Participant Name:_____

BUILDING PATHWAYS
A BRIDGE FOR GREAT POTENTIAL

APPLICATION FOR DAY PROGRAM
2026-2027

Name of Participant: _____DOB: _____

Age:_____Diagnosis(s):_____

Address: _____
_____

Participant's Phone: _____Email:_____

I have graduated high school: Y N If yes, what diploma: Special Standard
Any allergies? _____

Diet restrictions? _____

Parent/Guardian 1 Name: _____Relationship to Participant: _____

Parent/Guardian 1 Phone:_____Email:_____

Power of Attorney or Guardianship Completed? Y N if yes which one _____

Parent/Guardian 2 Name: _____Relationship to Participant: _____

Parent/Guardian 2 Phone: _____Email:_____

Dual Relationships Acknowledgment I understand and agree that **Building Pathways Foundation staff are not permitted to provide private services or relationships outside of Building Pathways programming**. This includes, but is not limited to, babysitting, transportation, private therapy, tutoring, or other personal services. Any requests for additional support must be directed to the Building Pathways administrative office.

Parent/Guardian Signature: _____ **Date:** _____

Office Use Only:

Paid Check/Cash For Application _____
Chose FT/PT Program _____
Using FES-UA or CDC+ Y N If yes, which one? _____
Interview Date Completed _____ Starting Date_____

Participant Name:_____

Participant Questionnaire

I like to _____

_____

In school I am best at (or when I was in school) _____

_____

I would like to find a job. Y or N

I wish I was better at _____

_____

I have friends. Y or N If yes, my friends names are _____

_____

I would like to be more independent. Y or N

I can use the bathroom on my own. Y or N

I am a girl, and I have my period. Y or N

I can take care of myself in the bathroom when I have my period. Y or N

I need help when I have my period. Y or No

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I am able to do these things on my own currently:

Brushing my teeth	**Y**	**or**	**N**
Picking out my clothes to wear each day	**Y**	**or**	**N**
I can bathe on my own	**Y**	**or**	**N**
I can do my own laundry	**Y**	**or**	**N**
I can drive and have my Drivers License	**Y**	**or**	**N**
I can do all my own grocery shopping	**Y**	**or**	**N**
I can order my own food at a restaurant	**Y**	**or**	**N**
I have had a paid job already	**Y**	**or**	**N**

(if yes, what was the job and how long did you work there)

_____

_____

_____ _____

Signature of Parent or Guardian **Date**

*By signing above I understand that if my child is sick for any reason, no fees will be reimbursed or be transferred to pay for additional weeks. This includes having to close for natural disasters or virus related reasons. No refunds or changes can be made once the payment has been made.
I also understand if my child has a fever, vomiting, sore throat, or diarrhea they cannot come in. They need to be symptom free for 24 hours to return.

Application Fee:

I have enclosed a check to “Building Pathways Foundation” for $500 for new applicants. Once the application and check are received the application is complete. All checks made out to “Building Pathways Foundation”.

I have chosen:

___ Full-Time Program (8:30AM-2:30PM Monday-Friday)- $17,600]\ yearly

___ Part-Time 3 Full Days (8:30AM-2:30PM Mondays, Thursdays, Fridays)- $11,500 yearly (this does not include buying their daily lunches or job training)

This is a YEARLY agreement and commitment.

☐ I have included any Psychological Reports, Behavior Intervention Plans

Participant Name:_____

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Participant Release, Consent, and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on _____ (month/day/year) by _____ ("Participant") releases, ("Building Pathways"), a nonprofit corporation organized and existing under the laws of the State of Florida and each of its directors, officers, employees, and agents. The Participant desires to participate in a program at Building Pathways.

1. Waiver and Release: I, the participant release and forever discharge and hold harmless Building Pathways and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services at Building Pathways. I understand and acknowledge that this Release discharges Building Pathways from any liability or claim that I may have against Building Pathways with respect to bodily injury, personal injury, illness, death, or property damage that may result for the services provided by Building Pathways.

2. Insurance: Further I understand that Building Pathways does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or any form of insurance.

3. Medical Treatment: I hereby Release and forever discharge Building Pathways from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my participation in all activities related to Building Pathways Camps and Day Programs.

4. Assumption of Risk: I understand that the services provided by Building Pathways may include activities that may be hazardous to me including, but not limited to swimming, biking, field trip and life skills training transporting via personal vehicles, involving inherently dangerous activities. I hereby assume risk of injury or harm from all the activities related to either Building Pathways camps or day programs and Release Building Pathways from all liability.

5. Photographic Release: I grant and convey to Building Pathways all right, title, and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by Building Pathways in connection with my participation in the camps or day programs. If I don't want my photo on any form of Social Media then a separate letter to the Building Pathways Director would need to be sent requesting no release of any photos on that platform.

6. Consent: I authorize Building Pathways to obtain and release confidential information about Participant regarding Behavior Intervention Plan, Diagnosis, Assessments, and all Evaluations from _____ School or _____ Therapists.

7. Other: I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

_____ _____

Signature of Participant if over 18 or if under 18 Signature of Parent/Guardian

Date

Participant Name:_____

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EMERGENCY INFORMATION

Date: _____

Participant Name: _____ DOB: _____
Print Last Name, First Name

1) In Case of Emergency Contact Relationship to Participant

_____ _____

Cell Phone _____

2) In Case of Emergency Contact Relationship to Participant

_____ _____

Cell Phone _____

Insurance Carrier for Participant _____
ID #_____ Group#_____

Current Medical Doctor's Name/Phone _____
Current Dental Doctor's Name/Phone _____
In case of an emergency and 911 needs to be called, what is the preferred hospital you want your child taken to? _____

MEDICATION LIST

Name of Medication	**Milligrams/Dosage**	**Reason for use**

Will they need to take any medication during the day? Y or N -If yes fill out med form

Allergies _____