to you from records whose confidentiality is protected by Florida Law (394.459, 397.053, 381.609, 455, and 90). I also understand that my records are protected under the federal regulations governing confidentiality (42 CFR Part 2), and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing, at any time except to the extent that information has already been released in compliance with this authorization. This consent is valid for 365 days from the date signed.

I hereby authorize Honey Shine, Inc. and the Barry Enrichment Center to provide treatment and/or counseling as deemed necessary by the Center Staff.

I understand that Honey Shine, Inc. and the Barry Enrichment Center will provide reports to the Court and/or the Department of Children and Families (if applicable) as required by law and that I will be provided a courtesy.

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF WITNESS (HONEY SHINE STAFF)

DATE



Emergency / Medical Quick Reference Form

Honey Bug Name: _____ **Age:** _____ **Grade:** _____

Please provide us with a list of relatives / friends that we may contact in case of an emergency and we are unable to reach you. The information is confidential and will only be shared with staff members involved directly with your Honey Bug.

List of authorized emergency contacts:

Name	Telephone Number	Relationship to Honey Bug
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any medications your Honey Bug is taking or medical conditions / food allergies your Honey Bug may have:

Parent/Guardian Name

Parent/Guardian Signature

Date



TRANSPORTATION AUTHORIZATION FORM

Honey Bugs Name: _____ Age: _____ Grade: _____

_____ I give Honey Shine, Inc. permission to transport my Honey Bug to and from all Aspire to Shine workshops and field trips.

_____ My Honey Bug may ONLY ride the North Bus Midtown Bus South Bus to and from Aspire to Shine workshops and field trips.

_____ My Honey Bug has permission to ride the North Bus Midtown Bus South Bus to Aspire to Shine workshops and field trips and the North Bus Midtown Bus South Bus from Aspire to Shine workshops and field trips.

_____ I DO NOT give permission for my Honey Bug to transfer buses.

Upon return to the bus stop:

_____ My Camper will be picked-up from the bus stop within 5 minutes of drop off

_____ I give permission for my Camper to walk home from the bus stop (If "yes" complete next line)

** Please list the distance between bus stop and home: _____ Blocks _____ Miles **

In case of an emergency my Honey Bug has permission to be transported by the following people:

Name: _____ Telephone: _____ Relationship: _____

Name: _____ Telephone: _____ Relationship: _____

Name: _____ Telephone: _____ Relationship: _____

Name: _____ Telephone: _____ Relationship: _____

Parent Name:

Parent Signature

Date



ZERO TOLERANCE POLICY

Honey Shine, Inc. endorses a zero tolerance policy toward Honey Bug and/or parent behavior that disrupts or infringes upon the rights of other individuals including staff. **Zero tolerance at Honey Shine, Inc. means “First Occurrence” of unacceptable behavior or conduct will result in automatic dismissal from the program.**

The following camper/parent behavior and/or conduct will not be tolerated:

1. Fighting, Honey Bug will be dismissed even if they are retaliating.
2. Stealing
3. Throwing any objects
4. Bullying/Threatening others.
5. Disrespectful to staff or other Honey Bugs.
6. Willful disobedience.

I acknowledge that I have read and understand the zero tolerance policy and agree that my Honey Bug and I will adhere to this policy.

Honey Bug’s Name

Parent Name

Date

Parent Signature



PARENTAL STATEMENT OF COMMITMENT

As a Honey Shine Parent, I agree to:

- Ensure my Honey Bug brings her Report Card at the end of every grading period
- Ensure my Honey Bug's attendance to at least 75% of Honey Shine Workshops (12 out of 16 Workshops)
- Make sure my Honey Bug wears her Honey Shine, Inc. T-shirt and adheres to the Honey Shine Standards as required

This agreement is entered into for the purpose of providing the best experience to the child. I understand that failure to comply with any of the above requirements may result in my child's inability to participate in the Honey Shine, Inc. Mentoring Program.

PRINT PARENT NAME _____

STUDENT/MENTEE NAME(S)

SIGNATURE _____

DATE _____



HONEY BUGS PERSONAL INTEREST TO BE COMPLETED BY HONEY BUG

What would you like to learn from the Honey Shine, Inc. program?

Favorite Hobbies: _____

Are you involved in any clubs/organizations? If yes, please explain: _____

Favorite subjects/classes in school: _____

What career would you like to pursue when you grow up and why?

What topics would you like to learn about?

What subjects do you need tutoring?
