



# Summer Youth Program Enrollment form (1-6<sup>th</sup> gr)

**Child Information:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M  F   
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Mother's Information:**

Mother's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

**Father's Information:**

Father's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

**Health Information:**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physician's Address: \_\_\_\_\_  
 Allergies or Special Medical Conditions: \_\_\_\_\_  
 \_\_\_\_\_

**Child's Personal Preferences:**

My child likes: \_\_\_\_\_  
 \_\_\_\_\_  
 My child dislikes: \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

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Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

My child will require services:

Monday  Tuesday  Wednesday  Thursday  Friday

Start Time: \_\_\_\_\_ Pick up Time: \_\_\_\_\_  
(Hours of Operation are 5:30 AM to 5:30 PM)

Payment: \$250.00/Month --- or --- drop in care

**Discipline Policy:**

Children are expected to act in manner that allows everyone, including themselves, to be safe. Children are expected to be respectful, courteous, self-controlled, and to consider those around them. Children are to realize their surrounding and act accordingly. Caregivers will make every effort to ensure the children know the rules and expectations of all activities.

Children that are not following our discipline police will be given the following consequences:

1. Staff member will give a verbal reminder/ warning describing the behavior and why/how it breaks the policy/rules.
2. On the second offense the child will be asked to leave the group or activity and find another activity, or be asked to be in a "time out" depending on location, activity, and number of activities available at that time. When possible, choices will be given to help redirect the child.
3. If behavior continues parents/guardians will be contacted and asked to speak with their child in an effort to turn the behavior back to positive.
4. If behavior continues still parents/guardians will be called and the child will be asked to leave the program for the day.
5. After a child is asked to leave the program twice a written warning will be signed by the program director and parents/guardians. Written warnings may include a suspension from the program if necessary. A meeting with parents/guardians and the program director can be set up in an effort to correct the unwanted behavior.

**Bullying Policy:**

The City Of Wakefield Summer Youth Program has a zero tolerance policy for bullying. Bullying is defined as the act of one or more individuals intimidating one or more individuals through verbal, physical, mental, electronic or written interactions. Examples of bullying include, but are not limited to: Intimidation, threats of any kind, assault-verbal, physical or mental, and battery which is the intentional physical contact of another in a rude or insulting manner.

I hereby acknowledge that I have read, understand and agree to the terms of this document relating to my child's above listed information, the zero tolerance policy above described, and to payment of services.

Parent Signature: \_\_\_\_\_