

Youth Engaged in Service (YES) Club - Member Registration

Y.E.S. is a program of Mental Health America of Licking County

Today's Date _____

Dear Parent,

Please fill out ALL sections. At any time, you may contact Y.E.S. Club staff if you have any concerns 740-522-0937.

Thank you,

Ethan Pound, LSW - Director
Craig Loudermilk - Program Manager
Palma Kollar - Activity Manager

Haley Snider - Activities Coordinator
Sarah Clow - Activities Coordinator

Y.E.S. CLUB MEMBERSHIP/EMERGENCY MEDICAL

*****Please complete entire form and signatures are required*****

Club Member Name: _____

Preferred name or Nickname: _____

Current address: _____ City: _____ Zip: _____

Home Phone#: _____ Birthdate: _____

****For 11 years old- please include copy of birth certificate****

I am: Male Female Identify as: _____

Race (please circle): Caucasian, African American, Biracial, Hispanic, or Other _____

School Name: _____

School District _____ Grade for 2016-2017 School Year: _____

Progress Book ID _____

Progress Book Password _____

If child is in foster care, please provide agency information:

Name of agency: _____

Phone number: _____

Names of Parents/Guardians in home:

1.) Name: _____ Relationship: _____

Place of Employment: _____ Work Number: _____

Cell Number: _____

Email address _____ (to receive important updates from Y.E.S. Club)

2.) Name: _____ Relationship: _____

Place of Employment: _____ Work Number: _____

Cell Number: _____

How many people currently live in household: Adults: _____ Children: _____

Email address _____ (to receive important updates from Y.E.S. Club)

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*****Mandatory*****

***List all adults that may be contacted if parent is not available. (Please only list those who can be contacted during Y.E.S. hours and can provide transportation for your child if necessary):**

1.) Name: _____ Relationship: _____ Phone: _____

2.) Name: _____ Relationship: _____ Phone: _____

3.) Name: _____ Relationship: _____ Phone: _____

1.) Does your child have any allergies: YES or NO?

If yes, please list: _____

2.) Does your child have any health conditions: YES or NO?

If yes, please list: _____

3.) Does your child have any mental health needs: YES or NO?

If yes, please list: _____

4.) Does your child take any medication: YES or NO?

If yes, please list: _____

5.) Is your child receiving any counseling: YES or NO?

If yes, where? _____

6.) Can your child be given Tylenol/Advil while attending? YES or NO?

****If child needs to take any other type of medication while at Y.E.S. Club please contact Y.E.S. Staff before sending any medication with them to the YES Club. Your child must be capable of self-administering medications.****

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I give Y.E.S. staff permission to transport _____ to **Licking Memorial Hospital**, or to the nearest available source of assistance for emergency medical or dental care.

I do not give my permission for my child to be transported or to be given medical care and I should be contacted instead.

Parent/Guardian signature _____

Date: _____

1.) Was your child referred to Y.E.S.? YES or NO?

Please circle all that applies:

Juvenile Court Probation officer Counselor
Teacher Family Friend

2.) Has your child been involved with the police/Juvenile Court? YES or NO?

If yes, please provide dates and offense(s): _____

3.) Does your child have any of the following? Please check all that apply:

IEP/504 Plan Learning Disability

4.) Has your child had to repeat a grade? YES or NO?

5.) Does your child receive free or reduced lunches? YES or NO?

6.) Has your child ever been in foster care or placed by Children Protective Services in a relative's home? YES or NO?

If yes, what year? _____

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7.) Are you or your child currently involved in a Child Protective case?

YES or NO

8.) Is family involved in Licking County Job and Family Services? YES or NO

Please circle all that apply:

Snap (food stamps) TANF (financial assistance) Medical Insurance

9.) Have you or any adult in the home been incarcerated? YES or NO

If yes, please provide date and offense _____

10.) Please list some of your child's strengths: _____

11.) Please list 3 areas of concern for your child. _____

12.) Any other information you would like to share with the staff at the Y.E.S. Club about your child? _____

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Parent Release

We/I, the parent(s) or guardian(s) of _____,

do hereby acknowledge that the above named child, who is in my care, is participating in Y.E.S. and the various activities of the program including services at community agencies, Y.E.S. events, and various functions including but not limited to field trips and special weekend activities.

I understand that by signing this form, I am granting permission for my child to participate in all activities and will not hold Y.E.S. Staff responsible for any injuries or accidents that may occur at the clubhouse, at a Y.E.S. event, or while being transported by any Y.E.S. staff or volunteer. My signature releases all Mental Health America of Licking County employees and volunteers from liability.

I give my permission for those involved in the Y.E.S. Club to contact my child's teacher and have access to their progress book. My signature also grants permission to have my child's picture taken and used for Y.E.S. Club social media and distributed among our participating agencies including United Way of Licking County.

Parent Name: _____

Parent Signature: _____ Date _____

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Y.E.S. Club Policies

(Student and Parent/Guardian please initial each policy rule)

Members Must:

1. Respect all Y.E.S. members, staff, interns, and volunteers.
Parent _____ **Child** _____
2. Respect all clubhouse property, other member's property.
Parent _____ **Child** _____
3. Refrain from swearing, fighting, or using put-downs.
Parent _____ **Child** _____
4. Stay on property while signed in the Y.E.S Club. Once you sign out you are not permitted to return for the remainder of the day.
Parent _____ **Child** _____
5. Please leave all valuables at home. Y.E.S. club will not be responsible for lost or stolen items.
Parent _____ **Child** _____
6. Participate in homework time and scheduled activities. Participation is a requirement of membership.
Parent _____ **Child** _____
7. Report any type of misconduct to Y.E.S. Staff immediately.
Parent _____ **Child** _____
8. NOT bring tobacco, drugs, alcohol, or weapons to YES Club property, including off-site events.
****This is a zero tolerance policy and could lead to immediate expulsion from the Y.E.S. program****
Parent _____ **Child** _____
9. Attend during YES Club Hours: 2pm-6pm when school is in session and 11am-3pm when school is not in session. Children are to be picked up no later than 6pm when school is in session and 3pm when school is not in session. Y.E.S Staff will post to social media and radio stations to communicate with members during calamity days.
Parent _____ **Child** _____
10. Use computers for their appropriate purpose as described in the rules posted in the computer lab. Content controls are in place on the computer in the computer lab.
Parent _____ **Child** _____
11. Notification of expulsion or suspension from school must be reported to staff and will result in expulsion or suspension from Y.E.S. Club.
Parent _____ **Child** _____

(continued on next page)

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I have read all the rules, agree with the conditions, and understand that being a member of the Y.E.S. Club is a special privilege. Membership may be suspended for any violation at the Director's discretion.

The following disciplinary action may be taken for violating any of the Y.E.S. Club rules.

- Sent home early
- One day suspended
- Suspensions of one week or more
- Expelled from Y.E.S. & Program for the remainder of school year
- Expelled from YES & Program permanently.

Signature of Member: _____

Date_____

Signature of Parent/Guardian_____

Date_____