

LEAP Youth Development Program After School Program

Enrollment Form

Child's Name: _____ Sex: _____ DOB: ____/____/____ Age: _____
Child's School: _____ Grade _____
Home Address: _____ City: _____ State: _____
Home Phone _____ E-Mail _____

Mother's Name: _____
Home Phone: _____ Cell: _____ Carrier: _____
Place of Employment: _____ Work Phone: _____
Employer's Full Address: _____

Father's Name: _____
Home Phone: _____ Cell: _____ Carrier: _____
Place of Employment: _____ Work Phone: _____
Employer's Full Address: _____

CHILD'S LIVING ARRANGEMENTS:

Child's Living Arrangement: Both Mother Father Other
Child's Legal Guardian: Both Mother Father Other

If an alternate custody arrangement exists and individuals other than those listed above have an ability to pick up your child, please complete the following section. If such arrangement exists, please provide documentation.

Stepparent Name: _____ Cell: _____
Stepparent Name: _____ Cell: _____

Both Stepparents are authorized to pick up my child. Yes / No (circle one)

Mother's Signature: _____ Date: ____/____/____
Father's Signature: _____ Date: ____/____/____

EMERGENCY CONTACTS The individuals listed below will be called in case of emergency when the parent or guardian cannot be reached. The child may be released to the person(s) signing this agreement and/or to the following:

Name: _____ Relationship to Parent: _____
Address: _____ City: _____ State: _____
Home Number: _____ Cell Number: _____ Carrier: _____

Name: _____ Relationship to Parent: _____
Address: _____ City: _____ State: _____
Home Number: _____ Cell Number: _____ Carrier: _____

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EMERGENCY MEDICAL INFORMATION

Child's Doctor or Clinic: _____

Name: _____ Phone Number: _____

Insurance Provider: _____

Policy Number: _____ Choice of Hospital: _____

My child has the following **special needs**:

The following accommodations may be required to most effectively meet my child's needs while at school:

My child is currently on medication(s. prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

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.

Parent/Guardian Signature: _____ Date: ____/____/____

Facility Administrator Signature: _____ Date: ____/____/____

LEAP Youth Development Program After School Program

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:

1. To be enclosed in my child's portfolio for purposes of assessment.
2. To be used in the classroom for display and teaching purposes.
3. To copyright the same in LEAP Youth Development Program name or any other name that LEAP YDP may choose.
4. 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.
5. 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.

Printed Name of Child:

Printed Name of Parent or Guardian:

Signature of Parent or Guardian:

Date: ____/____/____

LEAP Youth Development Program After School Program

Participant's Name: _____ D.O.B: ____/____/____
Address: _____
City: _____ GA, Zip _____
Parent/Guardian Name: _____
Cell #: _____ Work #: _____ Home #: _____

I _____ (participant name) agree to follow the rules of conduct while attending LEAP Youth Development Program After School Program. I further understand that if my behavior is not appropriate, participation in the LEAP YDP After School Program will be subject for a review by the Site Director, with possible suspension and expulsion.

Rules of Conduct:

1. NO swearing or inappropriate behavior.
2. NO fighting.
3. NO misuse or damaging of LEAP Youth Development Program equipment or facilities.
4. NO trashing of facilities. Place trash in appropriate container.
5. NO stealing. NO touching personal property of another person unless permission is given.
6. NO leaving group without permission from group leader.
7. NO drugs, alcohol, tobacco, weapons or firearms permitted. Only prescription medication cleared with the Site Director is permitted.
8. NO disrespect to participants, staff or volunteers.
9. NO toys from home allowed.

Outcomes:

1. First Offense: Verbal warning to child with parent's awareness (documented).
2. Second Offense: First write up given to parent
3. Third Offense: Suspension/Expulsion
4. Fourth Offense: Expulsion

Any act that is considered dangerous to the participant, another participant or staff is grounds for immediate dismissal. The steps for the "Offenses" may be skipped depending upon the severity of the Rule Violation. I/We understand this behavior contract and will abide by the rules and policies that have been established for the safety and enjoyment of all participants. I also understand that LEAP Youth Development Program After School will make every effort to work with each participant. However, if the participant does not want to behave and be part of his/her group, steps will be taken to ensure that the total program is not affected.

Parent/Guardian Signature: _____ Date: ____/____/____

LEAP Youth Development Program After School Program

CONTRACT

1. LEAP Youth Development Program agrees to provide child care for _____ on Monday through Friday in the afternoon until 6:30pm. My child will be served afternoon snack.
2. Before any prescription medication will be dispensed to my child, I will provide written authorization, which includes: dates, name of child, name of medication, prescription number, dosage, date and time of day medication is to be given. Medication will be in the original container with my child's full name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent or person authorized by the parent or facility personnel.
4. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
5. The facility agrees to keep me informed of incidents, including illnesses, injuries, adverse reactions to medications, etc. which include my child.
6. I have reviewed a copy of the Parent's Handbook and agree to abide by the policies and procedures for LEAP Youth Development Program After School.

Parent/Guardian Signature: _____ Date ____/____/____

LEAP Youth Development Program After School Program

AUTHORIZED TO PICK UP

Child Name: _____

The individuals listed below will be called in case of emergency when the parent or guardian cannot be reached. The child may be released to the person(s) signing this agreement and/or to the following:

Name: _____
Relationship to Child: _____
Address: _____ City: _____ GA Zip: _____
Cell #: _____ Home #: _____
Work #: _____

Name: _____
Relationship to Child: _____
Address: _____ City: _____ GA Zip: _____
Cell #: _____ Home #: _____
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Work #: _____

Name: _____
Relationship to Child: _____
Address: _____ City: _____ GA Zip: _____
Cell #: _____ Home #: _____
Work #: _____

Parent/Guardian Signature: _____ Date: ___/___/___