

Youth Enrichment Program
2024-2025 Enrollment Form
School _____

Full Time
or
Part Time: M T W T H F
(3 days or less)

For Office Use Only
Registration Fee _____
Immunization _____

Please Print

Child's Name - Last, First _____ 2024/2025 Grade
(K5-5th only)

Child's Date of Birth _____ Boy _____ Girl _____

Address _____ City _____ State _____ Zip _____

Mother's Name - Last, First _____ Home/Cell Phone _____

Place of Employment _____ Work Phone _____

Mother's Social Security Number _____ Email Address #1 _____

☐ I prefer to receive the monthly invoices at the following email address: Circle 1 or 2

Father's Name - Last, First _____ Home/Cell Phone _____

Place of Employment _____ Work Phone _____

Father's Social Security Number _____ Email Address #2 _____

PERSON OR PERSONS RESPONSIBLE FOR FEE (ADDRESS AND PHONE IF DIFFERENT FROM ABOVE)

Parental Status: Married _____ Single _____ Divorced _____ Separated _____ Widow/er _____

In order to better serve you and your child, please list below any custody, divorce, separation or family issues the YEP staff should know about.

Any restraining/legal orders must be documented with a copy attached to this enrollment form.

I will notify my child's teacher at _____ **Elementary** that he/she will be attending YEP beginning _____.
Start 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
1. _____		
2. _____		
3. _____		
4. _____		

Persons authorized to *pick-up* your child: (other than parents)**(ALL CHANGES MUST BE SUBMITTED IN WRITING BY THE OWNER OF THE ACCOUNT)**

Name/Relationship	Address	Phone
1. _____		
2. _____		
3. _____		
4. _____		

Does your child have any behavior or learning issues the YEP staff should know about?

Y ____ N ____

If yes, please explain.

Please read and initial

- ___ I understand the Youth Enrichment Programs 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 students **are not** 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 and registration.
- ___ I understand that YEP follows the Bossier, Caddo and DeSoto Parish school calendars and is **closed during bad weather days (including cancellation of after school programs/ activities), half days, teacher in-service days, and all school holidays.**
- ___ 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 hour, 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 not 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 Statute 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 MEDICATIONS.** Please notify the YEP office if your child requires any medical equipment on site.**EMERGENCY MEDICAL RELEASE:** IF MEDICAL EMERGENCY CARE IS DEEMED NECESSARY AND I CANNOT BE CONTACTED, I AUTHORIZE THE YEP STAFF TO ACT ON MY BEHALF BY GRANTING PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT.

I have read and understand the Youth Enrichment Program's enrollment form for the 2024-2025 school year and have answered the questions correctly to the best of my knowledge.

Parent/Guardian (please print) Date_____
Parent/Guardian Signature Date_____
YEP Staff Signature Date