

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

Afterschool Program

Enrollment Form and Emergency Medical Information

Junction City Elementary School

Please be sure to fill out **both** sides of this form



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 _____

Mother/Guardian information

Name _____

Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email Address _____

Father/Guardian information

Name _____

Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email Address _____

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 Project YOU is not responsible for my child's safety or whereabouts after leaving the program. Initials _____	OR	My child MAY NOT sign him/herself out. Only myself or an adult listed above will sign my child out each day he/she attends. Initials _____
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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 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 YOU **DOES NOT HAVE PERMISSION** to secure emergency transportation for my student in the event of illness or injury which requires emergency treatment

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** _____

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 program.

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 _____ **Date** _____