**PROJECT**

***Logo

Description automatically generated*10-Week After School Program Enrollment Form**

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**Great Plains Youth & Family Services, Inc.**

We are so excited that your child will be participating in our After School Program! Please complete the details below, read the information provided, and provide your signature for consent.

**Participant Information**

\_\_\_\_\_\_\_

Participant’s Name Date of Birth Social Security Number

\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male Female Grade Race

\_\_\_

Physical Address Phone #

Medical Conditions, Physical Conditions, or Activity Restrictions

Medicinal Allergies Food and Other Allergies

Name and Relationship Cell #/Work # E-mail Address

Person to Contact in Case of Emergency

Name and Relationship Cell #/Work # E-mail Address

Person to Contact in Case of Emergency

**Program Description, Topics, and Goals**

I/We, the undersigned parent/guardian agree to our child’s participation in Great Plains Youth & Family Services, Inc. (GPYFS) After School Program, which will include curriculum-based prevention activities and supportive services, homework help, recreational activities, and a healthy snack. I/We understand that curriculum-based topics may include but are not limited to bullying, peer pressure, relationships, values, communication, stress, anxiety, life skills, problem solving, culture, anger, character, and manners. I/we understand that although homework help will be provided, our child may not be able to complete all her/his homework during the After School Program. The goal of our child’s participation will be to recognize positive relationships, make healthy choices, and reduce risk-taking behaviors. I/We understand that these services will be provided by Great Plains Youth & Family Services, Inc.at Hobart First United Methodist Church, 201 S. Washington, between 3:00 p.m. and 5:00 p.m. each regularly scheduled school day Tuesday through Thursday, unless otherwise notified.

**Costs**

I understand that my child will not be refused services based on an inability or refusal to pay. Furthermore, I understand that there will be no cost for my child to participate in this program. I understand that, for funding purposes, it may be necessary for Great Plains Youth & Family Services, Inc to input the above-listed student information along with service-specific information (date, time, type, location, and facilitator of each service provided) onto private, secured data entry systems (JOLTS-Juvenile On-Line Tracking System), and I hereby authorize Great Plains Youth & Family Services, Inc., to input such information as necessary.

\_\_\_\_ **After School Program Enrollment Form**

Participant’s Name **Page 2 of 2**

**First Aid and Emergency Medical Care**

I/we authorize GPYFS staff to administer basic first aid as necessary and to obtain emergency medical care if our child should experience a life-threatening medical emergency.

**Behavioral Expectations and Discipline**

GPYFS staff will treat your child with respect and will expect the same in return. Disrespect to any GPYFS staff (by student or parent), rough conduct, destruction of property or equipment, vandalism, profanity, or any other undesirable act will result in disciplinary action, which may include but is not limited to verbal redirection, time-out, parent conference, or suspension. If a child leaves the premises without permission, the police and parents/legal guardians will be contacted. Upon the child’s return, appropriate disciplinary action will be taken. I/We understand the behavioral expectations and forms of discipline that may be used to correct our child’s behavior.

**Transportation**

I/We give GPYFS permission to transport our child as necessary so that she/he may participate in community-based activities and program field trips within walking distance/ downtown Hobart.

I/We understand that I/We (parent/guardian) are responsible for our child’s transportation to and from home each day. I/We agree to pick up our child on time and understand that failure to do so may result in our child’s release from the program. I/We understand that our child will not be released to anyone without proper consent and photo identification. In addition to the guardians listed above, GPYFS may also release my child to the individuals listed below:

**Internet Use, Photographs, and Other Media**

I/We give our consent for our child to have access to the Internet and for photographs or other media of our child to be used in newsletters, displays, websites, newspapers, or other public relation venues.

**Personal Property**

I/we understand that our child’s belongings are her/his sole responsibility and that Great Plains Youth & Family Services, Inc will not be responsible for lost, stolen, or broken items.

**Grievances & Rights**

As a participant, your child has the right to confidentiality; to be treated with respect and dignity; to receive services without regard to race, color, religion, sex, national origin, age, or handicap; and to assert grievances in writing and submit them to the Executive Director at 580-726-3383 or kody@gpyfs.org or, if dissatisfied with the outcome, to the Board of Trustees or the Office of Juvenile Affairs Advocate General (405-530-2965).

Signature of Parent/Legal Guardian Date Signature of Parent/Legal Guardian Date