

Youth Enrichment Program
2026-2027 Enrollment Form

School _____

Please Print

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

For Office Use Only:

Registration Fee _____

Immunization
Received _____

Child's Name - Last, First

2026/2027 **Grade Level (K5-5th only)**

Sex: Male Female

Child's Date of Birth

Home Address

City

State

Zip

Mother/Guardian's Name - Last, First

Home/Cell Phone

Place of Employment

Work Phone

Mother/Guardian's Social Security Number

Email Address #1

I prefer invoices sent to this email address

Father/Guardian's Name - Last, First

Home/Cell Phone

Place of Employment

Work Phone

Father/Guardian's Social Security Number

Email Address #2

I prefer invoices sent to this email address

Financially Responsible Party (if different from above: Name, Address and Phone number)

Parental Status (optional): Married _____ Single _____ Divorced _____ Separated _____ Widow/er _____

Custody or Legal Considerations

Please list any custody arrangements, court orders, or family circumstances that YEP staff should be aware of.
Any restraining orders or custody documents must be provided in writing and attached to this form.

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

Start Date

Information provided on this form must be accurate and kept current throughout the school year.

All changes must be submitted in writing by the Account Owner (www.yep-la.org: Documents)
Identification will be required at pickup.

Emergency Contacts

(Individuals who may be contacted if parents/guardians cannot be reached)

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

Authorized Pickup Individuals

(Individuals authorized to pick up your child other than parents/guardians)

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

Behavioral or Learning Considerations

Does your child have any behavioral, emotional, learning, or supervision needs that YEP staff should be aware of? Yes No If yes, please explain:

Failure to disclose relevant medical, behavioral, or supervision needs may affect a student's ability to safely participate in the program.

Parent/Guardian Acknowledgments

Please initial each statement.

1. Handbook & Policy Acknowledgment

___ I have received and reviewed the **YEP Parent Handbook** and understand that it contains the full policies, procedures, and expectations governing program participation.

___ I agree to comply with all **Youth Enrichment Program (YEP)** policies and procedures.

___ I certify that the registration information provided is accurate and complete. Failure to disclose relevant medical, behavioral, or supervision needs may affect my child's ability to safely participate in the program.

___ I understand that YEP operates as a **structured group-based program** and cannot provide **one-on-one supervision**. If my child's needs exceed the program's staffing structure or compromise safety, YEP may determine that continued participation is not appropriate.

2. Program Eligibility & School Partnership

___ I understand that **YEP is a private nonprofit organization** and is not operated by the School Board.

___ I authorize my child's school to **release my child to YEP at the end of the school day**.

___ I understand that YEP programs located in **Bossier Parish Schools** are available only to students **enrolled at and residing within that school's attendance zone**.

___ I understand that each YEP site must receive **annual approval** in order to operate for the upcoming school year.

3. Program Operations & Participation

___ **Absence Notification:** I will notify the YEP office by **2:00 PM** if my child will be absent.

___ Students may bring personal electronic devices; however, **internet-capable devices may not be used during program hours**. Unauthorized use, including accessing prohibited content or recording others, will result in **confiscation until parent pickup**.

___ Only students **officially enrolled in YEP** may participate in program activities.

___ **Program Calendar:** YEP follows the **local parish school calendar** and does not operate on school holidays, teacher in-service days, half days, weather closures, or days when after-school programs are canceled.

___ **No refunds, credits, or prorated tuition** are provided for closures aligned with the school calendar.

___ Enrollment applies only to the **regular after-school program**. Holiday, intersession, and summer programs require **separate registration and fees**.

4. Media Release

___ I grant permission for my child's **photo, video, or audio** to be used for YEP promotional purposes, including the **website, social media, grant reporting, and fundraising materials**.

5. Financial Responsibility

I understand that enrollment constitutes a **school-year commitment structured in two semesters (Fall and Spring)**.

Tuition is assessed per semester and billed in **equal monthly installments of \$ _____**, due on the **1st of each month**.

Fall Semester: **August – December 31**

Spring Semester: **January – May** (*June for Shreve Island students*)

Tuition **reserves my child's space in the program and is not based on attendance**. Absences, illness, vacations, school closures, or voluntary non-attendance do not reduce tuition obligations.

Withdrawal is only effective when submitted in writing to the YEP office. Notification to site staff does not constitute official withdrawal.

Withdrawal before the end of a semester **does not eliminate financial responsibility for that semester**.

If written withdrawal is not received before the end of the **Fall Semester**, my child will **automatically remain enrolled for the Spring Semester**, and I remain financially responsible for that semester.

Failure to attend the program does not constitute withdrawal.

6. Late Pickup Policy

My child must be **picked up by 6:00 PM**.

A late fee of **\$1.00 per minute** will be charged until **6:15 PM**.

After **6:15 PM**, an additional **\$10 per quarter hour (no split minutes)** will be charged.

Late pickup fees must be **paid within five (5) business days**.

Three (3) late pickups during the school year, cumulative across all YEP sites, will result in **dismissal from the program**.

I understand that YEP reserves the right to refuse release of my child if safety concerns are present at pickup.

7. Legal & Safety Compliance

Hold Harmless Agreement: I agree to hold harmless the School Board and its officers, employees, and agents from claims arising from my child's participation in YEP, as outlined in the Parent Handbook.

Mandatory Reporting: I understand that suspected abuse or neglect must be reported in accordance with **Louisiana Revised Statute 14:403**.

8. Administrative Authority

I understand that YEP reserves the right to **interpret, apply, and enforce all policies and procedures at its discretion in the best interest of the program, staff, and students**.

Medical Information & Emergency Authorization

Medical policies, illness exclusions, and medication procedures are described in detail in the YEP Parent/Guardian Handbook.

Child's Name: _____

Family Physician: _____ **Physician's Phone:** _____

Allergies: _____ **Health Conditions:** _____

Chronic or Recurring Illnesses: _____

Does your child take medication for the conditions listed above? (circle) **YES** **NO**

If yes, please explain:

Medical Disclosure Requirement

Parents/guardians must disclose all relevant **medical, behavioral, developmental, or emotional conditions**, including allergies and medications, that may affect their child's participation in the program.

If a child has a known medical condition (such as asthma, diabetes, seizure disorder, or severe allergies), the parent/guardian must provide **written emergency response instructions**.

Parents/guardians are responsible for **keeping all medical and emergency contact information current** throughout the school year. Failure to disclose conditions affecting safety, supervision, or participation may result in **administrative review, suspension, or dismissal** as outlined in the Parent Handbook.

Medication Policy Acknowledgment

I understand that:

- **YEP does not administer daily or scheduled medications.**
- Students requiring **emergency medication** (such as inhalers or epinephrine auto-injectors) must follow the procedures outlined in the Parent Handbook.
- All medications must be **properly labeled and provided directly to YEP staff.**

Emergency Medical Authorization

In the event of illness or injury requiring medical attention, I authorize YEP staff to take reasonable action to secure emergency medical care for my child.

I understand that:

- YEP staff may administer **basic first aid within the scope of their training.**
- **Emergency medical services (911)** may be contacted whenever staff determine that a medical emergency exists.
- YEP will attempt to contact the parent/guardian or emergency contacts.
- A staff member may accompany the child to a medical facility when feasible.

I understand that **all medical expenses, including ambulance transport and hospital care, are the responsibility of the parent/guardian.**

I have read and understand the **Medical, Illness, and Emergency Policies** described in the YEP Parent Handbook.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Final Acknowledgment

I certify that the information provided on this **Youth Enrichment Program (YEP) Registration Form for the 2026–2027 school year** is accurate and complete to the best of my knowledge.

I acknowledge that I have received access to the **YEP Parent Handbook** and understand that its contents are part of the enrollment agreement and govern participation in the program.

I understand that enrollment constitutes a **semester-based financial commitment**. Tuition is divided into monthly installments for convenience; however, the **full semester tuition remains due regardless of withdrawal, suspension, or dismissal**, unless otherwise approved by YEP administration.

I acknowledge that I have had the opportunity to **review policies and ask questions** regarding YEP procedures.

I understand that this registration form **summarizes key policies**, and that full policies governing participation are outlined in the **YEP Parent Handbook**.

I understand that participation in YEP activities includes **group play, recreation, and physical activity**, and that while reasonable supervision is provided, **minor injuries may occur during normal program activities**.

Account Owner Responsibility

The Account Owner manages the program account, may update authorized pickup individuals and contact information, and is **financially responsible for all program fees**.

Social Security Number Notice

Social Security numbers are collected **solely for lawful collections purposes** when required. Forms maintained at individual program sites contain **redacted information**, and all site-level registration copies are **securely destroyed at the conclusion of the school year**.

By signing below, I acknowledge that I have **read, understood, and agree to the policies and acknowledgments listed above and in the YEP Parent Handbook**.

I acknowledge that enrollment constitutes acceptance of all YEP policies contained in the Parent Handbook.

Parent/Guardian (Printed): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

YEP Staff Signature: _____ Date: _____