



155 WYN Way • Boone, NC 28607
(828) 264-5174 • Fax (828) 264-0838
westernyouthnetwork.org

PROGRAM ENROLLMENT FORM

Participant/Child's Name (full legal name): _____
Nickname or name he/she prefers to be called: _____
Participant Address: _____
Present School: _____ Grade: _____
Date of Birth (D.O.B): _____ School Year: _____

Please Circle the days of the week your child will be attending:

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

Please Check the Appropriate Fee Schedule

- ___ \$7.00 per day-Standard rate
- ___ \$6.00 per day- Families eligible for Reduced Lunch Only
- ___ \$5.00 per day- Families eligible for Free Lunch Only

Mother's Name _____ Home Phone _____
Address _____
Where Employed _____ Business Phone _____
Email _____ Cell Phone _____

Father's Name _____ Home Phone _____
Address _____
Where Employed _____ Business Phone _____
Email _____ Cell Phone _____

If child is not living at home with parents, name of legal guardian: _____
Address _____ Home Phone _____
Where Employed _____ Business Phone _____
Email _____ Cell Phone _____

If there are any additional persons to whom child can be released, please list information here:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Name of anyone to whom the child is **NOT** to be released: _____

WYN Staff Use Only	
Application Reviewed by:	Date Form Received:
Programs Offered:	Date of Intake:

MEDICAL RELEASE

Participant Name: _____ Receive free/reduced lunch: Yes No

Date of Birth: _____ Age: _____ Circle: [Male] [Female]

Address: _____

Home Phone: _____ Work Phone: _____ Other: _____

Person to Contact in case of emergency: Name _____

Relationship: _____ Phone: (H) _____ (W) _____

<p>Do you have any medical condition which would preclude you from participating in any of the activities led by WYN Staff? [Yes] [No]</p> <p>If yes, explain and state which activities are prohibited: _____</p> <p>_____</p> <p>Allergies or Dietary Restrictions (i.e. benadryl or epinephrine): _____</p> <p>_____</p> <p>Current Medications (additional authorization will be needed to administer medication during program hours)</p> <p>_____</p> <p>Chronic or Recurring medical conditions: _____</p> <p>_____</p> <p>Suggestions or Health Related Information for WYN Personnel: _____</p> <p>_____</p>
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Name of Medical / Hospital Insurance: _____

Policy #: _____

Medicaid [Yes] [No] Medicaid Number: _____

Preferred Physician: _____ Phone: _____

Preferred Hospital: _____

The information provided on this form is true and complete to the best of my knowledge. I understand and assume all dangers and risks associated with Western Youth Network (WYN) programs and waive all claims or causes of action arising from my or my son/ daughter's participation in the Western Youth Network and do hereby release the Western Youth Network, all persons, and agents from liability which I may ever have against WYN. I hereby give permission for WYN staff to administer First Aid to the extent of their medical scope of practice and/or refer the above name participant for medical care if needed. My child may freely participate in any or all of WYN's activities except as noted above.

Parent/Guardian Signature: _____ **Date:** _____

Witness: _____ **Date:** _____



PARENT/GUARDIAN CONSENT FOR RELEASE and EXCHANGE OF INFORMATION

WESTERN YOUTH NETWORK

This content for the release and exchange of information is for the purpose of sharing information on my child’s educational performance in the (name of school or school district), to include his or her academic achievement and social-emotional development. The purpose of releasing and exchanging this information shall be to assist individuals to plan and provide a high quality afterschool program for my child. Individuals with whom school personnel may share this information in accordance with this release are limited to those involved in implementing WYN’s afterschool program and associated with the following agency: Western Youth Network.

I, _____, the parent/guardian of the youth below, hereby authorize (school or school district) personnel to release and exchange specified information concerning my child’s educational performance with personnel associated with the above named agency. I understand that this information is to be used by personnel at this agency in planning and delivering relationship building, educational, social, cultural, and life skills through tutoring to my child in WYN’s Afterschool Program being conducted by this agency. This information may include the following:

Parent/Guardian Initial

- a) Discussions with my child’s school teacher(s) and other staff (e.g., administrators, specialists, counselors), as well as review of surveys about my child completed by these school staff; _____
- b) Data on my child’s report card grades, results of End-of-Grade and End-of-Course exams, and other group examinations; and _____
- c) Other information that may be found in my child’s records at school, including his or her attendance at school and disciplinary incidents at school. _____

I understand the nature of the information to be released, the need for this information and use which will be made of this information, and that there are statutes and regulations requiring recipients of this information to maintain the confidentiality of the information and use it only for its intended purposes in WYN’s Mentoring Program. I hereby acknowledge that this consent is truly voluntary and that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

Student Name: _____ Birth Date: _____ Grade: _____

School: _____ Student ID Number: _____

Signature of Parent/Guardian: _____ Date: _____

Release of Information/Confidentiality

The purpose of this release is to allow WYN and/or approved mentors to gather any pertinent information concerning the progress of the above youth while enrolled in WYN program(s). This information will be held in the strictest confidence and will be available only to approved staff and/or mentors.

I, _____, the parent/guardian of the above child, allow any information required by WYN programs to better evaluate the progress of my child while in the program, to be made available to them. This is to include grades, information from juvenile court, teachers, counselors, mental health, DSS, and professionals who may have information pertinent to the above child.

INITIAL HERE IF GIVING CONSENT: _____

Authorization to Serve and Transport

I, _____, willingly give my permission for my child to participate in activities and programs offered by Western Youth Network (WYN). I additionally give permission for WYN staff, interns, and volunteers to transport members of my family in connection with their participation in the program. I understand that my family's participation in WYN program is voluntary. I may notify WYN staff at any time that I desire to discontinue services for my child. I understand that I may contact WYN staff for further clarification or negotiation if I have any problems with the service.

INITIAL HERE IF GIVING CONSENT: _____

Informed Consent to be Videotaped and/or Photographed

I, _____, hereby fully grant permission for WYN to produce or utilize any media including: photographs, films, visual recorders, or written accounts of statements made by me or my children for the use of any or all activities including reporting, filing, recording, news events, publicity, productions, campaigns, advertising, or promotions associated with and authorized by WYN.

INITIAL HERE IF GIVING CONSENT: _____

Notice of Voluntariness

I understand that I may refuse to sign this authorization form.

INITIAL HERE: _____

Consumer Handbook and Consumer Rights

I have received (or obtained online), and understood the consumer handbook and consumer rights. <http://www.westernyouthnetwork.org/wordpress/programs/download-forms>

INITIAL HERE: _____

Revocation

I understand that I have the right to revoke this authorization or parts thereof at any time. If I choose to revoke this authorization, I must do so in writing. A diagonal line will be drawn through the authorization with the words "revoked" written across it and it will remain a permanent part of my child's file.

Name of Participant/Child: _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

Witness (as required) _____ Date _____