

**YOUTH LIFE FOUNDATION OF RICHMOND
NEW STUDENT APPLICATION**

Today's Date:

Student #1:

Full Name _____ Birthdate _____

School _____ Current or Next Grade _____

Student #2:

Full Name _____ Birthdate _____

School _____ Current or Next Grade _____

Student #3:

Full Name _____ Birthdate _____

School _____ Current or Next Grade _____

Parents or Guardians

1. Full Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Employer _____

Cell Phone _____ Work Phone _____

Home Phone _____ Email _____

2. Full Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Employer _____

Cell Phone _____ Work Phone _____

Home Phone _____ Email _____

Other Emergency Contact(s)

Name _____ Relationship _____

Home Phone _____ Work/Day Phone _____

Name _____ Relationship _____

Home Phone _____ Work/Day Phone _____

Additional persons to whom your child may be released

Name _____ Phone _____

Name _____ Phone _____

Person(s) NOT authorized to pick up your child

Name(s) _____

Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

Medical Information

Doctor _____ Dr. Office Phone _____

Allergies (specify child) _____

Medical Conditions (specify child) _____

Medications (specify child) _____

If insured, Health Insurance Provider and Policy Number _____

MEDICAL ACKNOWLEDGEMENTS

1. **Medication** I understand that learning center staff do not administer medication, except in the case of a life-saving emergency.
2. **Immunizations** I will provide the learning center with updated immunization information or an exemption for my child.
3. **Illness** If learning center staff notifies me that my child is ill, I will pick up my child as soon as possible and no later than one (1) hour after being contacted. I agree to inform the center within 24 hours or the next business day after my child or any member of my immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
4. **Emergencies** In case of an emergency, I understand that learning center staff will attempt to contact me immediately. I also authorize learning center staff to:
 - Consult the physician named above
 - Administer first aid and/or cardiopulmonary resuscitation
 - Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility
 - Obtain any emergency medical treatment deemed necessary by medical authorities

Parent Signature

Date

PARENT CONTRACT for Participation in Youth Life Learning Center

We are committed to partnering with parents in ensuring that their children become all that they can be in life. To ensure an effective partnership, Youth Life has specific expectations in regards to student attendance, behavior, and parent communication.

ATTENDANCE EXPECTATIONS:

- Student attendance and participation is necessary in order for your child to get the most out of our program. Continual failure to participate in the program on a consistent basis may result in removal from the program.
- In the event of an absence from school for any reason, attendance at the Learning Center will not be allowed that day; however notification of their absence is still necessary.
- Ensure that your child is picked up from the Learning Center on time, at 5:30pm by a parent or other adult listed on the student application. If, on occasion, he/she is to go home with another student or anyone not listed on the application, we must be notified beforehand. Habitual late pick up (after 5:45 PM) may result in your child's removal from the program.
- Students are expected to be in attendance immediately after their school day is completed. Going home beforehand is not permitted.

BEHAVIOR EXPECTATIONS:

- Demonstrate and encourage an attitude of respect and partnership toward the Learning Center staff, students, and volunteers.
- Reinforce with your children the Center's behavioral rules and expectations as well as provide support for disciplinary actions taken because of poor behavior. Students that accumulate 5 zeros (day expulsions) will receive a week-long suspension and must have a parent/staff conference before returning. If a child has any additional suspension, he/she will be expelled from the program for the remainder of the school year.
- If a student is suspended from school (or from riding the school bus) for any reason, he/she cannot attend the Learning Center and will receive "0" behavior points for those days.
- If your child receives a "0" due to poor behavior, a staff member will call for you to come and pick your child up. You must either be available for your child or have an alternative arrangement in place.

COMMUNICATION EXPECTATIONS:

- Notify our staff by phone or by text ahead of time, as early as possible, if your child will be absent from the Learning Center that day. Without communication, the absence will be counted as unexcused. 5 unexcused absences will require a parent meeting with a staff member. Continued lack of communication regarding absences may result in additional consequences.

- Maintain open, two-way communication with staff, being available when we need to discuss a matter and being willing to come to us when questions or concerns arise.
- If your child must leave early for any reason, please notify the staff prior to pick up.

I have read the expectations above and understand that failure to adhere to these expectations could result in my child permanently losing his/her place in the Learning Center program.

Parent/Guardian Signature _____ Date _____

Staff Signature _____ Date _____

PARENT QUESTIONNAIRE

Student Name(s): _____

Your Name: _____

The fee for enrollment is a one time fee of \$25.

Please tell us when you will honor your commitment: _____

Why do you want your child to be a part of this program? _____

Please tell us what you believe are your child's biggest strengths. _____

How would you like to see your child's academics, character or behavior improve?

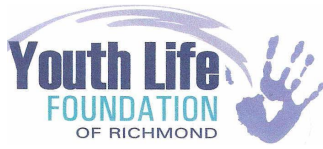
For Youth Life's qualification criteria, please answer the following questions:

- During the last tax return year, what was the total number of individuals living in your household? _____
- During the last tax return year, what was your estimated total household income? _____

Are you willing to allow your child to learn from the Bible? _____

Are you willing to make a one year commitment to the program? _____

Parent Signature: _____



**RELEASE OF SCHOOL INFORMATION
(Please Print)**

Student #1 Name _____

School Name _____

Student #2 Name _____

School Name _____

Student #3 Name _____

School Name _____

Parent/
Guardian's Name _____

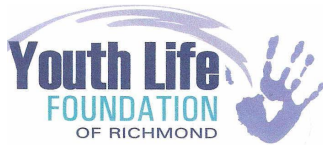
Phone Numbers _____
Home Work

Home Address _____

_____ City State Zip

The staff members of the Youth Life Foundation of Richmond have my permission to obtain attendance records, grades, standardized test scores and any other information related to my child's school performance.

Parent/Guardian Signature _____ Date _____



TRANSPORTATION RELEASE FORM

I, _____, give my permission for
(parent/guardian)

(student/s names)

to be passenger/s in any vehicle driven by any staff member and/or volunteer of the Youth Life Foundation of Richmond. I release the Youth Life Foundation of Richmond and their Board of Directors, their employees and their volunteers from any liability with the transportation of the student/s listed above.

Parent/guardian signature

Date



LIABILITY RELEASE & MEDICAL CONSENT FORM

STANDARD LIABILITY RELEASE: In consideration for the opportunity for my child to participate in the activities of the Youth Life Foundation of Richmond, I hereby recognize and assume responsibility for the risks involved in my child's participation in outdoor physical activity, transportation by car, cab, bus, van or other means, and all other activities described in the attached, and release, forever discharge, and agree to hold harmless the Youth Life Foundation of Richmond, its directors, employees, agents, volunteers, independent contractors, assignees, representatives and their successors in interest from any and all liability, claims or demands resulting from personal injury, property damage, sickness, death or any other cause I or my child may have as a result of my or my child's participation in the Learning Center's program and activities. I further agree to hold harmless and indemnify YOUTH LIFE FOUNDATION OF RICHMOND from any liability, actions claims, or demands resulting in any way from acts or omissions of myself or my child. [Initial: _____]

MEDICAL CONSENT: I further consent to the administration of first aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may be required, and authorize a YLFR representative to provide consent for such first aid, doctor's care, or other medical treatment on my child's behalf. I agree to hold harmless and indemnify YLFR from any acts of negligence, malfeasance, and/or failure to act on the part of those chosen to administer medical care for my child. [Initial: _____]

CORONAVIRUS / COVID-19 WARNING & DISCLAIMER: Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YOUTH LIFE FOUNDATION OF RICHMOND programs or accessing YOUTH LIFE FOUNDATION OF RICHMOND facilities could increase the risk of contracting COVID-19. YOUTH LIFE FOUNDATION OF RICHMOND in no way warrants that COVID-19 infection will not occur through participation in YOUTH LIFE FOUNDATION OF RICHMOND programs or accessing YOUTH LIFE FOUNDATION OF RICHMOND facilities. [Initial: _____]

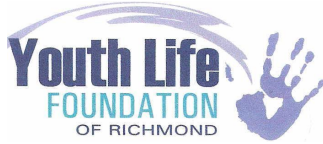
I have read and understood the Liability Release and Medical Consent and the attached, and agree to all the terms herein. [Initial: _____]

Parent/Guardian: _____
(signature) (print name) (date)

Home Phone: _____ Work Phone: _____

Student Name: _____ Student Name: _____

Student Name: _____ Student Name: _____



RELEASE FOR PUBLICITY PURPOSES

(Radio, TV, Newspaper, Magazine, Web Page, Personal Appearance or Other)

I, _____ hereby give my permission for
(parent/guardian)

(student/s names)

to be included in publicity for the Youth Life Foundation of Richmond. The Youth Life Foundation of Richmond has my permission to use photographs, videotape, audiotape, written material, or in-person presentations for general YLFR purposes, i.e. websites, fundraising, and other publicity.

Signed: _____ Relationship: _____ Parent
_____ Other

Date: _____