

Cops 'n Kids Youth Center Enrollment Packet

"Building A Better Future"

Cops 'n Kids Youth Center
555 East Harrison Street
Tarpon Springs, FL 34689
(727) 934-4800

<http://www.copsnkids.org>



Josh Casey, Program Director

Albin Quinones, Officer Supervisor

Welcome to the Cops 'n Kids Family!

We are committed to empowering children and teens
for lifelong success and greater quality of life.

Enrollment & Eligibility

- ⇒ All youth 6 to 17 years of age
- ⇒ No Program Fees
- ⇒ Transportation to off-site trips provided by the City of Tarpon Springs

Hours of Operation

School Year Hours:Monday – Friday 1:00pm to 6:00pm
Summer Program Hours:Monday – Friday 7:30am to 4:00pm

Daily Afterschool and Summer Camp schedule of activities

- ⇒ Homework completion and one on one tutoring
- ⇒ Stimulating team activities such as performing and visual arts, science, technology, engineering, mathematics, arts and crafts, sports, online academic and graphic design activities and games, etc.
- ⇒ Enrichment classes such as career exploration, yoga and meditation, leadership, community compassion, and Youth Council projects
- ⇒ Evidenced-based positive youth development and parent engagement classes
- ⇒ Sports and Wellness: daily sports, wellness and nutrition
- ⇒ Academic and enrichment classes as an extension of school learning
- ⇒ Off-site trips to Tampa Bay Area venues as an extension of learning
- ⇒ Family engagement activities include workshops and guest speakers. The Parent Task Force works on meaningful projects for the Center in in the community.
- ⇒ Family Supports: We understand that all families sometimes need additional supports to help them be successful. Staff is available to provide connections to resources.

Please fill out the attached papers as completely and accurately as possible and do not leave any blanks.

A separate application must be completed for each child you would like to enroll.

Thank you!



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY

Date enrolled _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Sex _____

Primary Hours of Care From _____ To _____ Days of Week in Care _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Family Information:

Child Lives with _____

Parent's Name _____ Parent's Name _____

Address: _____ Address _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Custody: Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

CONTINUED ON BACK

CHILD'S ENROLLMENT RECORD

(Back Page)

Medical Information:

Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ Telephone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Emergency Care Plan instructions (if applicable) _____

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure, a copy of the children's center discipline and expulsion policies.

I was notified that the snacks/meals served daily are: ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Dinner

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Custodial Parent or Legal Guardian

Date



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child
 _____, in the event of an emergency at which time
(Child's Full Name)
 I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____ 20_____
(Month) (Day) (Year)

by _____, who is personally known to me or who has
(Name of Affiant)

produced _____ as identification.
(Type of Identification)

Signed: _____
(Signature of Notary)

SEAL OF NOTARY



PARENT OR GUARDIAN Information for Program Scholarship

Child's Name _____ Child's Date of Birth _____
FIRST MIDDLE LAST MONTH DAY YEAR

School Attending _____ Current Grade _____ School ID _____ Sex: ☐ Male ☐ Female Foster Child? ☐ Yes ☐ No

Child's Social Security # _____ / _____ / _____ If not provided, explain why: _____

1st Parent's/Guardian's Name _____ Date of Birth _____ Sex: ☐ Male ☐ Female
MONTH DAY YEAR

2nd Parent's/Guardian's Name _____ Date of Birth _____ Sex: ☐ Male ☐ Female
MONTH DAY YEAR

Parent/Guardian Adult Education	1 st Parent/Guardian	2 nd Parent/Guardian
I am an adult who never attended school		
I did not graduate high school		
Unknown, Other – Please Specify		
I am not currently enrolled in school or any training program		
I am currently enrolled in a high school/GED program		
I am currently enrolled in a trade/technical school		
I am currently enrolled in a junior college		
I am currently enrolled in a 4 year college		
I am currently enrolled in a professional school		
I am currently enrolled in graduate school		
I am currently enrolled in a doctoral program		
I have received a General Education Diploma (GED)		
I have graduated high school		
I completed a trade/technical school		
I have received an Associate's Degree		
I have received a Bachelor's Degree		
I have completed a professional school		
I have received a Master's Degree		
I have received a Doctoral Degree		

Total Number of Persons in Household: Adults _____ Children _____ Please check the most appropriate household composition:
☐ Single Parent/Female ☐ Single Parent/Male ☐ Dual Parent-Married ☐ Dual Parent-Not Married, Female Head of Household ☐ Dual Parent-Not Married, Male Head of Household
☐ Female Relative/Caretaker Head of Household ☐ Male Relative/Caretaker Head of Household ☐ Other Relatives-Married ☐ Other Relative/Single
☐ Other Non-Relative

Home Address _____ Zip Code _____

Housing Information – Do you:

☐ OWN ☐ RENT ☐ OTHER _____

Total Household Income before taxes for the year: \$ _____

(Include all sources, ie child support, social security, unemployment, workman's compensation, military allotment, veteran's benefits, public assistance and or welfare payments)

How were you referred to this program: ☐ Self ☐ Friend ☐ School ☐ Advertising ☐ Other _____

Please list one of the following for each household member:

Race: Caucasian/White – American Indian or Alaska Native – Asian Indian – Asian Unspecified – Black/African American – Chinese – Filipino – Japanese – Korean – Guamanian/Chamorro – Multi-racial – Native Hawaiian – Other Pacific Islander – Samoan – Vietnamese – Other (Specify Below)

Ethnicity: No, not Spanish/Hispanic/Latino – Yes, Mexican, Mexican American/Chicano – Yes, Puerto Rican – Yes, Cuban – Yes, Other Spanish/Hispanic/ Latino (Specify Below)

Household Member	Race (list ONLY one)	Ethnicity (list ONLY one)
Child		
1 st Parent/Guardian		
2 nd Parent/Guardian		

I certify that the above information is true and complete to the best of my knowledge.

1st Parent/Guardian Signature _____

Date _____

2nd Parent/Guardian Signature _____

Date _____

--- FOR DIRECTOR'S USE ONLY ---

Child's Start Date _____

Eligible For:

☐ Free Lunch

☐ Reduced Lunch

Fee Status: ☐ CCC ☐ Full Fee ☐ Free ☐ Employee

☐ Not Eligible

☐ Cafeteria or parent/child can verify

All siblings must now be included in the same case. List names of any sibling(s) already in the program (PLEASE PRINT):

(1) _____
LAST NAME FIRST NAME

(2) _____
LAST NAME FIRST NAME

(3) _____
LAST NAME FIRST NAME

Signature of Director/Assistant Director _____

Date _____



Community Out-of-School Time (COST) Program Participation Statement of Commitment

Before accepting this offer to participate in the COST youth development program, we would like to inform you, in detail what this offer includes and the expectations for participation. Our program is grant funded by the Juvenile Welfare Board and based on the national research and best practices in youth development. The program was designed with the goal of supporting our youth and preparing them for success in life. Therefore, our program includes several crucial components that we require each student to complete over the course of their time in our program. Please review requirements of the program prior to enrollment.

I understand that the COST grant-funded program will include the following.

- Youth will maintain a consistent daily attendance and may not miss more than 2 days in a week.
- Parents/guardians must sign a documentation of absence form for absences beyond 8 days. You must notify the Center Director if your student will be out more than 8 consecutive days. Failure to maintain attendance standards or complete the appropriate documentation of absence will result in the termination from the program.
- Youth will participate in a Health Kids Questionnaire upon intake and on their annual anniversary date.
- Youth will complete homework and participate in daily enrichment activities, including interest clubs, youth advisory council, and community service learning projects.

I have read, understand and agree to comply with the requirements listed above. I realize that failure to comply with these requirements may result in loss of funded scholarship space within the COST program.

Signature of Custodial Parent or Legal Guardian

Date

Youth Signature

Date



**Cops 'n Kids Youth Center
Parent Authorization and Consent**

Child's Full Legal Name _____ Date of Birth _____
FIRST MIDDLE LAST MONTH DAY YEAR

Photo/ Video Consent

I hereby give consent to have photographs and or video recordings of my child taken by the program staff or media for occasional publicity needs.

Signature of Custodial Parent or Legal Guardian

Date

Tutoring Services Consent

I hereby give consent to have tutoring services for my child as needed. This service may include teacher communication and support for Cops 'n Kids staff and tutors.

Signature of Custodial Parent or Legal Guardian

Date

Field Trip Consent

I hereby authorize my child to attend weekly field trips with the Cops 'n Kids Youth Center program. I am aware that a list of the field trips is available upon request.

Signature of Custodial Parent or Legal Guardian

Date

Consent to Walk Home

I hereby authorize my child to walk home from the Cops 'n Kids Youth Center. I understand that my child will be walking home UNSUPERVISED. Please list the earliest time that your child is allowed to walk home from the program.

School Year Earliest Time: _____

Summer Camp Earliest Time: _____

Signature of Custodial Parent or Legal Guardian

Date



Cops 'n Kids Youth Center DJJ Parent Consent Letter

Dear Parents/Guardians

The Cops 'n Kids Youth Center has enhanced the center with new opportunities for our kids, teens and parents. The new activities and resources are provided by The Department of Juvenile Justice. The program will begin in August and continue throughout the year. The Cops 'n Kids staff have added activities that will strengthen educational growth outside of the school environment. It helps the students build healthy communication skills as well as healthy relationships with peers, family and community. The program empowers students to make better choices for a safer, happier and healthier life.

We appreciate your support of all programming and services and welcome any questions you may have. Some of the program activities are:

Kid's Activities

- Positive Action Lessons
- PATHs Lessons
- Science Field Trips
- Relaxation Activities
- Tutoring Services
- Community Development Projects
- Compassion & Diversity Field Trips
- Understanding Health Impacts of Trauma

Adult Activities

- Guiding Good Choices Workshops
- Family Fun Nights
- Understanding Health Impacts of Trauma
- Mini Workshops (Academics, Career, Financial, Cooking & More)

Please sign and date permission form below:

I _____ the parent/legal guardian of _____
PLEASE PRINT - PARENT/LEGAL GUARDIAN'S FULL NAME PLEASE PRINT - YOUTH'S FULL NAME

Give permission for my child to participate in the Cops 'n Kids: Department of Juvenile Justice Program Positive Action Program which includes lessons, activities, field trips and surveys. All activities will be conducted at the Cops 'n Kids Youth Center and community venues.

Signature of Custodial Parent or Legal Guardian

Date

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

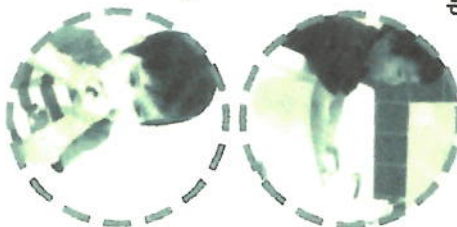
- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 18th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeforflula.org/>



Food Experience Permission Form

I give permission for my child _____ to participate in food related activities.

Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

_____ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

Parent Signature

Date



Juvenile Welfare Board

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**Authorization and Consent for Disclosure,
Receipt, and Use of Confidential Information
by the Juvenile Welfare Board of Pinellas County**

I, _____, (print participant name(s))
acknowledge that I am a participant of _____ (name of
program or service). I acknowledge that the Juvenile Welfare Board of Pinellas County ("JWB")
provides funds to make the program or service in which I am participating available. I also
acknowledge that in order to make sure that all services delivered to participants are of the
highest possible quality, JWB may need to review information about me and these services.

By signing this Authorization, I am indicating that I understand and agree that my confidential information may be contained in a JWB data collection system, and that this data collection system is exempt from disclosure under the Florida Public Records Act. This means that by law, JWB cannot release individually identifiable information about me or the services I receive (Fla. Stat. §119.071). I acknowledge that as necessary to carry out the purposes listed herein, JWB may review all information about me, including my participant file and all other information pertaining to me held by the agency providing the program or service, regardless of whether that information is entered into a JWB data collection system. I further acknowledge that JWB is simply storing and reviewing records and information as the payor for these services, and that JWB provides no direct services to me, including, but not limited to, coordination of services, recommendation of services, or medical diagnoses. I further acknowledge that JWB is not a covered entity as that term is defined under HIPAA (the Health Insurance Portability and Accountability Act).

I authorize JWB to utilize my confidential information to verify eligibility for funded services or programs, make payment for services rendered to me by funded programs or services, quality control of funded services or programs, evidence-based research of JWB funded services or programs, including, but not limited to, tracking outcomes of funded programs and services, and determination of future services/programs funded by JWB. I understand that the confidential information disclosed, received or used by JWB related to my Authorization will not be further disclosed to any other party without my express written consent or as otherwise permitted or required by applicable law unless it is presented in a report that presents information on a group of individuals in de-identified format, which means that no information that identifies me as an individual is revealed.

I acknowledge that this Authorization covers all information about me including, but not limited to, personally identifiable information, Protected Health Information, general medical, general counseling, as well as psychiatric/ psychological/ substance abuse information from my medical health record, any information concerning the performance of any tests, results of those tests, and counseling and treatment records, as allowed by all state, federal and local laws, including, but not



Juvenile Welfare Board

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limited to the following: Florida Statutes 394.459, 381.004, and 395.3025; Florida Evidence Code 90.503, 90.5035, and 90.5036; HIPAA, and the Code of Federal Regulations (CFR) Title 42. I consent to my minor participating in online or paper surveys that will be used for program improvements and enhancements. I understand that my records have a privileged and confidential status. I am waiving that status for the purposes contained by this Authorization.

I understand that the confidential information disclosed, received or used by JWB based on this Authorization will not be further disclosed to any other party without my express written consent or as otherwise permitted or required by applicable law. However, the individually identifiable confidential information received by JWB based on this Authorization may be used by JWB and its agents for research purposes, so long as the research results are reported as a whole in de-identified format, which means that no information that identifies me as an individual is revealed. Except, JWB will not provide any records covered by CFR Title 42 to any JWB agents.

I understand that I have the right to withdraw my approval in writing at any time. However, it is possible that JWB may have already relied on this Authorization before it receives notice of my withdrawal and that JWB may have already taken action based on the Authorization. If I do not withdraw my approval, it will automatically end one (1) year from the last day I received services from this program, or with respect to information used in research, upon completion of the last research project. By my signature below, I acknowledge that I have given my consent as indicated above freely, voluntarily, and without coercion, and that I have been given a copy of this authorization, signed by me on the date shown below.

(print participant name)

Effective Date

Signature of Participant or Participant's
Authorized Representative (check one):

- ☐ Participant ☐ Parent ☐ Guardian
☐ Personal Representative (Legal Documents
Required)

(print participant name)

Effective Date

Signature of Participant or Participant's
Authorized Representative (check one):

- ☐ Participant ☐ Parent ☐ Guardian
☐ Personal Representative (Legal Documents
Required)



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(print participant name)

Effective Date

Signature of Participant or Participant's
Authorized Representative (check one):

- ☐ Participant ☐ Parent ☐ Guardian
☐ Personal Representative (Legal Documents
Required)

(print participant name)

Effective Date

Signature of Participant or Participant's
Authorized Representative (check one):

- ☐ Participant ☐ Parent ☐ Guardian
☐ Personal Representative (Legal Documents
Required)

Witness Signature

Date



Juvenile Welfare Board of Pinellas County

14155 58th Street North, Suite 100
Clearwater, FL 33760
Phone: 727-453-5600
Fax: 727-453-5610
www.jwbpinellas.org

Written Statement of Purpose(s) for Collection of Social Security Number for Recipients of JWB-funded Programs and Services

The Juvenile Welfare Board (JWB) invests in partnerships, innovation and advocacy to strengthen Pinellas County children and families. The vision of the JWB is that children in Pinellas County will have a future of more successful and satisfying lives because of the efforts of JWB and its partners. JWB was established by Florida statute in 1945 (Special Act 2003-320: F.S. §189.429) and approved overwhelmingly by voters in a referendum in 1946. JWB was created with a mission to provide needed services to children and families throughout Pinellas County. JWB funds services for children and families in Pinellas County.

The purpose of this document is to provide individuals with written information about how JWB uses the Social Security numbers it collects. JWB is required by Florida's Public Records law [Fla. Stat. §119.071(5)] to provide this information to you.

Florida law allows JWB to collect Social Security numbers in order to carry out its duties and responsibilities prescribed by law (Fla. Stat. §119.071(5) (a) 2a. (II); Special Act 2003-320: F.S. §189.429). Specifically, it is imperative for JWB to collect Social Security numbers to conduct research, fund services, and to ensure that all services delivered to participants are of the highest possible quality.

In addition, collecting Social Security information is necessary to:

- Identify and match individuals and data to research in order to improve services for children and families;
- Coordination of services; and
- Receive reimbursement from Medicaid, if applicable, for providing services.

Social Security numbers held by JWB are confidential and exempt from disclosure except as specifically authorized by law (Fla. Stat. §119.071) (5) (a) 5.). JWB follows the highest security standards. All reports produced by JWB provide information about services in general. No individual person is ever identified in any way in any report without JWB first obtaining that person's written consent.

Print Participant Name

Participant Signature

Date

Print Parent/Guardian Name
(If participant is under 18 years of age)

Parent/Guardian Signature
(If participant is under 18 years of age)

Date

Print Participant Name

Participant Signature

Date

Print Parent/Guardian Name
(If participant is under 18 years of age)

Parent/Guardian Signature
(If participant is under 18 years of age)

Date

**Pinellas County School Food Service
Parent Request for lunch status information.**

I, (Parent or Guardian) _____, give the

_____ **COPS 'N KIDS YOUTH CENTER** _____ permission to verify with
(Summer Camps, Clothes to Kids, Organizations, etc.)

Pinellas County School Board Lunch Program that _____
(Child's Name)

and _____ has qualified for the Free/Reduced Lunch Program
(Birth Date)

At the following school _____
(School Child Attends)

(Parent/Guardians Signature) (Date)

_____ **Cops 'n Kids Youth Center Fax: (727) 938-3112** _____
(Parents or Organizations Fax Number) (Student ID Number)

Cafeteria Manager's Signature: _____ Date: _____

Cops 'n Kids Youth Center

Behavior Expectations

Program Rules

- Follow directions
- Keep hands, feet, etc. to yourself
- Stay in assigned groups/areas
- Use facilities, materials, supplies, and equipment properly
- Treat others with respect and don't use foul language, tease, or bully others
- Youth must attend program at least four times a week

Inappropriate Behavior

Examples of inappropriate and unacceptable behaviors include: constantly not following directions, leaving assigned areas without permission, use of foul language, threatening the health or safety of others: hitting/kicking/scratching/fighting/throwing foreign objects at others, stealing, damaging or destroying property, and general disrespect or defiance. If a child is deemed to be unsafe around others the parent/guardian will be called to pick up the child for the remainder of the day. If the child has permission to walk, the child will be allowed to after a staff member has spoken to the parent or guardian. Children who repeatedly have difficulty behaving appropriately will be temporarily suspended or permanently dismissed from the program (see **progressive discipline plan**).

Progressive Discipline Plan

1. Verbal warning
2. Written incident report and parent contact
3. Incident reports (3 or more can result in suspension or dismissal from program)
4. Due to severity of incidents, consequences will be determined by staff discretion.

By signing below, I acknowledge that I have read the behavior contract and understand the rules and expectations of behavior at Cops 'n Kids Youth Center.

Youth Signature

Date

Parent/Guardian Signature

Date