



**Escambia County Department of Neighborhood & Human Services**

**AFTERSCHOOL PROGRAM "THE YOUTH CONNECTION"**

**Registration Application - 2025/26**

**Registration Fee: \$75** (\$35 for each additional child) One time fee.  
 Scholarship applications are available with income document verification.

Camp Location (Please select the preferred camp below):

Application Date: \_\_\_\_\_

Ebonwood Community Center     
  Brownsville Community Center     
  Wedgewood Community Center

Please use the following spaces for your child(ren's) general information. If more spaces are required, please complete front page of an additional registration packet.

**Participant Information (Please print neatly.)**

First and Last Name	School	Grade	<b>Shirt Size: Select One</b> Youth: Small Medium Large Adult: Small Medium Large XL	DOB / /	Current Age
First and Last Name	School	Grade	<b>Shirt Size:</b> Youth: Small Medium Large Adult: Small Medium Large XL	DOB / /	Current Age
First and Last Name	School	Grade	<b>Shirt Size:</b> Youth: Small Medium Large Adult: Small Medium Large XL	DOB / /	Current Age
First and Last Name	School	Grade	<b>Shirt Size:</b> Youth: Small Medium Large Adult: Small Medium Large XL	DOB / /	Current Age

**Participant Address**

Home Address	City	State	Zip
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**Family Information**

Mother's First Name	Last Name	Email Address	Cell/Home Phone
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Father's First Name	Last Name	Email Address	Cell/Home Phone
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Guardian's First Name	Last Name	Email Address	Cell/Home Phone
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**Emergency Call and Pick up List**

First and Last Name	Relationship to Child(ren)	Phone Number
First and Last Name	Relationship to Child(ren)	Phone Number
First and Last Name	Relationship to Child(ren)	Phone Number
First and Last Name	Relationship to Child(ren)	Phone Number

**Medical Information**

*Please use the following spaces for each of your children's medical information. Please list all allergies, medical conditions, special needs, etc. your child (ren) may have.*

**Special note:** Medication cannot be administered by program staff. If your child needs medication, please administer prior to daily program start and after daily program completion.

First and Last Name	Age	allergies, medical conditions, special needs, etc.
First and Last Name	Age	allergies, medical conditions, special needs, etc.
First and Last Name	Age	allergies, medical conditions, special needs, etc.
First and Last Name	Age	allergies, medical conditions, special needs, etc.



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**Program Rules and Disciplinary Procedures**

1. Following directions: Participants must follow the directions of all staff members.
2. **No stealing:** Participants will respect the property of others.
3. **No hitting, kicking, or fighting** of any kind.
4. **No Bullying.**
5. **No use of profanity or spitting.**

The following **disciplinary actions** will be taken by center/ program staff relating to severity of the misbehavior or offense of the child. At any point in the process, the parent may be contacted and asked to pick the child up immediately.

***Parent will be notified both verbally and in writing of any disciplinary action taken above the warning level.***

1st Offense: Warning: Youth will receive a verbal warning from staff member.

2<sup>nd</sup> Offense: Time-out: Youth is placed in time-out for a designated period of

~~8th~~ 3<sup>rd</sup> Offense: Loss of program privileges: Youth will not be allowed to attend specified activities as designated by program staff.

4<sup>th</sup> Offense: Suspension from program: Youth will not be allowed to attend program for specified number of days (Determined by Center Coordinator).

5<sup>th</sup> Offense: Expulsion from program: Child will not be allowed to attend for the remainder of program and may not be allowed to return to program in subsequent years (Determined by Center Coordinator).

**Waiver for Participant**

I do hereby agree to indemnify, defend and hold harmless Escambia County, its officers, employees, agents, and volunteers from all actions, liabilities, claims, damage to personals or property, losses, costs, penalties, obligations, errors, or omissions that may be asserted by any person, firm, or entity arising out of or in connection with the activities conducted by the applicant or programs offered by Escambia County, whether or not there is concurrent passive or active negligence on the part of Escambia County Personnel.

**Photo Release**

I do hereby grant authorization to Escambia County, Florida to use photographs of myself or the program participant (s) for publicity purposes. I hereby authorize the use of photographs taken of me for publicity purposes.

***By signing below I understand that I am agreeing to the terms of this waiver and the rules of the program.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## AFTERSCHOOL PROGRAM "THE YOUTH CONNECTION" YOUTH SCHOLARSHIP APPLICATION 2025/26

- Proof of all household income: Pay stub, SSI, retirement, disability, child support, etc.

**Please Print Clearly**

Parent or Guardian Name (s)		Relationship To Child	
Parent or Guardian Address			
State	Zip Code	Cell Phone	Work Phone
Parent or Guardian Address			
Email Address	Community Center		Number of Dependents Claimed on your Tax Return

**Individuals Requesting Scholarship**

Participant's Name			Participant's Name		
School/Grade	Age	DOB	School/Grade	Age	DOB
Participant's Name			Participant's Name		
School/Grade	Age	DOB	School/Grade	Age	DOB

Number of children living at home \_\_\_\_\_ Ages \_\_\_\_\_  
 Number of adults dependent on family income \_\_\_\_\_  
 Gross monthly income \_\_\_\_\_

Annual household income level:

- Below-\$18,000   
  \$24,000-\$30,000   
  \$36,001-\$42,000   
  \$48,001-\$54,000   
  \$60,001-\$80,000  
 \$18,001-\$24,000   
  \$30,001-\$36,000   
  \$42,001-\$48,000   
  \$54,000-\$60,000   
  Over \$80,000

**Attach verification of income from all sources (pay stub, tax return, proof of assistance, etc.) to this application**

I certify that my annual household income of \$ \_\_\_\_\_ and number of dependents as \_\_\_\_\_.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*If you have any questions concerning your application, the process, or the forms required please contact Leroy Williams, (850) 426-1156 or by email lewilliams@myescambia.com*