



LINK Youth Program: Enrollment Form

Please complete one form per child enrolled in the program.

Participant Name:

Prefers to go by:

Date of Birth:

Grade Child Will Be Entering in the **2021-2022** school year:

Gender:

Home Address:

Phone:

Parent/Guardian 1 Information:

Name:

Cell Phone:

Work Phone:

Email Address:

Physical Address:

Parent/Guardian Employer:

Parent/Guardian 2 Information:

Name:

Cell Phone:

Work Phone:

Email Address:

Physical Address:

Parent/Guardian Employer:

Parents' Marital Status:

(Ex: Married, Single, Divorced, Separated, Deceased, Blended Family)

Siblings also enrolled/enrolling in LINK:



I am enrolling my child in:

After-School Professional Development/Other No-School Days Summer Program

Please reserve space in the LINK Program for the following days of the week for my child:

Monday Tuesday Wednesday Thursday Friday

Hours your child will likely attend:

*Program hours are 7:30AM - 5:30PM during the summer; immediately after school to 5:30PM during the school year.

During the school year, parents/guardians are responsible for communicating any transportation needs to Davis Elementary to the Grinnell Newburg Community School District.

LINK Programming Fee Schedule

Daily Rate

After-school: Drop-in	\$10.00
After-school Reduced Level 1: eligible for reduced lunch	\$6.00
After-school Reduced Level 2 : eligible for free lunch	\$4.00
Full Day: drop in	\$25.00
Full Day Reduced Level 1: eligible for reduced lunch	\$12.00
Full Day Reduced Level 2: eligible for free lunch	\$8.00
Summer Full Day: Partner Organizations	\$20.00
Summer Full Day: General	\$25.00
Summer Full Day Reduced Level 1: eligible for reduced lunch	\$12.00
Summer Full Day Reduced Level 2: eligible for free lunch	\$8.00

Late fee for children picked up after the 6:30pm pick-up time (5:30 pm during the summer) will be charged at \$5 per 15 minutes, per child.

A financial sliding fee scale is available upon request; the Reduced Fee Form must be completed and signed to qualify for the reduced fee.

All payments may be made through credit, check, or cash. Payments made by check should be payable to LINK Grinnell. Payment is due weekly, and may be pre-paid monthly. Program enrollment may be suspended for nonpayment of fees.

*For Summer 2021, Partner Organizations include Grinnell Mutual, Grinnell College, and the Grinnell-Newburg School District.

Fees noted above effective 5/21/2020.

Parent's or Legal Guardian's Signature

Date



Reduced Fee Form

Eligibility to qualify for the financial sliding fee scale is based on the qualifications of the reduced meal program with the Grinnell-Newburg Community School District. For questions regarding eligibility, please contact the Food Service Director, Carrie Nachazel in Nutrition Services at **(641)-236-2668**.

(Print Parent/Guardian's Full Name)

qualifies for ___ free ___ reduced

lunch program with the Grinnell-Newburg Community School District, meeting the requirements for the financial sliding fee for my child(ren) to participate in the LINK After-School Program for the 2019-2020 academic school year.

Please list the names of the child(ren) to be participating in the program for the academic school year requesting access to the financial sliding fee scale.

Parent's or Legal Guardian's Signature

Date

Grinnell-Newburg Community School District Nutrition Services Signature Date



Emergency Contacts

(Please list 2 not in your household.)

1. Name:

Relationship to Child(ren):

Home Address:

Cell Phone Number:

Work Phone Number:

Emergency Number:

2. Name:

Relationship to Child(ren):

Home Address:

Cell Phone Number:

Work Phone Number:

Emergency Number:

The persons listed above are authorized to be called and can pick up my child in an emergency if I/we are not available or cannot be reached by LINK staff.

Parent/Guardian's Signature

Date



Health Care Information

Child's Name: (Please Print First, Middle, Last)

Date of Birth:

Child's Doctor's Name:

Doctor's Complete Address:

Doctor's Complete Phone: ()

Child's Dentist's Name:

Dentist's Complete Address:

Dentist's Complete Phone: ()

Date of Last Tetanus Shot:

Known Allergies (including food): Medication(s):

Health Insurance Company:

Policy Holder: _ Policy Number:

List any special health-related needs of child:

List any significant illnesses and surgeries child has had: (give age at the time of illness/surgery)

List any hearing, vision or speech needs:

List any conditions that may restrict or limit participation in activities, result in an emergency situation, or require medical updates or observation:

Parent/Guardian's Signature

Date



Medication Consent

Child's Full Name:

Physician's Name and Phone Number:

Name of Medication(s):

Please give the medication listed above:

Amount:

Time:

Number of days or doses:

Name of Medication(s):

Please give the medication listed above:

Amount:

Time:

Number of days or doses:

Name of Medication(s):

Please give the medication listed above:

Amount:

Time:

Number of days or doses:

Parent's or Legal Guardian's Signature

Date



Parent Authorization for Emergency Treatment

Child's Name:

Date of Birth:

In the event that my above-named child requires MEDICAL CARE OR MEDICAL SURGICAL TREATMENT and I am not available or cannot be reached, then I authorize LINK to seek such treatment and I hereby give my consent for medical and/or surgical treatment as may be required to:

Hospital Name:

City:

Doctor's Name:

Doctor's Phone:

In the event that my above-named child requires DENTAL CARE OR DENTAL SURGICAL TREATMENT and I am not available or cannot be reached, then I authorize LINK to seek such treatment and I hereby give my consent for dental and/or dental surgical treatment as may be required to:

Hospital Name:

City:

Dentist's Name:

Dentist's Phone:

The consent will be effective beginning (Date) _____ and continuing until the end of my child's enrollment in the program.

Parent's or Legal Guardian's Signature

Date



Topical Treatments Consent

I authorize LINK staff to give my child, _____, the following topical medications/treatments: (please check all that apply)

Sunscreen ____

Insect repellent ____

Dry skin lotion ____

Petroleum jelly ____

Other ____

name & use guidelines _____

name & use guidelines _____

This form does **NOT** cover any prescription medicines. It does **NOT** cover any over-the-counter medicine that is given orally, such as Tylenol, Dimetap, etc. These require the medical consent form on the previous page.

Parent's or Legal Guardian's Signature

Date



Pick-Up Authorization Form

Child's Full Name:

Age:

I hereby give permission for my child to leave the LINK After-School Program with the following persons identified below. It is the responsibility of the parents to notify LINK, in writing, of any changes.

Name:

Relationship to Child:

Address:

Phone:

Name:

Relationship to Child:

Address:

Phone:

Name:

Relationship to Child:

Address:

Phone:



Is there a court order prohibiting contact with your child by any person? YES ___ NO___

If yes, please provide a photocopy of court order.

Name of prohibited person:

Relationship to child:

Is there any child custody order of which we need to be aware? YES___ NO___

If yes, please explain:

Is there a separation or divorce situation of which we need to be aware? YES___ NO___

If yes, please explain:

Names of persons who **MAY NOT** pick up your child:

Parent's or Legal Guardian's Signature

Date



Release Authorizations

TRAVEL RELEASE:

I/We do__ do not__ give consent for _____ to participate in field trips with the LINK After-School Program. I/We do reserve the right to be notified before each field trip, in town or out of town. I release LINK After-School Program of any liability unless negligence is proven.

Restrictions for my child include:

Parent's or Legal Guardian's Signature

Date

PHOTOGRAPHY/VIDEOTAPE RELEASE:

I/We do__ do not__ give consent for LINK to take photographs/videotapes of _____ for use in promoting the purpose of the LINK After-School Program. We understand that no financial benefits from the use of the photographs/videotapes are obligated to be paid to us.

Parent's or Legal Guardian's Signature

Date