



LINCOLN COMMUNITY LEARNING CENTERS
STUDENT ENROLLMENT/INFORMATION FORM
LOCATION: LEFLER
School Year 2014-2015

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PLEASE INDICATE THE PROGRAM YOU ARE ENROLLING IN: ☐ PM Core Program ☐ Club Only: _____
At the end of the PM program, my youth will: ☐ be picked up by authorized escort ☐ walk home

CHILD'S FIRST AND LAST NAME: _____ **STUDENT ID#:** _____

☐ Male ☐ Female Date of Birth: _____ Age: _____ Grade: _____

ETHNICITY:

☐ Native American ☐ Euro American
☐ Asian American ☐ Hawaiian/Pacific Islander American
☐ African American ☐ Middle Eastern American
☐ Hispanic/Latino American ☐ Multi/Bi Ethnicity American
Other: _____

OTHER QUESTIONS:

☐ My child qualifies for free lunch
☐ My child qualifies for reduced lunch
☐ My child is an English Language Learner
Native Language _____
☐ My child receives special education services during school hours
☐ My child is new to this school

MEDICAL INFORMATION/SPECIAL REQUESTS (IMPORTANT & REQUIRED): List any medical conditions, allergies to food/medications, special diets or any conditions that may affect your child's health while in the program, include any medications your child is taking or please indicate N/A if not applicable:

Medication Competency Statement:

I _____, have determined the YMCA staff competent to give/apply medication to my child. I understand I will need to complete a medication request and have it on file with the medication.

FAMILY INFORMATION

Parental Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Re-married

Custodial and Legal Guardian is: ☐ Both Mother & Father ☐ Mother ☐ Father ☐ Other: _____

Child Resides With: ☐ Both Mother & Father ☐ Mother ☐ Father ☐ Other: _____

MOTHER/LEGAL GUARDIAN INFORMATION:

FIRST & LAST NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

FATHER/LEGAL GUARDIAN INFORMATION:

FIRST & LAST NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

Over for more required information →

For Office Use Only:

- ☐ Entered in Computer
☐ Confirmation letter/phone call
☐ Copied for binder and filed



EMERGENCY CONTACTS AND INFORMATION**EMERGENCY CONTACTS IN CASE OF EMERGENCY AND PARENT/GUARDIAN CANNOT BE REACHED:**

NAME: _____ NAME: _____
RELATIONSHIP TO CHILD: _____ RELATIONSHIP TO CHILD: _____
HOME/CELL PHONE: _____ HOME/CELL PHONE: _____
WORK PHONE: _____ WORK PHONE: _____

AUTHORIZED ESCORTS OTHER THAN PARENT/GUARDIAN OR EMERGENCY CONTACTS: (N/A IF NOT APPLICABLE)

NAME: _____ PHONE: _____
NAME: _____ PHONE: _____

LATE PICK-UP AGREEMENT:

I understand that my child will need to be picked up from the site by 5:30pm. If I cannot be there by 5:30pm I understand I must contact the Site Supervisor or Program Director so they can inform the Program Staff. I understand that if I do not call, the YMCA may follow the LPS procedure and call the police to transport my child. Parent/Guardian Initials: _____

PARENT/GUARDIAN PARTICIPATION QUESTIONS**YOUR PARTICIPATION IS VALUED!**

We are committed to providing a safe and stimulating environment for your child. Our programs depend upon the talents and resources from many in our community. Please check which of the following contributions you may be able to make.

- ☐ I would volunteer to assist with the daily program activities.
- ☐ I would like to share my hobbies, interests and talents.
- ☐ I would assist with food/snacks.
- ☐ I would assist with recruitment of volunteers.
- ☐ I would like to give a financial donation to support the CLC to assist low-income families' program fees.
- ☐ My employer and/or company may be able to help financially or with donations.
- ☐ I would like to participate on the Parent Connection Teams.

PERMISSION FORM

- ☐ YES ☐ NO I give staff permission to use photographs, writings, artwork, TV appearances, etc. for the promotional materials, presentations, and documentary purposes.
- ☐ YES ☐ NO I give staff permission to transport my child for the purpose of program activities.
- ☐ YES ☐ NO I give my permission for my child to participate in all YMCA swimming activities supervised by certified lifeguards. I understand that all participants must pass a swim test each week to swim in the deep end.
- ☐ YES ☐ NO I have received the program handbook.
- ☐ YES ☐ NO I give my permission for CLC staff to share and receive necessary information from all CLC partners to assist with providing the best program experience for my child.
- ☐ YES ☐ NO I understand that my child may be dismissed for failure to follow rules and/or failure to follow general operating procedures of the program.
- ☐ YES ☐ NO I give permission for the CLC lead agency to arrange for emergency treatment and to contact our family health care provider if guardian is unable to be reached and it is necessary to preserve the health of my child(ren) until such time when I/we can be present. I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. If necessary, the program will arrange for emergency transportation to the nearest emergency medical facility.
- ☐ YES ☐ NO I understand that the YMCA CLC does not carry health and accident insurance for my child/youth, and that I as guardian will be primarily responsible in case of injury where bills are incurred.

CHILD'S PHYSICIAN: _____ PHONE: _____

By signing below I give permission for my child to participate in program activities. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

SIGNATURE OF PARENT AND/OR GUARDIAN

DATE