

# Youth Engaged in Service (YES) Club - Member Registration

Today's Date\_\_\_\_\_

Dear Parent,

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

Thank you,

Ethan Pound, LSW - Director

Haley Snider - Activities Coordinator

Craig Loudermilk - Program Manager

Sarah Clow - Activities Coordinator

Palma Kollar - Activity Manager

## **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 year olds- please include copy of birth certificate\*\***

I am:  Male  Female or Identify as:\_\_\_\_\_

Preferred pronoun:\_\_\_\_\_

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

School Name:\_\_\_\_\_

School District\_\_\_\_\_ Grade for 2017-2018 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)

### **\*\*\*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:\_\_\_\_\_

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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

7.) Any special dietary need? YES or NO

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

**\*\*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.**

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: \_\_\_\_\_

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

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

Please circle all that applies:

Juvenile Court          Probation officer          New Beginnings  
Teacher          Family          Counselor          Friend

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

If yes, please provide dates and offense\_\_\_\_\_

\_\_\_\_\_

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

IEP/504 Plan       Learning Disability

4.) Has your 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?\_\_\_\_\_

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 applies:

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\_\_\_\_\_

\_\_\_\_\_

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

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

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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\_\_\_\_\_

## Youth Engaged in Service (YES) Club - Member Registration

### 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 members 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. YES 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** \_\_\_\_\_