



Hello!

We are excited to welcome your child to YouthBASE. YouthBASE is a free afterschool and summer program that provides early intervention to children with the goal of increasing a child's academic success in math, reading and writing, positive behavior and social emotional learning. We also invite your family to join us for Family Nights and other events.

You must fill out the application, bring it to YouthBASE at 813 Hampton Ave. 29601 and attend a Parent meeting to meet staff and learn more about our program.

Application Steps

1. Fill out application and call YouthBASE, 864-520-1301, to set up a time to drop off application, meet staff and attend a parent meeting. **YOU MUST DO THIS BEFORE YOUR CHILD CAN BE ENROLLED.**
2. **Please go to your child's school office to sign a Consent for Access/Release of Educational Records form.**
3. YouthBASE may conduct an assessment to decide if YouthBASE is a good match for your child, based on need, transportation and space. YouthBASE gathers information from a variety of sources, including parents, teachers, and the child to complete its initial assessment.
4. YouthBASE will contact parents to discuss options. If we are not able to serve your child, we will try to provide ideas to you about other options.

Thank you in advance for your time in helping us gather this information. We look forward to working with you. For more information about our application procedures or to request additional information, call (864) 520-1301 or visit www.youth-base.org.

Sincerely,

A handwritten signature in cursive script that reads "Linda Tassie".

Linda Tassie
Executive Director, YouthBASE
864-520-1301 (office) 864-349-7331 (cell)
ltassie@youth-base.org

813 Hampton Ave
Greenville, SC 29601
(864) 520-1301
(864) 349-7331 (cell)



Please Print

Child's Full Legal Name: _____ Grade (2016-17): _____

Date of Birth: _____

Current School: _____ Teacher: _____

Previous School _____ Preschool _____

Parent(s)/Guardian(s) Full Legal Name(s): _____

Home Address: _____

Phone: _____

Food Allergies or Dietary Restrictions: _____

Other Allergies (drug allergies, bee stings, etc.): _____

Medication: _____ Dose: _____ Time administered: _____

Child's Physician: _____ Phone/Address: _____

Medical conditions we should be aware of: _____

Medical Policies

- In the event of any sickness or injury, YouthBASE will notify the parent or guardian listed above. With your consent through your signature below, in the event of a medical emergency YouthBASE may seek additional medical assistance without informing the parent/guardian first. YouthBASE will contact the parent/guardian at the first available opportunity.

I have read and understand the medical policies above. I give consent for my child to be treated for any medical conditions in the event of an actual or perceived emergency without being notified first.

Parent/Guardian Signature: _____ Date: _____

Emergency Contacts

Emergency Contact 1 – Name: _____ Phone #: _____

Relationship: _____

Emergency Contact 2 – Name: _____ Phone #: _____

Relationship: _____

Assessment Information

YouthBASE will conduct an assessment with all children prior to enrollment. This assessment may include a review of school records, interviews (with the child, parents/guardians, teacher/school personnel), observation of the child and individual academic and behavioral assessment with the child). **In order for YouthBASE to perform this assessment you will need to go to your child's school and sign a Consent for Access/Release of Educational Records form in the school office. Call Linda Tassie 864-520-1301 when this form is signed.**

Office Use Only

Enrollment Date: _____

Transition Date: _____ Transition Location: _____