



2015-2016 ENROLLMENT FORM
A \$25.00 NON-REFUNDABLE ENROLLMENT FEE PER FAMILY IS DUE
AT TIME OF REGISTRATION

GENERAL INFORMATION

1st Child's Name _____
Male Female (Last) (First)

2nd Child's Name _____
Male Female (Last) (First)

3rd Child's Name _____
Male Female (Last) (First)

1st Child DOB: _____ Grade Level: ____ Age: ____ Returning/New Student (circle one)

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1st Child DOB: _____ Grade Level: ____ Age: ____ Returning/New Student (circle one)

T-shirt size: (Youth) S M L XL or (Adult) S M L XL 2XL 3XL 4XL

1st Child: _____ 2nd Child: _____ 3rd Child: _____ Parent: _____

Parent(s) Guardian(s) Information:

Primary Contact: _____

Full Address: _____

DL#: _____

Home Phone Number: _____

Employer Name & Phone: _____

Cell Phone Number: _____

E-mail Address: _____

Authorized to pick up? YES NO

Emergency Contact? YES NO

Emergency Contact (other than Parents):

Secondary Contact: _____

Full Address: _____

DL#: _____

Home Phone Number: _____

Employer Name & Phone: _____

Cell Phone Number: _____

E-mail Address: _____

Authorized to pick up? YES NO

Emergency Contact? YES NO

HOUSEHOLD INFORMATION

Child lives with: father mother both parents grandparents other:
(step/relative/foster/extended)

in Household: ____ Single Parent: YES NO Free/Reduced/Full Price Lunch (circle one)

What is your current total household income level? *(This will be kept completely confidential, and will be used for anonymous statistics to inform our fundraising & program design.)*

-
- | | |
|--|--|
| <input type="radio"/> \$21,257 or Below | <input type="radio"/> \$51,006 to \$58,442 |
| <input type="radio"/> \$21,258 to \$28,694 | <input type="radio"/> \$58,443 to \$65,879 |
| <input type="radio"/> \$28,695 to \$36,131 | <input type="radio"/> \$65,880 to \$73,316 |
| <input type="radio"/> \$36,132 to \$43,568 | <input type="radio"/> \$65,880 to \$73,316 |
| <input type="radio"/> \$43,569 to \$51,005 | <input type="radio"/> \$73,317 or Higher |

PERMISSION TO RELEASE

Please list all persons who are emergency contacts and/or are authorized to pick up your child. Your child will only be allowed to leave with the persons named. They will be required to show proof of identification. **YOU MUST LIST AT LEAST 2 OTHER PEOPLE TO CONTACT AND THEIR PHONE NUMBERS.**

Name: _____ Relationship to Child: _____ Phone: _____

Address: _____ DOB: _____ DL: _____

Name: _____ Relationship to Child: _____ Phone: _____

Address: _____ DOB: _____ DL: _____

Name: _____ Relationship to Child: _____ Phone: _____

Address: _____ DOB: _____ DL: _____

To add or drop persons from the list, written notice must be given to program staff in advance.

If listed above, my child has permission to be released to the care of sibling(s) under 18 years old. _____ (Initial)

LIST ANY PERSONS NOT AUTHORIZED TO CONTACT/PICK YOUR CHILD UP (I.E., COURT ORDER - *you must provide a copy to keep in your child's records*)

Are there any custodial situations that we should be aware of? (Please comment):

EMERGENCY MEDICAL CONSENT

In the event that reasonable attempts to contact me and the two alternate individuals that I have designated at the phone numbers that I have provided on this form have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the physician, dentist and/or hospital, as applicable, listed below:

Preferred Physician

Phone Number

Preferred Dentist

Phone Number

Preferred Hospital

Phone Number

In the event that the designated preferred physician, dentist and/or hospital, as applicable, is not available, I hereby give my consent for the administration of any treatment deemed necessary by another licensed physician or dentist at any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists (as applicable), concurring in the necessity for such surgery, are obtained before surgery is performed.

Parent/Guardian Signature _____

Date: _____

EMERGENCY MEDICAL REFUSAL*

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Parent/Guardian Signature _____

Date: _____

**Do not sign if Emergency Medical Consent was authorized above.*

PARTICIPANT MEDICAL INFORMATION

Does your child currently have any health concerns? Please check from the list below: **(Please mark N/A, or none if no conditions exist)**

- | | | |
|---|---------------------------------------|--|
| <input type="radio"/> Asthma | <input type="radio"/> Seizures | <input type="radio"/> Digestive |
| <input type="radio"/> Diabetes | <input type="radio"/> Fainting | <input type="radio"/> Braces |
| <input type="radio"/> Heart Disease | <input type="radio"/> Ear/Nose Throat | <input type="radio"/> Glasses/Contact Lenses |
| <input type="radio"/> Hearing Impairment | <input type="radio"/> N/A | <input type="radio"/> High Blood Pressure |
| <input type="radio"/> Lung Disease/Disorder | | |

If you checked any health conditions above, please explain the condition(s): _____

Allergies (food, medication, etc.): _____

If yes, what is the severity? Low Medium High

If yes, please list specific instructions for treatment: _____

Activity restrictions or precautions: _____

List your child's PRESCRIPTION MEDICATIONS and current DOSAGE: _____

List any special needs, important medical history/behavior and/or accommodations that can be made to make your child's experience more successful: _____

List any health conditions or behavior concerns that may require us to take action: _____

Does your child carry an inhaler? Yes No An epinephrine syringe? Yes No

IMPORTANT: Epinephrine administration authorization forms must be completed by parents and the physician, and the Director must be trained in the administration of the epinephrine syringe prior to the start date of the program. Parents of participants with such severe allergies should call (903) 693-3351 to acquire these forms and begin making the necessary arrangements.

My child's immunization record is on file at their home campus.

Please provide the name, address and telephone number of the school to which your child's immunization records have been provided.

School Name: _____

Address: _____ Phone: _____

Parent/Guardian Signature _____ Date: _____

PARTICIPATION CONSENT & RELEASE

Your child will not be permitted to attend the Afterschool Youth Enrichment Program (AYEP), or participate in its programs or activities unless we have received this document complete, signed and dated.

ACKNOWLEDGEMENT OF RISK

I hereby affirm that I understand the risks inherent in any recreational activities and that such activities involve dangers and risks that no amount of care, caution, instruction or expertise by AYES can eliminate, and I accept those dangers and risks knowingly and willingly for my member(s).

MEDIA RELEASE

I understand that pictures, videos, and audio recordings are taken by AYEP, and that surveys are sometimes administered by AYEP. I hereby grant AYEP permission to periodically administer surveys to me and my child regarding satisfaction with programs, including but not limited to Afterschool, Summer Camp and other programs. I also hereby grant AYEP, or any of its agents, the right and permission, in respect to the surveys, photographs, audio, and video which AYEP or its agents have taken of me or my children, or in which I/we may be included with others, to copyright the same in its own name or otherwise; to use, reuse, publish and re-publish (without payment) in the same in whole or in part, in conjunction with any printed matter in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, advertising and trade, or any other purpose; and to use my name, my children's first names, and any statements made by me or my children, in connection therewith if AYEP so chooses. I have read the foregoing and fully understand the contents hereof. This release shall be binding upon me and my heirs, legal representatives and assigns.

MEDICAL AUTHORIZATION

My child's/children's health history is correct and complete as far as I know, and the person(s) herein described has permission to engage in all prescribed activities, except as noted by me (parent/legal guardian). I (parent/legal guardian) hereby give permission to the AYEP staff and/or volunteers to provide emergency health care if necessary, administer prescribed medications if necessary, and to provide/arrange related transportation for my child.

PARTICIPATION CONSENT & LIABILITY RELEASE

By execution of this document, I, individually and on behalf of my child/children, knowingly and willingly release, discharge AYEP, the staff, the Board of Directors, its affiliated organizations and all others for or on behalf of the above mentioned from all liability whatsoever, for personal injury, or injuries to property, real or personal, caused by, or arising out of any activities sponsored by AYEP. By signing this document, I allow my child to participate in all program activities, except where expressly prohibited in my child(ren)'s application or as noted in the following special permissions:

SPECIAL PERMISSIONS

Transportation and Field Trips: I hereby give do not give consent for my child to participate in and be transported by AYEP for field trips, emergency care, or special events.

Water Activities: I hereby give do not give consent for my child to participate in sprinkler play, splashing/wading pools or swimming pools during their time at AYEP. I will provide a life jacket if needed.

Bible Study: I hereby give do not give consent for my child to participate in AYEP sponsored daily devotionals and Bible Studies.

School Release Records: I hereby give do not give consent for the release of any and all school records pertaining to my child, which may be pertinent to the improvement of academic skills, to a representative of AYEP. In order to maintain quality services for your child, AYEP staff may need to have contact with your child's teacher and/or school staff to determine if there is anything that we can to assist him/her to achieve success in school. AYEP staff may meet with your child in the school setting, upon approval by Carthage ISD. Any information gained by AYEP

staff will be kept confidential. This expires after the student has officially withdrawn from the program.

ACCEPTABLE BEHAVIOR POLICY

It is important to AYEP that all children receive a positive and rewarding experience while attending our program. In order to ensure a safe and fun environment for all, children are expected to behave in an acceptable manner and use appropriate language. **ANY** behavior deemed to be detrimental to or in violation of AYEP standards will be dealt with by the staff and/or Director. Unacceptable behavioral instances include, but are not limited to: any form of intended harm to another camper or staff member, bullying or any form of aggression. Any situation that involves distracting other participants or disrupting camp activities will not be tolerated. It is important to remember that there are **NO REFUNDS** if a child is asked to leave the Program due to unacceptable behavior. By paying your registration fee in full, you signify that you understand and agree to, the Acceptable Behavior Policy. I have read and will abide by the Program rules. I understand that **AYEP reserves the right to dismiss a child or any person if their behavior jeopardizes the safety and well-being of other children, staff, and administration and/or** does not abide by these rules. If I am asked to leave, I understand that my tuition is nonrefundable. **Parent or guardian signature indicates compliance with regulations.**

I HAVE READ THIS REGISTRATION FORM. I AGREE TO ABIDE BY ALL THE OPERATIONAL POLICIES AS WELL AS THOSE OUTLINED IN THE PARENT HANDBOOK AND WILL NOTIFY STAFF MEMBERS IN WRITING OF ANY CHANGES MADE TO THE INFORMATION ON THIS FORM. I RECOGNIZE IT IS MY RESPONSIBILITY TO MAINTAIN CURRENT INFORMATION WITH THE PROGRAM AT ALL TIMES. I AM RESPONSIBLE FOR READING THE PARENT HANDBOOK.

AFFIRMATIONS

I have read the Parent Handbook applicable to my child's program(s) and I understand the policies and procedures set in place by AYEP, including participant conduct and discipline.
_____ INITIAL

I understand that for my child who is in the Afterschool Program, only an afternoon snack will be served while my child(ren) are there. _____ INITIAL

I understand that my child is typically in the Afterschool Program during the following hours: Monday-Thursday 3:00 - 6:00 pm, excluding half days of school and school closings.
_____ INITIAL

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

How did you hear about our Afterschool Program? Child's School Radio Newspaper
 Student Attends AYEP Friend Attends AYEP Direct Mail Other _____