



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: \_\_\_\_\_

Please Circle the Days of the Week Your Child will be attending:  
MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

**Please Check Appropriate Fee Scale:**

- \_\_\_ Full Scholarship (Complete last page of this packet)
- \_\_\_ Standard Fee \$4.00 per day or \$20 weekly
- \_\_\_ Reduced Fee \$3.00 per day (Families eligible for Reduced Lunch at school)
- \_\_\_ \$1.00 per day (Families eligible for Free Lunch)

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 \_\_\_\_\_  
Where Employed \_\_\_\_\_ Home Phone \_\_\_\_\_  
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 of anyone to whom the child is NOT to be released: \_\_\_\_\_

<b>WYN Staff Use Only</b>	
Application Reviewed by:	Date:
Programs Offered:	
Date of Intake as Required:	

### **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.

I, \_\_\_\_\_, the parent/guardian of the above child, do allow any information required by WYN programs to better evaluate the progress of my child while in the program, 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 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 Watauga 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 to my child. I understand that I may contact WYN staff at any time that I desire to discontinue services to 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/Client Handbook**

I have received and understand the Consumer/Client Handbook. INITIAL HERE: \_\_\_\_\_

Name of Participant/Child: \_\_\_\_\_

Parent/ Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature (as required) : \_\_\_\_\_ Date: \_\_\_\_\_