

Addition to Student Pick-Up List

YEP

Youth Enrichment Program

Date: _____

Student's Name: _____

School of Attendance: _____

Last four digits of SSN (person who enrolled student): _____

Name of Pediatrician listed on enrollment form: _____

Signature: _____

Person/People to be authorized for pick-up (include contact #):

YEP

Youth Enrichment Program

4700 Line Avenue, Suite 207

Shreveport, Louisiana 71106

Phone (318) 865-0749

Fax (318) 865-2237