

Youth Enrichment Program
2025-2026 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 _____ 2025/2026 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* (Owner of the account) _____ Print Name _____ Date _____

***Indicates the owner of the account. Only he/she has the authority to make changes to the account (e.g. update contacts, pick up list etc.), and is responsible for all fees and charges.**

ALL CHANGES MUST BE SUBMITTED IN WRITING (www.yep-la.org: Documents)**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.**
- ___ **Registration is for the current school year only. You must re-register you child(ren) each school year (pre-registration is in 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 only enrolling my child for the program that operates after school. Any other program by offered YEP 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 \$_____ per month, which is a total of \$_____ for the semester, due the first of each month. **I also understand that YEP will charge an \$25.00 late fee for payments made after the fifteenth of the month following the due date.**
1. Fees are charged monthly, but you are financially responsible for the entire semester.
 - **Fall Semester:** August – December 31st
 - **Spring Semester:** January – May*
 - *Shreve Island ends in June
 2. **Dropping from the program:**
 - If you drop from the program, you must wait a semester before re-enrolling. (e.g. drop in November/ December 2025, eligible to re-enroll in Fall 2026; drop in March/April 2026, eligible to re-enroll Spring 2027).
- ___ 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.
- ___ I will give **two-week written notice to the YEP office** prior to withdrawing my child from the program, during which time I will be responsible for the fees.
- ___ **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 **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:** For a planned absence, (e.g. 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, (e.g. 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 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 2025-2026 school year and have answered the questions correctly to the best of my knowledge. I acknowledge that I have received the Parent Handbook, as it contests are part of the enrollment agreement.

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