



People Reaching Out to Provide Education and Leadership

49 S. Dixie Highway Deerfield Beach, FL 33441
561-955-8553 • WWW.PROPELYOURFUTURE.ORG

Fall 2023 - Summer 2024 Student Registration Form

Filling out this form does not guarantee acceptance into the program.

PROPEL will hold interviews at the beginning of the Fall, Spring, and Summer terms. Space is limited.

STUDENT Information: (please print clearly)

First Name: _____ Last Name: _____

Address: _____

Cell Phone: _____ Date of Birth (mm/dd/yyyy): ____/____/____

Email: _____

Gender: _____ Black/African American Hispanic White Multi-Racial Other School:

_____ Grade: _____ Student

School Log-In: _____ Password: _____

Extra-Curricular Activities: Please list any activities (clubs, sports, volunteering, jobs, family responsibilities, etc.) you are currently committed to after school. Note how many hours a week you are devoting to this activity.

Activity: _____ Hours: _____

Activity: _____ Hours: _____

Activity: _____ Hours: _____

Additional Notes:

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Parent/Guardian Information: (please print clearly)

First Name: _____ Last Name: _____

Relationship: _____ Cell Phone: _____

Email: _____

First Name: _____ Last Name: _____

Relationship: _____ Cell Phone: _____

Email: _____

Emergency Contact: (if different from persons listed above)

First Name: _____ Last Name: _____

Relationship: _____ Cell Phone: _____

HOUSEHOLD INFORMATION: (The following information is necessary for our records and makes it possible for us to apply for grants and funding to run programs for the students. The answers you provide are kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.) Thank you.

of persons living in home: _____

Languages spoken in household: (check all that apply)

____ Haitian Creole ____ French ____ Spanish ____ Portuguese ____ English ____ Other: _____

Student lives with: (check all that apply)

____ Mom ____ Step-Mom ____ Dad ____ Step-Dad ____ Grandparents ____ Uncle/Aunt ____ Guardian

Other: _____

Yearly Household Income: (check one)

____ \$12,060 or Below ____ \$12,061 - \$16,240 ____ \$16,241 - \$20,420 ____ \$20,421 - \$24,600

____ \$24,601 - \$28,780 ____ \$28,781 - \$32,960 ____ \$32,961 - \$37,140



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VAN TRANSPORTATION POLICY:

Transportation is provided for students in vans clearly marked with the PROPEL logo and colors. PROPEL students will be picked up from the designated pickup area at their school, at a specified time, and driven to the PROPEL facility. We expect your child to be on their best behavior while in our vans. They must sit down, talk quietly and follow the driver's directions. Failure to do so may result in suspension from the van, which will be given at the driver or staff's discretion. Should a member receive a suspension, that member will lose the right to ride in the van for a period of time. Van suspensions will be determined by the PROPEL staff.

PROPEL will provide students a ride home (with-in our radius) at the close of PROPEL programming for the day.

Van Rules and Expectations:

Backpacks should be taken off before sitting in a seat. Students must walk to and from the PROPEL van. Students must keep all hands and legs to themselves. Remain seated at all times. Students must use quiet voices when on the van: foul language will not be tolerated. Eating and drinking inside the van is NOT permitted. Parents/guardians will be responsible for the cost of repairs and damages caused by your child. Students must be on time for van pick up. The van will not wait.

Automatic Suspension from Van Privileges:

1. Physical threat or harm to other students and/ or the driver.
2. Fighting, smoking, drugs, or inappropriate touching while in the van.

3. Damage to property.
4. Bullying.
5. Belligerent behavior.

Consequences for NOT Following the Rules:

1. 1st offense: Staff will speak with the student.
2. 2nd offense: Driver/Propel staff will issue an incident report; parents will be notified.
The student may be suspended from riding in a van for a defined period.
3. 3rd offense: Student will have van privileges permanently removed

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____



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MEDICAL INFORMATION:

List any medication your child is currently taking and the dosage:

Please note that we are unable to administer or hold medications for your child as we do not have a nurse on site.

Therefore, if medication (Epi-Pens, inhalers, etc) is needed your child must keep it in their bag and be able to administer it properly to themselves.

Does your child have any allergies? _____ Yes _____ No

If yes, please list allergies: _____

Does your child have an EpiPen? _____ Yes _____ No

MEDICAL INSURANCE INFORMATION

Primary Insurance Company: _____

Name of Policy Holder: _____

Policy Holder's Date of Birth: _____/_____/_____

Patient's relationship to insured (please circle): Child Other Dependent

Policy #: _____ Group #: _____



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Waiver and Release

This Release and Waiver of Liability is completed on this date (mm/dd/yy): _____/_____/_____ By (Parent /

Legal Guardian Name): _____ For (Minor

Child Name): _____

The parent or legal guardian is hereon referred to as Releasor.

Academic Release: I/we hereby give authorization/ permission to the Palm Beach County School District, Broward County School District, Palm Beach County Schools, Broward County Schools and school personnel to obtain and release academic data (report cards, progress reports, transcripts) and demographic data regarding my child to PROPEL personnel. The information will be used for academic evaluation and assessment purposes.

Photo/ Social Media/ Marketing Release: I/we understand that my child may be photographed or videoed for program documentation and marketing purposes. I/we allow the above-named minor to participate in PROPEL activities and allow PROPEL and its partners to use photographs of my child for publicity purposes, including the PROPEL website, social media, newsletters, and marketing releases.

Medical Release: I/we authorize PROPEL to obtain and give consent to emergency medical treatment. In the event that I/we cannot be reached in an emergency, I give permission to emergency medical personnel to treat and transport my child as necessary for medical care, the emergency physician to hospitalize, secure treatment for, and to order injections, and/or anesthesia, and/or surgery for my child.

In consideration for my child being permitted to participate in any PROPEL activities, I/we hereby release from liability and hold PROPEL harmless from any and all claims and causes of actions which might arise out of any activity conducted by or under the control of PROPEL, its employees, administrator, agents, volunteers, Board of Directors or trustees, sponsors, and assigns (hereon referred to as Releases). Releasor(s)-(parent or legal guardian) agree to release, hold harmless and forever discharge Releases of and from any and every claim, demand, action or right of action, of whatsoever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident which may occur as a result of participation in PROPEL or any activities in connection

with PROPEL, whether by negligence or not.

Releasor(s) (parent or legal guardian) hereby assumes full responsibility for the risk of bodily injury, death or property damage due to the negligence of Releasees or otherwise while in or upon PROPEL property, vehicles, or otherwise while involved in any PROPEL activity whatsoever and wherever.

Releasor(s) hereby agrees to indemnify the Releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of Releasor(s) in any PROPEL activity, upon any property occupied or used by PROPEL for its activities, any vehicles used in the course of and/or scope of PROPEL activities, whether caused by the negligence of Releasees or otherwise.

Releasor expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____