



STUDENT INFORMATION

Student Name: _____ Gender: Male Female
Date of Birth: ____ / ____ / ____ Age: _____
2020-2021 School: _____ 2020-21 Grade: ____
Best Contact Phone Number: _____ Name: _____
Mailing Address: _____
City: _____ Zip Code: _____
Student's Living Arrangements: Both Mother Father Other: _____
Student's Legal Guardian: Both Mother Father Other: _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____ Gender: Male Female
Parent Type: Mother Father Step-Mother Step-Father Other: _____
Cell Phone Number: _____ Carrier: _____
Email: _____
Work Phone Number: _____

Parent/Guardian Name: _____ Gender: Male Female
Parent Type: Mother Father Step-Mother Step-Father Other: _____
Cell Phone Number: _____ Carrier: _____
Email: _____
Work Phone Number: _____

Student Name: _____ **Parent Initials:** _____ **Date:** _____



EMERGENCY CONTACT / AUTHORIZED TO PICK-UP

The individuals listed below will be called in case of emergency when the parent/guardian cannot be reached. The student may be released to the parent/guardian listed above as well as the individuals listed below. Please note that if you need to add someone to this list who is authorized to pick-up it must be done in writing or by emailing marlow@leapydp.com

Name: _____ Gender: Male Female
Relationship: Step-Mother / Step-Father / Grandparent / Aunt / Uncle / Family Friend / Other
Cell Phone Number: _____ Carrier: _____

Name: _____ Gender: Male Female
Relationship: Step-Mother / Step-Father / Grandparent / Aunt / Uncle / Family Friend / Other
Cell Phone Number: _____ Carrier: _____

Name: _____ Gender: Male Female
Relationship: Step-Mother / Step-Father / Grandparent / Aunt / Uncle / Family Friend / Other
Cell Phone Number: _____ Carrier: _____

Name: _____ Gender: Male Female
Relationship: Step-Mother / Step-Father / Grandparent / Aunt / Uncle / Family Friend / Other
Cell Phone Number: _____ Carrier: _____

Name: _____ Gender: Male Female
Relationship: Step-Mother / Step-Father / Grandparent / Aunt / Uncle / Family Friend / Other
Cell Phone Number: _____ Carrier: _____

Name: _____ Gender: Male Female
Relationship: Step-Mother / Step-Father / Grandparent / Aunt / Uncle / Family Friend / Other
Cell Phone Number: _____ Carrier: _____

Student Name: _____ **Parent Initials:** _____ **Date:** _____



STUDENT EMERGENCY MEDICAL INFORMATION

Name of Physician: _____

Phone Number: _____ Choice of Hospital: _____

Insurance Provider: _____ Policy Number: _____

Drug Allergies: _____ Other Allergies: _____

Describe any pre-existing conditions, special needs and/or health concerns: _____

Current Medications: _____

The following accommodations may be required to most effectively meet my child's needs while in LEAP care: _____

EMERGENCY MEDICAL AUTHORIZATION LEAP Youth Development Program does not provide Accident/Medical Insurance for program participants. I authorize LEAP YDP to provide emergency treatment in the event I cannot be contacted. I recognize that participation in LEAP YDP activities may expose my child to some risk of injury. I agree to hold LEAP YDP harmless from any claims for damage to any property or persons which may occur through participation in any activity at LEAP YDP After School Program, or in its programs. I have read and understand the above information. My child has permission to participate in the LEAP YDP After School program in accordance with the conditions set forth above.

Student Name: _____ **Parent Initials:** _____ **Date:** _____



GENERAL PHOTO RELEASE

I hereby give LEAP Youth Development Program the absolute and irrevocable right and permission, with respect to all photographs taken of my child during the specified dates enrollment in the LEAP Youth Development Program After School:

- To be enclosed in a personal student portfolio for purposes of assessment.
- To be used in the program for display and teaching purposes.
- To copyright the same in LEAP Youth Development Program name or any other name that LEAP Youth Development Program may choose.
- To re-use, publish, and re-publish the same, in whole or in part, individually, or in conjunction with other photographs in any medium, and for any purpose whatsoever.
- To use my name in conjunction therewith if LEAP Youth Development Program chooses, I hereby release and discharge LEAP Youth Development Program from any and all claims and demands arising out of or in connection with the use of the photographs, including all claims for libel. This authorization and release shall also ensure the benefit of the legal representatives, licenses, and assigns of LEAP Youth Development Program. I hereby certify that I am the parent or guardian for the person named above. I do give consent according to the terms listed above without reservations to the foregoing on behalf of him, her, or them.

Student Name: _____ **Parent Initials:** _____ **Date:** _____

CODE OF CONDUCT

Behavior Conduct and Discipline Policy

Students, Parents/Guardians and LEAP Staff are expected to treat each other with courtesy, dignity and respect. Students are expected to follow the rules and regulations of the program. Failure to comply could result in dismissal from the program. Below are the expectations of conduct and steps taken to prevent excessive behavior issues. If an incident occurs you will be informed and required to sign/date a Behavior Form given to you on the day the incident took place. This will allow appropriate communication between the LEAP Site Director and Parent/Guardian regarding behavior issues.

Expectations of Conduct

1. Students are expected to participate in all scheduled group activities with appropriate behavior.
2. Appropriate language will be used by participants in the program at all times.
 - a. Swearing and disrespectful language will not be tolerated
 - b. Students will speak with respect to other participants in the program and LEAP Staff.
3. Students will keep hands, legs and all body parts to themselves.
 - a. Fighting will not be tolerated and will result in immediate program suspension.
 - b. No touching personal property of another student unless permission is given.
 - c. Do not take items that do not belong to you.
4. No misuse or damaging of LEAP Youth Development Program equipment, materials or facilities.
5. Students will be expected to place trash in the appropriate trash receptacle.
6. Students are not allowed to leave their assigned group without permission from their Group Leader.
7. Toys and Electronics from home are not allowed during LEAP.
8. NO Drugs, Alcohol, Tobacco, Weapons, or Firearms permitted. Only prescription medication cleared with the LEAP Youth Development Program Site Director is allowed.

Outcomes of Inappropriate Behavior

The following steps will be completed by the group leader BEFORE a **First Offense** warning:

- **Step one** - Staff will identify negative behavior and give directions for appropriate behavior
- **Step two** - Staff will identify negative behavior again and redirect the student to another activity or change their surroundings
- **Step three** - Staff will give final verbal warning and reinforce the correct behavior.
- **Step four** - Staff will alert the Site Director and the student will be given adequate time to reflect. LEAP Staff will then review negative behavior and discuss interventions to improve behavior.

First Offense: Verbal warning to student with parent's awareness

Second Offense: Formal write-up given to parents. This will be in the form of email.

Third Offense: Suspension (1-3 days based on severity of behavior)

Fourth Offense: Extension Suspension (3-5 days) / Expulsion

***** NOTE *****

Any act that is considered dangerous to the participant or staff is grounds for immediate suspension or expulsion. The steps for "offenses" may be skipped depending on the severity of the rule violation at the discretion of the Site Director and Program Director.

Student Name: _____ **Parent Initials:** _____ **Date:** _____



PARENT AGREEMENT CONTRACT

1. LEAP Youth Development Program Summer Camp operates under license exemption status through Bright from the Start. We will need a signed exemption form for each student in the program.
2. LEAP Youth Development Program will be open from 7:30am - 6:00pm, to provide quality care for students. ***Students must be dropped off no later than 8:45am unless prior arrangements have been made.***
3. While every attempt will be made to protect your student's personal property, LEAP Youth Development Program ***will not*** be responsible for personal items brought to the program.
4. Parents/Guardians and all Authorized Pick Up Individuals are required to have the Kangarootime app for student checkout. Any person that will pick up students ***MUST*** be ***over the age of 18***. A photo ID must be presented when checking out for initial pickup. Students will not be allowed to leave the facility without being escorted by the parent/guardian, an authorized pick up individual or LEAP Staff.
5. It is the responsibility of the parent/guardian to keep student records current to reflect changes as they occur (ex; phone numbers, emergency contacts, physician information, health status etc.)
6. LEAP Youth Development Program agrees to keep parents/guardians informed of incidents, behavior concerns, illnesses, injuries, adverse reactions to medications, etc.
7. Before prescription medication will be dispensed, written authorization must be given and medication must be in the original container with the student's name and administration details. If the student's temperature reaches 100.4° or if they appear ill, the parent will be called for immediate pick up.
8. In the event of an emergency, LEAP Youth Development Program has the permission of the parent/guardian to administer first aid or obtain emergency medical treatment for the child's welfare.
9. I have reviewed and understand the rules of conduct, behavior expectations and outcomes for students in the LEAP Youth Development Program. If behavior continues to be an issue and discipline procedures are ineffective, participation in the LEAP program will be subject for review by the Program Director with possible suspension or expulsion.
10. I have reviewed a copy of the LEAP Youth Development Program Summer Camp Handbook and agree to abide by all policies and procedures outlined.

Student Name: _____ **Parent Initials:** _____ **Date:** _____



PARENT FINANCIAL CONTRACT

Please carefully read the following financial contract. It explains absence policies, inclement weather days, fees and due dates for weekly tuition. These policies will be strictly followed

- ★ **REGISTRATION:** due yearly for each student when entering the program.
 - \$75 - This ***non-refundable*** fee is due upon registration for summer camp. The fee includes accident insurance while the student is in the care of LEAP Youth Development Program and is also used for program supplies, equipment and activities.

- ★ **TUITION:** due by Friday prior to the week of service. Accounts must be paid in full no later than close of business on Sundays. Your child will not be allowed to attend summer camp until the account is current.
 - \$115 - full time weekly tuition
 - \$105 - 3 days per week tuition
 - \$ 70 - 2 days per week tuition

- ★ **ADDITIONAL FEES:**
 - \$10 - late fee charged weekly for overdue accounts.
 - \$1 per minute, per student late pick up fee starting at 6:01pm

- ★ **PAYMENT POLICIES & PROCEDURES:**
 - All payments can be made securely through our childcare management system, Kangarootime. Weekly automatic account draft is available through Kangarootime.
 - Cash/Checks are not accepted.
 - There are no refunds or pro-rating of tuition for absences, partial weeks or emergency closings.
 - Weekly tuition is due even when the student is not in attendance.

- ★ The parent/guardian agrees to notify LEAP Youth Development Program Director one week in advance of the removal of their child from the program. Parents/Guardians will be responsible for the week's tuition if advanced notice is not given.

Student Name: _____ **Parent Initials:** _____ **Date:** _____