

Today's Date:



For office use only:
Enrollment Date:

Print

Child's Full Legal Name: _____ Date of Birth: _____

Current School: _____ 2019/2020 Grade: _____ Teacher: _____

Previous School _____ Preschool _____

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

Home Address/Zipcode: _____

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.**

For reporting and funding information only:

Household Income: ___\$0-21K ___\$22-33K ___\$34-44K ___\$45K and up

Does your child qualify for disability? ___Yes ___No

Does your child qualify for free or reduced lunch? ___Free ___Reduced ___No

General Consent & Release of Liability



I give my consent for my child to participate in all YouthBASE programs and activities. I understand that my child will be enrolled in YouthBASE, and this consent & release of liability will remain valid and active, until I give or receive written statement indicating that my child will no longer be participating in YouthBASE programming. I will not hold YouthBASE responsible for any accident, injury, or harm to my child.

Limitation of Program

I understand that YouthBASE is a separate organization and program from any other organization or program, and does not accept responsibility or liability for any program, action, and/or individual of any other organization or program.

Transportation

I give my consent for my child to be transported by YouthBASE staff in YouthBASE vehicles, or vehicles used by YouthBASE for field trips and other events.

Emergency Care Release

In the event of an emergency in which I cannot be reached, I authorize emergency medical personnel to provide the necessary first aid and/or hospitalization.

Data Collection & Confidentiality

I give consent for YouthBASE to collect information about my child's behavior and academics (report cards) while my child is participating in the YouthBASE program for the purposes of program evaluation, improving YouthBASE programs, and funding reporting. I understand that YouthBASE will keep these data confidential, with the exception that it may share these data with collaborative groups and/or school personnel for the benefit of my child, and may use these data in annual reports and/or other publications. No child's name will be used in any professional publication or communication available to the general public.

Transition from Program

I understand that my child will be transitioned from the YouthBASE program when academic and behavior goals are met.

Photography Release

I give consent for my child to be photographed, videotaped, and/or interviewed for the purpose of YouthBASE promotional use or any other use deemed appropriate by YouthBASE. **Initial here:** _____.

I authorize the following people to pick my child up at YouthBASE

Please list the names and phone numbers of persons authorized to pick up your child. Please note that we check identification of anyone and will not allow any unauthorized person, or person without identification, to pick up. Please let us know when someone else will be picking up your child. **Please Print**

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Field Trip Consent & Release of Liability

PARENTAL PERMISSION to participate in YouthBASE fieldtrips any time during the school year is given as follows, by the parent/guardian. My child, _____ has my permission to participate in all YouthBASE field trips any time during the school year. This parental permission is for the period of 8/28/2019 through 5/31/2020.

I have read and understand **all** of the above provisions, and give my consent for all of the above provisions except as otherwise indicated.

Parent Signature: _____ Date: _____