



Global Outreach Charter Academy

GOCARIZING



Program Enrollment Form

August 30, 2021 – May 26, 2022

Monday – Thursday 3:30 pm - 6:30 pm

Friday- There is no program

Program starts at 3:30pm and ends at 6:30pm.

PLEASE NOTE:

Nutritious snacks will be provided every day at no cost. It will be the parent's responsibility to arrange a form of transportation for the child. Students are to be picked up by 6:30pm to avoid **late pick up fees**, unless student(s) participate in other after program activities.

When GOCA-RIZING receives your application, it will take a few days to review. Once approved or denied, you will receive an acceptance or denial letter via EMAIL.

STUDENT ENROLLMENT INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

City: _____ Prov./State: _____ Postal/Zip code: _____

County: _____

STUDENT ID: _____ SCHOOL GRADE (3rd-8th grade): _____

Gender: _____ Age: _____ Date of Birth: _____

RACE: White Black or African American Asian Native Hawaiian
 Pacific Islander American Indian Native American Other Unknown

ETHNICITY: Yes, Hispanic or Latino No, not Hispanic or Latino Unknown

Bilingual: YES NO Primary Language: _____

HAVE YOU EVER ATTENDED GOCA-RIZING PROGRAM? _____ YES _____ NO

SCHOOL OF ATTENDANCE: _____

PARENTS /GUARDIANS INFORMATION

Who is registering the student? _____

MOTHER'S / LEGAL GUARDIAN INFORMATION

First Name: _____

Last Name: _____

Address: _____

City: _____ Prov./State: _____ Postal/Zip code: _____

Home Tel: () _____ Work. Tel: () _____ Cell: () _____

E-mail address: _____

ALLOWED TO PICK UP STUDENT? _____ YES _____ NO

FATHER'S / LEGAL GUARDIAN INFORMATION

First Name: _____

Last Name: _____

Address: _____

City: _____ Prov./State: _____ Postal/Zip code: _____

Home Tel: () _____ Work. Tel: () _____ Cell: () _____

E-mail address: _____

ALLOWED TO PICK UP STUDENT? _____ YES _____ NO

STUDENT MEDICAL INFORMATION

Does your child have any food allergies? ___ YES ___ NO

If yes please explain,

Is the student limited or prevented in any way in his/her ability to do things most children of the same age can do? ___ YES ___ NO

___ Disabled: Explain _____

Other Medical Information: _____

Hospital Preference: _____

EMERGENCY CONTACT INFORMATION:

Who to contact in case of emergency: (name) _____ Relationship: _____

Phone number of emergency contact: _____ Other phone #: _____

PERMISSION TO PICK UP STUDENT

Please list the contact information of *additional* people to be notified and who are permitted to pick up the student:

NAME: _____ Relationship: _____

Phone number #: _____

I agree to the terms and conditions of registration and understand that I will be required to sign a standard liability release before participating in any workshop activities.

Date: _____ Signature: _____

Nutritional Snacks Requirement:

During the program, Nutritional snacks will be served, which include, but are not limited to, animal crackers, cheese sticks, PB&J sandwiches, low-fat yogurt, pretzels, and goldfish along with apple juice. Parents are allowed to provide additional/supplemental snacks.

Authorization for Emergency Care:

In case of an accident or serious illness and the school is unable to reach me, I hereby authorize the school to contact the physician. The school may make whatever arrangements necessary to provide care and treatment for my child. In case of an accident or illness where immediate treatment of my child is not necessary but he/she is unable to remain at school, the school will contact me to arrange transportation for my child. If the school is unable to reach me, I authorize the school to contact one of the individuals listed in the Enrollment Form and request them to come to the school and transport my child home.

Enrollment, Attendance, and Late Pick Up:

Please go to <https://www.goca.us/eligibility/> for eligibility requirements. Enrollment is subject to seat availability. By signing below, I am agreeing to all terms and conditions of the program, Student Behavior Policy, Late Pick Up Policy, as well as full commitment to the entire duration of the program. All absences must be excused by the program director. Unexcused chronic absences may result in suspension from the program.

General Release of Liability:

By signing below, I hereby release and forever discharges Global Outreach Charter Academy, the Duval County School Board, the Department of education, the City of Jacksonville, their offices, agents, servants, and employees, from all claims and demands while participating in activities sponsored by The 21st Century Grant at Global Outreach Charter Academy.

<p>I have read and agree to the terms and conditions of registration. I understand I will be required to complete and sign all required forms including a standard liability release before participating in any activity.</p> <p>Date: _____ Signature: _____</p>
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You must drop it off at the main office located:
8985 Lone Star Rd
Jacksonville, FL 32211
Phone: (904) 551- 7104