

Today's Date _____

Dear Parent **and** future YES member,

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, OCPS - Director

Haley Snider, OCPSA - Activities 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- staff reserves the right to request a copy of birth certificate****

I am: Male Female or Identify as: _____

Preferred pronoun: _____

Race (please circle): Caucasian, African American, Biracial,
Prefer not to answer, or Other _____

Ethnicity (please circle): Hispanic or Non-Hispanic

School Name: _____

School District _____ Grade for current 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 _____ (required)

*****Mandatory*****

***List adults that may be contacted if parent is unavailable. (Please only list those who can be contacted for 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

7.) Does your child have 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: _____

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 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 Child 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.) Does child receive services from Licking County Board of DD? YES or NO

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

If yes, please provide date and offense _____

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

12.) Please list three areas of concern for your child. _____

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

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, accidents, or transmission of illness 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 Mental Health America of Licking County and all its 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 _____

Y.E.S. Club Policies

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

Members Must:

1. Respect all Y.E.S. members, staff, interns, and volunteers.
Guardian_____ Member_____
2. Respect all clubhouse property, other members' property.
Guardian_____ Member_____
3. Refrain from swearing, fighting, or using put-downs.
Guardian_____ Member_____
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.
Guardian_____ Member_____
5. Please leave all valuables at home. Y.E.S. club will not be responsible for lost or stolen items.
Guardian_____ Member_____
6. Participate in homework time and scheduled activities. Participation is a requirement of membership.
Guardian_____ Member_____
7. Report any type of misconduct to Y.E.S. Staff immediately.
Guardian_____ Member_____
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****
Guardian_____ Member_____
9. Attend during YES Club Hours: 2pm-6pm when school is in session and 11am-4pm when school is not in session. Children are to be picked up no later than 6pm when school is in session and 4pm when school is not in session. YES Staff will post to social media to communicate with members during calamity days.
Guardian_____ Member_____
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.
Guardian_____ Member_____

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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.

Guardian_____ **Member**_____

(continued on next page)

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 Y.E.S. & Program permanently.

Signature of Member:_____

Date_____

Signature of Parent/Guardian_____

Date_____