Youth Enrichment Program		For Office Use	<u>e Only</u>
2019-2020 Enrollment Form	Full Time	Registration Fe	
School	or	Immunization_	
Please Print	Part Time: MTWTHF (3 days or less)		
Child's Name - Last, First	Nickname	2019/2020 Grade (K5-5 th only)	
Child's Date of Birth	Boy	Girl	
Address	City	State	Zip
Mother's Name - Last, First		Home/Cell P	hone
Place of Employment		Work Phone	
Mother's Social Security Number		Email Address #1	
☐ I prefer to receive the monthly inverse. Father's Name - Last, First	oices at the following email address:	Home/Cell F	Phone
Place of Employment		Work Phone	
Father's Social Security Number		Email Address #2	
PERSON OR PERSONS RESPONSI	BLE FOR FEE (ADDRESS AND PH	ONE IF DIFFEREN	Γ FROM ABO
Parental Status: Married S	ingle Divorced Se	parated Wide	ow/er
	buld know about. be documented with a copy attac	hed to this enrollme	ent form.
I will notify my child's teacher at			
attending YEP beginningStan	rt Date		
Parent/Guardian Signature*		Date	

^{*}This designates the owner of the account who is able to contact the YEP office to make any revisions as needed and who is responsible for all fees.

ALL CHANGES MUST BE SUBMITTED IN WRITING

Persons to be reached in case of *emergency:* (other than parents)

Name/Relationship	Address	Phone
rsons authorized to <i>pick-up</i> you L CHANGES MUST BE SUBMITTED IN W		CCOUNT)
Name/Relationship	Address	Phone
-		
es your child have any behavior or le N	arning issues the YEP staff show	uld know about?
ves, please explain.		

Please read and initial

 I understand the Youth Enrichment Program located in Bossier Parish Schools are available only to students who actually reside in the attendance district zone of that school. Approved Out-of-District students are not eligible to participate in the YEP program.
 I understand that my child MUST be enrolled at the school where he/she attends YEP.
 I understand I must re-register every year in order for my child to attend YEP. (Month of April).
 I understand that each YEP site must be approved annually to provide the program for the next school year.
 YEP sudents <u>are not</u> allowed to have any device that is able to access the internet (cell phones, iPads, notebooks, etc). Electronic game devices are permitted as long as they are NOT able to access the internet.
 I allow my child's photo/video and audio to be used for various YEP promotions (i.e. website, Facebook, grant reports, Give for Good event, and other similar sites).
 REGULAR PROGRAM: I understand that I am enrolling my child for the program that operates after school. Any other program by YEP that I enroll my child in will require separate fees.
 I understand that YEP follows the Bossier, Caddo and DeSoto Parish school calendars and is <u>closed during bad weather</u> <u>days</u> (including cancellation of after school programs/ activities), half days, teacher in-service days, and all school <u>holidays</u> .
 I understand that I am responsible for a payment of \$ which is due the first of each month. I also understand that YEP will charge an \$8.00 late fee for payments made after the fifteenth of the month following the due date. I will give a two-week written notice to the office prior to withdrawing my child from the program, during which time I will be responsible for the fees. I understand that my child will be temporarily suspended if I fall behind in payments (over 30 days) and no attempt on my part is made for payment. Fees are non-refundable. See Parent Handbook for additional fee and payment policy information.
 LATE PICK-UP CHARGE: There will be a \$1.00 per minute late charge up to 6:15 PM (\$10.00 each additional quarter, no split minutes) when your child is picked up after 6 PM.
 I understand that YEP fees are calculated for the full school year and are the same for each month; regardless of the number of days my child actually attends that month, including November, December, and March. YEP does <u>not</u> pro rate fees.
 I understand that I must provide a copy of my child's immunization record in order for my child's enrollment to be complete.
 YEP IS NOT ABLE TO PROVIDE ONE-ON-ONE ATTENTION. If your child requires an aide during the school day, they require one-on-one attention which YEP cannot provide.
 NOTIFICATION OF ABSENCES AND CHANGES IN CHILD'S SCHEDULE: In advance of a planned absence, such as doctor's appointments, etc., I will call the YEP office by 2:00 PM that day or tell the YEP teacher in advance. If there is an unplanned absence, such as illness, I must call the YEP office by 2:00 PM on that day or leave a note for the YEP staff in the YEP box at my child's school.
HOLD HARMLESS AGREEMENT: YEP is a private, non-profit program which is solely responsible for the safety and security of my child during the program's hours. I understand that YEP is not a School Board operated or sponsored program. I hereby authorize my child's school to release my child to YEP at the end of the school day. I agree to relieve and hold harmless the School Board and its officers, employees, or agents from and against any and all responsibility and liability for any injury or damage that may occur to my child after the child is placed in the custody of the Youth Enrichment Program, except when such injury or damage may have been caused by negligent acts or omissions on the part of the School Board, its officers, agents or employees.
 REPORT OF SUSPECTED ABUSE AND NEGLECT: Any suspected abuse and/or neglect of a child by the after-school teacher must be reported in accordance with Louisiana Registration Statue 14:403 to the Local Child Protection Agency.

Medical Consent Statement

Child's Name			
Family Doctor	Phone		
Allergies	Health Problems		
Chronic or Recurring Illnesses			
Does your child take medication for the above? (circle)	YES	NO	
If yes, please explain.			
YEP DOES NOT ADMINISTER ANY MEDICATION requires any medical equipment on site. EMERGENCY MEDICAL RELEASE: IF MEDICAL NECESSARY AND I CANNOT BE CONTACTED ACT ON MY BEHALF BY GRANTING PERMISSEMERGENCY MEDICAL TREATMENT.	CAL EMERGENCY D, I AUTHORIZE TI	CARE IS DEEMED HE YEP STAFF TO	
I have read and understand the Youth Enrichment Progra year and have answered the questions correctly to the be		n for the 2019-2020 schoo	
Parent/Guardian (please print)	Da	te	
Parent/Guardian Signature	Da	ate	
YEP Staff Signature	D	ate	