

YOUTH INFORMATION

NAME: _____ TODAY'S DATE: _____

ADDRESS: _____ STATE: _____ ZIP: _____

COUNTY: _____ STUDENT'S EMAIL _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: _____

SCHOOL CURRENTLY ATTENDING: _____

ETHNICITY: Anglo Hispanic
 Other African-American

GENDER: Male Female

CITIZENSHIP U.S. Citizen Eligible Non-Citizen

DISABILITIES None Learning Physical Other

PARENT / GARDIAN INFORMATION

PARENT / GARDIAN NAME: _____

ADDRESS: _____ STATE: _____ ZIP: _____

COUNTY: _____ PARENT'S EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

OCCUPATION: _____ WORK PHONE: _____

What was your Household Annual Taxable Income for last year (on 1040 it's line 39, on 1040-A it's line 25, and on 1040-EZ it's line 6)?

Please check one below:

- \$0-\$13,290
- \$13,291-\$17,910
- \$19,911-\$22,530
- \$22,531-\$27,150
- \$27,151-\$31,770
- \$31,771-\$36,390
- \$36,391-\$41,010
- \$41,011 and Over

- Total number of people living in your household _____
- Are you a single parent? _____
- Number of children _____
- Ages of Children _____
- Does your child receive a free or reduced lunch? _____
- Did either parent receive a high school diploma? _____
- Has either parent received a Bachelor's Degree? _____

Parent/Guardian Signature: _____

GENERAL QUESTIONNAIRE

THE SAN MARCOS YOUTH SERVICE BUREAU IS FUNDED THROUGH LOCAL AND STATE GRANT SOURCES. IT IS IMPORTANT THAT WE PROVIDE THEM WITH THE FOLLOWING INFORMATION IN ORDER TO CONTINUE PROVIDING FREE SERVICES TO OUR LOCAL YOUTH. PLEASE FILL OUT THE FOLLOWING INFORMATION TO THE BEST OF YOUR ABILITY. THE INFORMATION WILL BE KEPT CONFIDENTIAL AND USED FOR STATISTICAL PURPOSES ONLY.

LIVING ACCOMODATIONS:

With whom does your child live with: Both Parents One Parent Relatives

What is the name of your neighborhood: _____

GENERAL:

Please state why you believe your son/daughter would benefit from the services provided by the Youth Service Bureau:

Is there anything other information that you would like to enclose about your son/daughter:

Does your son/daughter need help with tutoring? Yes No Sometimes

If so in what subjects: _____

How were you or your child referred to our program? _____

THANK YOU FOR YOUR SUPPORT!

Parent/Guardian Signature: _____ **Date:** _____

AUTHORIZATION FOR MEDICAL TREATMENT

I, _____ give my child, _____ permission to participate in the free after-school program sponsored by the San Marcos Youth Service Bureau. He/She has my permission to participate in all educational/recreational activities such as academic classes, workshops, field trips, including any scheduled trips out of town.

I give my child permission to use transportation provided by the San Marcos Youth Service Bureau when needed to ensure his/her attendance at scheduled activities and will not hold the San Marcos Youth Service Bureau and any transportation company obtained by the San Marcos Youth Service Bureau responsible for any claims from any liabilities (medically, financially or otherwise) which might be incurred during the trip.

I also give permission to the Executive Director of the San Marcos Youth Service Bureau or his/her authorized representative(s) to furnish such minor medical care as my son/daughter may require. Further emergency treatment i.e. treatment in the event of a serious illness/injury or the need for hospitalization and/or major surgery, is granted, conditional upon understanding that the Executive Director or her authorized representative(s) will use all reasonable efforts to contact the emergency reference (parent/guardian) named herein. Failure in such efforts, however, should not prevent the Executive Director or his/her authorized representative(s) from providing such emergency treatment under the care of the physician(s) contacted by the San Marcos Youth Service Bureau as may be necessary for the best interest of the life of the student listed above. I further understand and agree that the San Marcos Youth Service Bureau is not legally liable, financially or otherwise, for such emergency treatment (minor or serious).

PLEASE COMPLETE THE SECTION BELOW FOR YOUR FAMILY'S MEDICAL HEALTH CARE PROVIDER.

Student's Name: _____ SS#: _____

Name of Insurance Co.: _____ Policy #: _____

Name of Family Physician; _____ Phone #: _____

(Parent / Guardian)
Emergency Contact Person: _____ Phone #: _____

Relation: _____ Alternate #: _____

Second Preference: _____ Phone #: _____

Relation: _____ Alternate #: _____

Signature (Parent or Guardian) **Date**

PARENTAL CONSENT

PLEASE INITIAL THE FOLLOWING:

_____ I allow my child's photographs to be used in YSB promotional material.

_____ I allow my child's name to be used in YSB promotional material and newspaper articles.

_____ I understand that each youth is responsible for learning and following the safety rules and procedures established by the YSB staff members. I understand that the youth are responsible for making YSB staff aware at any point when they are unsure of these procedures or of their participation in any activity.

_____ I understand that the San Marcos Youth Service Bureau is a safe place for youth to develop and grow. Violent behavior will not be tolerated from youth. Youth who exhibit disruptive behavior (fighting, verbal or physical threatening and/or horse play) may result in immediate dismissal from the program.

_____ YSB reserves the right to remove a youth from an activity or the program if the youth is deemed a danger to him- or herself or others. In the case of the youth being removed from the program, the Executive Director will contact parents/guardians to resolve the conflict. It is the discretion of the Executive Director as to whether the youth will remain in the program or be dismissed.

Parent/Guardian Signature

Date

San Marcos Youth Service Bureau Staff

Date

RELEASE OF SCHOOL INFORMATION

I, _____, parent/managing conservator of Youth Service Bureau participant, _____ consent and authorize the San Marcos Consolidate Independent School District to provide the following information to the San Marcos Youth Service Bureau for purposes of tutoring and providing academic support for my child.

1. Complete Academic Records as requested or needed.
2. Grade Reports as distributed every nine-week period.
3. Testing or evaluation results.
4. Special Education records and Individual Education Plans.
5. Informational verbal consultation with and the release of information to and from teachers and other school personnel.
6. Other records and/or information as requested.

I understand that the Youth Service Bureau has no authority to distribute this information to any other party without my specific release of information. This release is valid for one year form the day signed unless otherwise noted.

Parent/MC signature

Date

Witness

Date

TRANSPORTATION RELEASE

I, _____, parent/guardian of _____

(Please print child's name) allows the San Marcos Youth Service Bureau staff to provide transportation from _____ (school name) or from the Youth Service Bureau in order for my child to attend special sponsored activities.

Please Note:

Daily activities such as volunteer work and reward trip times/dates will be located on the monthly calendar, however, special activities during irregular hours or out of town events will require a signed and dated permission slip filled out by the parent/guardian each time.

Release of Liability:

I, the undersigned, certify that my child is at least eleven (11) years of age. I understand that the falsification of any information on this form may disqualify my child from this program. In consideration of the acceptance of my child's registration in the YSB Program, I hereby release the SAN MARCOS YOUTH SERVICE BUREAU and their agents, employees and volunteers from any and all damages and injuries which may occur while my child is enrolled in the program. I certify that I have the legal authority to execute this release on behalf of my child. I also certify that I have read the program guidelines located in the attached Youth Contract. I understand that violation of these guidelines may result in the removal of my child from this program. I have read and understand all of the following pages and agree to the terms stated above.

Parent/Guardian Signature

Date

Youth Service Bureau Staff Signature

Date

