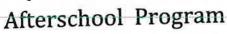
## Project Y.O.U. (Youth Opportunities Unlimited)





# Enrollment Form and Emergency Medical Information Junction City Elementary School Please be sure to fill out **both** sides of this form



adent Name	DOB//
ldress	
rent/Guardian Phone	Student Phone(if any)
oes the Student have an IEP or a 504 Plan? Y	N
re Parents Divorced/Separated? If yes, w	vith whom does the student live?
either parent deceased? If yes, which p	parent and when?
Citici parono —	
applicable, please list the name of the step-par	rent
	rentFather/Guardian information
applicable, please list the name of the step-par Mother/Guardian information	Father/Guardian information
applicable, please list the name of the step-par Mother/Guardian information	Father/Guardian information  Name
Address	Father/Guardian information  Name Address
applicable, please list the name of the step-par Mother/Guardian information	Father/Guardian information  Name Address Home Phone
Address	Father/Guardian information  Name Address Home Phone Cell Phone
Mother/Guardian information  Name  Address  Home Phone	Father/Guardian information  Name  Address  Home Phone  Cell Phone

#### **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 circle which day(s) your child will attend the A.M. SESSION Monday Tuesday Wednesday Thursday Friday

Please circle which day(s) your child will attend the P.M. SESSION Monday Tuesday Wednesday Thursday

#### P.M. 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 through the front door to sign your child out. In order to keep your child safe, we will be requesting photo identification!

NO STUDENT WILL BE PERMITTED TO SIGN HIMSELF/HERSELF OUT!

## PLEASE FILL OUT BOTH PAGES OF FORM LIST THREE PERSONS WHO ARE AUTHORIZED TO PICK UP THE STUDENT

\*Three people are the State required minimum; more can be listed on a separate sheet of paper. Name and Relationship Name and Relationship Name and Relationship Home Phone Home Phone Home Phone Cell Phone Cell Phone Cell Phone Work Phone Work Phone Work Phone \*Please select **ONE** sign-out option below. My child MAY sign him/herself out. I understand that My child MAY NOT sign him/herself out. Only myself Project YOU is not responsible for my child's safety or or an adult listed above will sign my child out each whereabouts after leaving the program. day he/she attends. OR Initials \_\_\_\_\_ Initials \_\_\_\_\_ **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 \_\_\_\_\_ \*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: **EMERGENCY MEDICAL AUTHORIZATION** Project YOU HAS PERMISSION to secure emergency Project YOU DOES NOT HAVE PERMISSION to transportation for my student in the event of illness or secure emergency transportation for my student in injury. The emergency transportation service will the event of illness or injury which requires OR determine the facility to which my child will be transported emergency treatment Initials \_\_\_\_\_ Initials \_\_\_\_\_ **ACKNOWLEDGEMENT OF POLICIES & PROCEDURES** I, the afterschool student, understand that the Project Y.O.U. Afterschool Program is an extension of the school day and has the same high expectations for student success and behavior. I also understand that my participation in homework help, clubs, labs, field trips, and other activities are based on my actions and attitude during afterschool and the regular school day. As a New Lexington student and a Project Y.O.U. enrollee I agree to respect my peers, afterschool staff, equipment, and myself. Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ I, the parent or guardian, give my student permission to attend the Project Y.O.U After school Program. I will read the PROJECT Y.O.U. handbook that describes the policies of the program. I will discuss that information with my student, specifically the behavior policy. I am aware of the possibility of receiving a gas voucher based on financial need and will request an application if I wish to receive gas vouchers. I understand that in order for my student to receive the maximum benefit from the program, after school staff will receive information from the student's regular classroom teachers as well as use information obtained from the Naviance College and Career assessment that the student will complete upon beginning the Y\_\_\_\_N\_\_\_ My student has permission to access the Internet for educational purposes under supervision of the staff. Y\_\_\_\_N\_\_\_I give permission for my student's photograph to be taken during activities and used for program promotion. Y\_\_\_\_N\_\_\_ I give permission for my student to watch suitable PG-13 movies. Parent/Guardian Signature\_\_\_\_\_