

2023 -2024 YOUNG EAGLES PROGRAM

PARENT UNDERSTANDING AND FINANCIAL OBLIGATION STATEMENT

I have read and understand the Young Eagles Program (YEP) Parent Handbook and agree to abide by all rules and regulations.

I understand that all enrollment registration forms must be completed, submitted, and the non-refundable registration fee received prior to my child's first day of attendance at YEP.

I have received all NJ Department of Children and Families Office of Licensing (NJDCFOOL) Policies and Information Documents, signed, and returned required forms to the program.

I accept full responsibility for all scheduled payments and fees incurred and agree to keep my tuition account current during participation in the Young Eagles Program.

I understand that my child will not be released from YEP to an unauthorized person since only individuals with permission to pick up my child are listed on file with the program. If other arrangements need to be made, I agree to contact my child's YEP Site Leader with written notice as verbal permission is not satisfactory.

I understand it is my obligation to provide appropriate legal documents regarding individuals NOT permitted to pick up my child.

I understand that should an individual arrive to pick up my child who appears to be under the influence of drugs or alcohol, for my child's safety, YEP staff may have no recourse but to contact West Deptford Police.

I understand that the Young Eagles Program is mandated by State law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand that there is not a school nurse available during program hours and that no medications of any kind will be dispensed by YEP staff.

I understand that if I anticipate arriving late to pick up my child after PM Session close time, I must contact the Site Leader via phone in advance as soon as possible. If I fail to contact the site by 6:00 PM, I understand that the Program Director and police will be notified. I agree to pay the late pick up fee assessed to my next tuition installment.

By signing below, I agree and will comply with these statements regarding enrollment of my child in Young Eagles. I understand that Young Eagles reserves the right to terminate care of my child in the event I cannot fulfill the financial obligation as agreed.

Printed Name: _____ Date: _____

Signature: _____

***If parents divide custody and/or financial obligations for the enrolled child, EACH parent must sign and return this statement.**

YOUNG EAGLES CHILD CARE PROGRAM
MEDICAL DECLARATION STATEMENT FOR SCHOOL-AGE CHILD CARE
 (AND/OR FOR CHILDREN ENROLLED IN PUBLIC OR PRIVATE SCHOOL)

| | | |
|--|-----------------------|----------------------------|
| CHILD'S NAME: | DATE OF BIRTH: | GRADE IN SEPTEMBER: |
| | | |
| HEALTH STATEMENT (CHECK ONE) | | |
| <input type="checkbox"/> My child is in good health and can participate in the normal activities of the program and has no conditions or special needs that require special accommodations. | | |
| <input type="checkbox"/> My child can participate in the normal activities of the program but has conditions or special needs that require special accommodations as indicated below. | | |
| SCHOOL-AGE CHILD'S SPECIAL CONDITIONS OR NEEDS REQUIRING SPECIAL ACCOMMODATIONS | | |
| Please list any allergies, medical conditions, including chronic health problems (such as asthma, seizures), behavioral disorders, special needs, etc. <hr/> | | |
| Please list daily medications: _____ ALLERGIES: Insect Sting: ___ YES ___ NO Food: ___ YES ___ NO *If YES, which food(s)? _____ Please describe the allergic reaction & advise the desired treatment below: <hr/> | | |
| 1. ___ Allergic reaction is a local one with swelling requiring the application of ice. (Parent/Guardian will be advised at the time the child is picked up) 2. ___ Allergic reaction is a SEVERE one with swelling requiring medical attention. (Parent/Guardian will be immediately contacted) 3. ___ Allergic reaction is a LIFE-THREATENING systemic reaction requiring immediate medical attention. (Emergency Care will be summoned and the Parent/Guardian immediately contacted) *Epi-pen will be administered if an anaphylactic reaction occurs as long as one is provided along with a letter of permission from a parent/guardian and a physician's order to administer the Epi-pen are on file. | | |
| HOSPITAL AUTHORIZATION: I hereby give permission for my child to be taken to _____ hospital in case of emergency when unable to contact an authorized Parent/Guardian. | | |
| PARENT/GUARDIAN SIGNATURE: | | DATE: |
| | | |

**E-CHILD CARE/RUTGERS SOUTHERN REGIONAL CCR&R AGENCY
PROVIDER - PARTICIPANT AGREEMENT**

If you will be filing for child care subsidy assistance, your signature below authorizes Young Eagles to provide Rutgers Southern Regional CCR&R Agency with the necessary information for benefit amount determination. You agree to comply with mandatory DAILY attendance procedures and be responsible for ALL scheduled tuition co-payments (if applicable) to the Young Eagles Program.

Print Name: _____

Signature: _____ Date: _____