



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: \_\_\_\_\_  
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 \_\_\_\_\_