

Site Program Location: _____

Student Information – All Information Is Confidential

First Name: _____ Last Name: _____

Birth Date (Month/Day/Year): ____/____/____ Sex (Circle One): M F

School: _____ Student Number: _____

Current Grade: 4 5 6 7 8 9 10 11

Student Email Address: _____

Student Cell Phone: _____

Ethnicity: Hispanic or Latino? Yes No

Race:

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> American Indian/Alaskan Native and White | <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> American Indian/Alaskan Native and Black | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian and White | <input type="checkbox"/> I Decline |

Emergency Contact Information

Name: _____

Relationship to Student: _____

Contact Phone Number: _____

I, the undersigned, attest that the information contained within this application is true to the best of my knowledge. I have read the authorizations and release of liability statements on the back of this form and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Family Information Form – All Information Is Confidential

Parent/Guardian Names: _____

Student Address: _____ City _____ Zip Code _____

Relationship to Student: _____

Parent Cell Phone: _____ Parent E-mail: _____

Annual Household Income: \$ _____

Free or Reduced Lunch? Free Reduced Full Price I Decline Does Not Apply

Total in Household: _____		Highest Level of Education in Household:	
Number of Adults in Home: _____		<input type="checkbox"/> Some or No High School	<input type="checkbox"/> Technical Certificate
Number of Children under Age 5: _____		<input type="checkbox"/> High School Diploma/GED	<input type="checkbox"/> Associate's Degree
Number of Children Ages 6 to 13: _____		<input type="checkbox"/> Some College	<input type="checkbox"/> Advanced Degree
Number of Children Ages 14 to 18: _____		<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> I Decline

Household Structure:

<input type="checkbox"/> Female (Single) Head of Household	<input type="checkbox"/> Dual 2 Parent Household
<input type="checkbox"/> Male (Single) Head of Household	<input type="checkbox"/> Dual 2 Other-Relatives/Kinship
<input type="checkbox"/> Other Relative/Kinship Care	<input type="checkbox"/> I Decline

Does the student have his/her own personal computer? Yes No

Is there Internet connection in the home? Yes No

How Did You Hear About This Program?

- Other Student or Parent
- CMG Staff
- Newspaper/TV/Radio
- School District
- Court System
- Other _____

I _____, the undersigned, attest that the information contained within this application is true to the best of my knowledge. I have read the authorizations and release of liability statements on the back of this form and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Hold Harmless Agreement between Computer Mentors Group, Inc. and:

In consideration of permission for my student's participation in the KidsCode Program, I do hereby release and discharge Computer Mentors Group, Inc., its agents, officers, and employees from any and all claims, demands, grievances, and causes of action of every kind whatsoever, including, but not limited to, all liability for property damages and personal injury of every kind as part of said program. I agree to indemnify and hold harmless Computer Mentors Group, Inc., KidsCode Program, Board members, officers, employees and volunteers from any claims, liability, loss or expense, including reasonable attorney's fees, suffered by any of the foregoing indemnities and arising out of a claim related directly or indirectly to my student's enrollment and participation in the KidsCode Program.

I [redacted] understand that this hold harmless agreement also requires that Computer Mentors Group, Inc. is indemnified from any losses or damages resulting from the acts or omissions from any guest, participant, visitor or other person participating in the KidsCode Program herein referred to.

[redacted]
[redacted] (Student Signature) [redacted] Date

Photography Consent Form / Release

I, (print name) [redacted], parent or official guardian of (student's name) [redacted], hereby grant permission to Computer Mentors Group Inc. to take and use: photographs and/or digital images for use in news releases and/or educational materials. These materials might include printed or electronic publications, Websites or other electronic communications. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Computer Mentors Group, Inc.

[redacted]
[redacted] (Signature of Parent/Guardian) [redacted] Date

Parent/Guardian Consent to Services and Release of Information

Computer Mentors Group, Inc. is a not-for-profit agency dedicated to implementing positive programs in our community including the KidsCode Program. Participation in the program is voluntary and all services provided are without cost.

To ensure that the program delivers excellent services to all students we will regularly be collecting information. Information to be collected will include school records including grades, standardized test scores, disciplinary records, and school attendance records. Students and parents/caregivers *may* also be given surveys.

All information collected is confidential and no information will be released with students' names or any identifying information. Furthermore, this information will only retained for the period of the program evaluation or one year, whichever comes first.

I, the legal parent or guardian of _____ give permission for his or her participation in the KidsCode Program.

I fully understand that my student must satisfy behavior and attendance requirements to remain in the program and receive any student incentives.

I further grant permission for the release of student information about my child by the Hillsborough County Public Schools to the Computer Mentors Group, Inc. for the KidsCode Program.

(Signature of Parent/Guardian) _____ Date

Student Name _____ / ____ / ____ Date Signed _____ Student Number