

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



## Afterschool Program

Enrollment Form and Emergency Medical Information

New Lexington Middle 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	Father/Guardian information
Name _____	Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email Address _____	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

My student will attend the after school program on an as-needed basis. I do not wish to be contacted on days that he/she does not attend.

Parent/Guardian Initials \_\_\_\_\_

**OR**

My student will attend the after school program every day that it is open, unless I have excused him/her with a note, phone call, etc. I wish to be contacted every day that he/she does not attend.

Parent/Guardian Initials \_\_\_\_\_

**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 <b>MAY</b> sign him/herself out. I understand that Project YOU is not responsible for my child's safety or whereabouts after leaving the program.  <b>Initials</b> _____	<b>OR</b>	My child <b>MAY NOT</b> sign him/herself out. Only myself or an adult listed above will sign my child out each day he/she attends.  <b>Initials</b> _____
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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 the student have any food, medication, or environmental allergies? \_\_\_\_ If yes, please list and explain:  
\_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Project YOU <b>HAS PERMISSION</b> 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  <b>Initials</b> _____	<b>OR</b>	Project YOU <b>DOES NOT HAVE PERMISSION</b> to secure emergency transportation for my student in the event of illness or injury which requires emergency treatment  <b>Initials</b> _____
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**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** \_\_\_\_\_