



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

PROGRAM ENROLLMENT FORM: AFTER SCHOOL AND SUMMER
(Please Return this form to WYN Staff.)
 Participant/Child's Name (full legal name): _____
 Nickname or name he/she prefers to be called: _____
 Participant Address: _____
 Present School: _____ Grade: _____
 Date of Birth: _____ Social Security or NCWISE: _____

Circle the Days of the Week Your Child will be Attending

(Fees will be applied for every day circled)

Monday Tuesday Wednesday Thursday Friday

Please Check the Appropriate Fee Schedule

- ___ \$5.00 per day-Standard rate (\$25.00 weekly)
- ___ \$4.00 per day- Families eligible for Reduced Lunch Only
- ___ \$3.00 per day- Families eligible for Free Lunch Only

Please complete the following information only if you are requesting evening transportation.

Please describe the hardship that prevents an adult in your family from picking up this student:

Which days would evening transportation be needed? _____

Please include driving directions on back. You will be notified within 5 days if this evening transportation request has been approved.

Do you give permission for WYN staff to request academic information (grades, IEP, 504, etc.) from your child's school in order to provide the highest quality academic support?

If so, please sign and date here: _____

Date: _____ Parent/Guardian Signature

PROGRAM ENROLLMENT FORM

Participant/Child's Name (full legal name): _____

Nickname or name he/she prefers to be called: _____

Social Security Number: _____

Participant Address: _____

Present School: _____ Grade: _____

Date of Birth (D.O.B): _____

Program you wish to participate in (please X all that apply)

Mentoring

Prevention

After School

Summer Programming

Parent Training

Mother's Name _____ Home Phone _____

Address _____

Where Employed _____ Business Phone _____

Father's Name _____ Home Phone _____

Address _____

Where Employed _____ Business Phone _____

If child is not living at home of parents, name of legal guardian: _____

Address _____ Home Phone _____

Where Employed _____ Business Phone _____

If you cannot be reached, please provide the names and phone numbers of persons to whom the child can be released:

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:

Programs offered:

Intake Interview Required?

Date of Intake:

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 Recorded

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 child/ren 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: _____

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.

Notice of Voluntariness

I understand that I may refuse to sign this authorization form. If I choose not to sign it, I understand that WYN cannot deny or refuse services.

Consumer Handbook and Consumer Rights

I have received and understand the Consumer Handbook, as well as, the Consumer Rights.

Name of Participant/Child: _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

Witness (as required) _____ Date _____