**PROJECT Y.O.U.**





**Junction City Elementary Afterschool 2017-2018**

**Enrollment Form and Emergency Medical Information**

 **Grades 2 - 5**

***[ Please be sure to fill out* BOTH SIDES *of this form*** ]

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| Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_/\_\_\_\_/\_\_\_\_\_ Grade\_\_\_\_\_ Gender\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Phone(if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does the Student have an IEP or a 504 Plan? Y \_\_\_\_ N \_\_\_\_\_  |
| Are Parents Divorced/Separated? \_\_\_\_\_\_ If yes, with whom does the student live?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is either parent deceased? \_\_\_\_\_\_\_\_ If yes, which parent and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If applicable, please list the name of the step-parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please list the name of any sibling(s) also attending JCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Mother/Guardian informationName \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Father/Guardian informationName \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Attendance**Regular attendance in the afterschool program is strongly encouraged in order to get the most benefit. Students who attend 30 or more days are shown to improve in grades, math and reading proficiency, homework completion, class participation, and behavior issues.Please encourage your student to attend as often as possible for academic work, clubs, socialization, etc. | **Attendance Policy** Please indicate which day(s) your child will attend Project YOU.**Days Attending**: \_\_\_\_\_\_ Mon. \_\_\_\_\_\_ Tue. \_\_\_\_\_\_ Wed. \_\_\_\_\_\_ Thurs. \_\_\_\_\_\_**Dismissal Procedures**To ensure the safety of your child at dismissal time, we ask that you or a designated adult (listed on the reverse side of this form) enter the building to sign your child out **no later than 6:15**. In order to keep your child safe, we will be requesting photo identification.No student will be permitted to sign himself/herself out without written permission of a parent/guardian. I do not hold New Lexington City Schools or the MVESC liable for my student’s whereabouts once they have signed out of the Project Y.O.U. Program for the day. |

**LIST THREE INDIVIDUALS WHO ARE AUTHORIZED TO PICK UP THE STUDENT**

\*The Ohio Department of Education **requires a minimum of three individuals** listed below.

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| Name and RelationshipHome PhoneCell PhoneWork Phone | Name and RelationshipHome PhoneCell PhoneWork Phone | Name and RelationshipHome PhoneCell PhoneWork Phone |

**DO NOT RELEASE** – The following people are not allowed to take my student (court papers required)

Name/Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Papers received on \_\_\_\_\_\_\_\_\_\_\_

Name/Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Papers received on \_\_\_\_\_\_\_\_\_\_\_

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| **\*State Licensing requires that we have the following information for each student.**Preferred Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does student have any food, medication, or environmental allergies? \_\_\_\_\_\_**If yes, please list and explain**: |

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| **EMERGENCY MEDICAL AUTHORIZATION**

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| Project Y.O.U. **HAS PERMISSION** to secure emergency transportation for my student in the event of illness or injury. The emergency transportation service will determine the facility to which my child will be transported**Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **OR** | Project Y.O.U. **DOES NOT HAVE PERMISSION** to secure emergency transportation for my student in the event of illness or injury, which requires emergency treatment.**Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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**ACKNOWLEDGEMENT OF POLICIES & PROCEDURES**

\_\_\_\_\_\_\_\_\_\_ **Parent Initials**: My child has permission to participate in the Project Y.O.U. Afterschool Program.

\_\_\_\_\_\_\_\_\_\_ **Parent Initials**: I have received a Parent Handbook describing the policies & procedures governing Project Y.O.U.

 I am aware that I may qualify to receive gas vouchers if my child participates in Project Y.O.U. I understand that Gas

 Voucher Applications are made available by the Site Coordinator upon request.

\_\_\_\_\_\_\_\_\_\_ **Parent Initials**: I acknowledge that Junction City Elementary staff members may share information with the

 Project YOU staff regarding my child’s academic needs in order to facilitate personalized & quality reading

 and math intervention/enrichment activities.

\_\_\_\_\_\_\_\_\_\_ **Parent Initials**: The Project Y.O.U. Program has my permission to photograph or to video tape activities that

 may include my child for the purpose of promoting the program. (Example: Newsletter, flyers or news articles)

\_\_\_\_\_\_\_\_\_\_ **Parent Initials**: I give permission for my child to use computer equipment and the internet, acknowledging the

 inherent risk of the internet. Every effort will be made by New Lexington City Schools to protect children from

 harmful content, including the use of software that block offensive content. Unacceptable uses of the computer

 and/or network by students will result in revoking of access privileges.

\_\_\_\_\_\_\_\_\_\_ **Parent Initials**: I understand that it is my student’s responsibility to attend the Project Y.O.U. Program on the

 designated days listed on front of this form. I also understand that a parent/guardian, or other individuals listed

 above will enter the building and check my student out each day he or she attends. **I understand the importance of**

**being at the school no later than 6:15 p.m. to take my child home.** If an emergency arises and it is impossible to be at the school by 6:15, I will contact the school to notify them that I will be arriving late.

**Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**