



**STUDENT INFORMATION**

Student Name: \_\_\_\_\_ Gender: Male Female  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_  
2021-2022 School: \_\_\_\_\_ 2021-22 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 [leapyouthdevelopment@gmail.com](mailto:leapyouthdevelopment@gmail.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: \_\_\_\_\_

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**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 afterschool 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.

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**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 Afterschool Care.
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.**

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**Student Name:** \_\_\_\_\_ **Parent Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**PARENT AGREEMENT CONTRACT**

1. LEAP Youth Development Program is licensed by the Georgia Department of Early Care and Learning Bright from the Start.
2. LEAP Youth Development Program will be open Monday through Friday, afterschool to 6:30pm during the months of August through May when school is in session to provide quality after school care for students.
3. **Students may not be picked up from LEAP before 3:15pm (Marlow, Rincon, Sandhill) or 3:45pm (Guyton).** If a student needs to be picked up before this time arrangements must be made with the school to be a car rider. Students will be provided an afternoon snack daily.
4. LEAP Youth Development Program will follow the Effingham County Schools calendar; after school care is not offered on days school is not in session. If school is cancelled due to inclement weather while students are in school, LEAP will also be closed.
5. 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.
6. Parents/Guardians and all Authorized Pick Up Individuals are required to have the Kangarootime app for student checkout. Any person that will checkout 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.
7. 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.)
8. LEAP Youth Development Program agrees to keep parents/guardians informed of incidents, behavior concerns, illnesses, injuries, adverse reactions to medications, etc.
9. 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.
10. 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. It will be the policy of LEAP Youth Development Program to have a student transported by ambulance to the nearest hospital if deemed necessary.
11. 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 After School program will be subject for review by the Program Director with possible suspension or expulsion.
12. I have reviewed a copy of the LEAP Youth Development Program Handbook and agree to abide by all policies and procedures outlined.

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**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 each school year. 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
  - \$45 - full time weekly registration
  - \$ 7 - reduced lunch credit
  - \$20 - free lunch credit to account
    - An Authorized Lunch Letter must be provided for weekly tuition credit. Each student will be charged at the full tuition rate until the supporting letter is provided. Account will not be adjusted for weeks prior to the letter being provided.
  
- ★ **ADDITIONAL FEES:**
  - \$10 - late fee charged weekly for overdue accounts. Accounts that are more than 2 weeks behind will result in suspension from the program.
  - \$1 per minute, per student late pick up fee starting at 6:31pm
  
- ★ **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.
  - Tuition fees will not be charged if school is not in session for the entire week. Tuition ***will apply to all other weeks*** during the school year included in the Effingham County School calendar, regardless of inclement weather days, absences, holidays, etc. during the week.
  - There are no refunds or pro-rating tuition for absences, partial weeks or emergency closings.
  - Weekly tuition is due even if your child 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.

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Student Name: \_\_\_\_\_ Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_