



Mission: Provide an enriching, affordable after-school program promoting academic achievement, physical fitness and life skills in a nurturing resource-filled environment

August 2015 - June 2016

AFTERSCHOOL

Name: _____

School: _____

Grade: _____ **Age:** _____

Phone # _____ **Parent's E-Mail** _____

Enrollment Date _____

Contact us: Ellen Joy Vahab, Executive Director

Mail: P.O. Box 970873, Boca Raton, FL 33497-0873

Phone: 561-883-9325 E-mail: yacenter20@gmail.com

FaceBook: YAC BocaRaton **Web:** www.YACboca.org



Contact Information:

Child's Name _____

Parent(s)/Guardian Name (s)

Address _____

City _____ State _____ Zip _____

Home Telephone # _____

Work Telephone # _____ Work # _____

Cell Phone # _____ Cell Phone # _____

Email Address (es) _____

Emergency Name

Telephone #'s

1) _____

2) _____

3) _____

Doctor's Name _____

Doctor's Telephone # _____

I, _____, give the Youth Activity Center authorization
to take my child, _____, to the nearest hospital in an emergency.

Parents Signature _____ Date _____



The Youth Activity Center Additional Information Required

Child's Name: _____ Enrollment Date: _____

Parent/Guardian's Name (s): _____

Relationship to Child: _____ Email _____

Address: _____ Telephone # _____

Employer _____ Work Telephone# _____

Work Address: _____

May we call another physician if unable to contact the child's physician?

Yes _____ No _____

Legal Custody

Person permitted to remove child:	Mother	Yes__ No__	Yes__ No__
	Father	Yes__ No__	Yes__ No__
	Guardian	Yes__ No__	Yes__ No__

Special Instructions regarding eating habits, toilets habits or other areas:

1. Have received a copy of the Youth Activity Center registration
2. I have received in writing the disciplinary practices used by the Youth Activity Center.

I understand and agree to the above statement indicated in number 1 & 2

Signature of Parent or Guardian: _____ Date _____

Palm Beach County Health Department requires the parent and the Center complete an Alternate Nutrition Plan Agreement if the meals or snacks are furnished by the child's Parent. Alternate Nutrition Plan Agreement:

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and snacks to meet my child's nutritional and dietary needs.

(Mark **P** for **P**arent **P**rovides or **C** for **C**enter Provides)

_____	_____	_____	_____	_____	_____
Breakfast	AM Snack	Noon Meal	PM Snack	Dinner	Evening Snack

I agree to provide the YAC with a suggested meal pattern and menus and to discuss any problems that might develop in the use of the alternate Nutrition Plan.

Signature of Parent or Guardian: _____ Date _____

The Center for Youth Activities, Inc.

Child Consent Form for Videotape/Photography

Date _____

I hereby give my permission for my child to be photographed or videotaped to be used by The Youth Activity Center (YAC) in TV, in print and web site publications.

Child Name: _____

Parent/Guardian Name (Print)

Signature

Address City State Zip Phone

Child Feeding by YAC: A Waiver of Responsibility

My Child _____ is registered with the YAC program.
I/we authorize YAC to feed _____ not to feed _____ my/our child with the food authorized by the center for all the other children. I will not hold the Center responsible for any food related problems that my child may suffer from eating such food authorized for all children.

I/we also truthfully reveal that my/our child is allergic to the following items:

Foods:

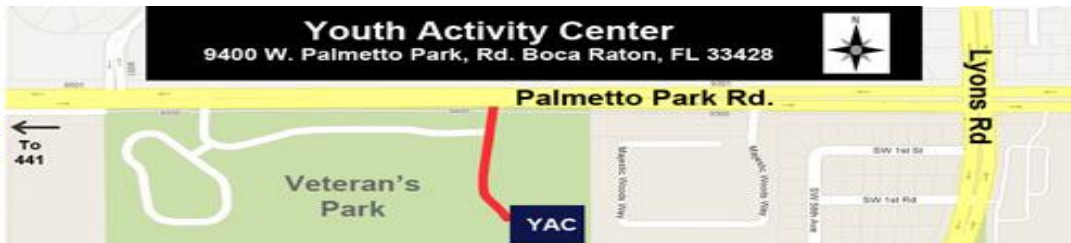
Medicines:

Other Information about my/our child:

Signature of Parent/Guardian

Print Name

Date



ALL All Trips Authorization Form

Student Name _____ Telephone _____

I authorize my child to utilize the type of transportation identified below for this field trip.

YAC VAN Charter Bus Private Vehicle
Walk Ride with Staff



Field trip destination ALL

Departure: Date _____ Time _____

Return: Date _____ Time _____

Emergency Contact

In case of an emergency, I may be reached at: _____

_____ Telephone _____

In the event I cannot be reached, please contact:

Name of Establishment/Person _____ Telephone _____

Health/Accident Insurance

My child is covered by twenty – four (24) hour student accident insurance or family insurance:

Insurance company _____

Policy Number _____ / or I've attached photo copy of my family insurance identification card.

_____ I do not have insurance, however, I will pay any and all medical bills for emergency care of my child.

_____ Signature of Parent / Guardian

Youth Activity Center

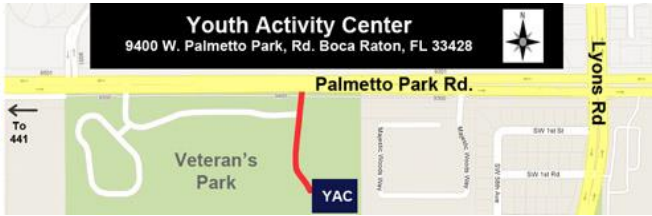
Pick-Up Procedure



- 1) All eligible pick-up adults **MUST** go into the center and check-in with a YAC staff member before leaving with allocated child(ren). ID may be asked for.
- 2) All Adults must sign in and out.
- 3) Children must sign out.
- 4) If an adult is not on the pick-up list, there will be **NO EXCEPTIONS**, the child or children will not be released from the center to anybody not on the list.
- 5) If a child is to be picked-up by an adult not on the list, please inform the YAC staff prior to pick-up time and put them on the list (this must be done in person not over the phone).
- 6) We are concerned with the safety of your child(ren) and the YAC staff and volunteers. We ask that you please follow the above rules for everyone's safety.

I have read and agree to the rules above.

_____signature



PICK UP CONSENT FORM

I, _____ consent to the following people picking-up
(Parent/Guardian

my child(ren), _____ from
(Child(ren's) Names)
the YAC's After-School Program.

Eligible Adults for Pick-Up

Name	Address	Telephone #
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

IMPORTANT:

If at any time, a person on the above list is no-longer eligible for pick-up, please inform the Youth Activity Center immediately.

Youth Activity Center

Behavioral Problem Procedure

If we are having problems with a child's behavior in the After-School Program which we feel is inappropriate. The following procedure will be followed:

- 1) The bad behavior will be pointed out to the child and they will be asked to modify their actions/language.
- 2) If the behavior continues, two verbal warnings will be given and the parent or guardian will be informed.
- 3) If there is still no change after the verbal warnings. A written warning will be given to the parent.
- 4) After steps 1-3 have been followed and there has not been a significant change in behavior, the child will be asked to leave the After-School Program.

Parent's Signature _____

Child's Signature _____

Date: _____

