

**Teen Lab: Leadership Academy of Boca Raton**  
**Teen Afterschool Program 2021-2022**

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child have an IEP? : YES NO

**Child's Information:**

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<b>Child's Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Date of Birth</b>	<b>Age</b>
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<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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**Parent/ Guardian Information:**

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<b>Parent/Guardian Last Name</b>	<b>First Name</b>	<b>M.I.</b>
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<b>Street Address (if different)</b>	<b>E-Mail Address</b>
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<b>Primary Contact Number</b>	<b>Alternate Phone Number</b>
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<b>Employer</b>	<b>Employer Phone Number</b>
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<b>Parent/Guardian Last Name</b>	<b>First Name</b>	<b>M.I.</b>
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<b>Street Address (if different)</b>	<b>E-Mail Address</b>
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<b>Primary Contact Number</b>	<b>Alternate Phone Number</b>
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<b>Employer</b>	<b>Employer Phone Number</b>
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**Please mark where the child "Physically" resides:**

**Both (mother & father) \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_**

**Emergency Contacts/ Authorized Pick-Ups:** (Persons other than Parent/Guardian to who the child may be released to and/or contacted in case of an emergency.)

- 1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Authorization to Remove Camper:**

Mother: YES \_\_\_\_\_ NO \_\_\_\_\_ Father: YES \_\_\_\_\_ NO \_\_\_\_\_ (If "NO", please provide documentation.)

Please list any information regarding any medical problems - i.e. allergies (food, medicine, or others), emotional/nervous disorders, heart/respiratory, or any other areas of concern. If your child will be taking medication while in Afterschool, you must fill out a Medication Authorization Form.

\_\_\_\_\_  
\_\_\_\_\_

Does your child have an physical limitations? YES NO If YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Agreement & Release of Liability Statement I hereby state that my child is physically and mentally capable of safe participation in the YMCA of South Palm beach County Programs. I assume all risks and hazards incidental to the conduct of this program. The YMCA of South Palm Beach County is not responsible for loss or damage of any program participate items. I also authorize the YMCA of South Palm Beach County to obtain medical treatment for my child in the event the parent/guardians or emergency contacts cannot be reached. I hereby give permission for my child to be transported by the Y bus for any scheduled activity. I am aware that there is a \$5 late fee for every 5 minutes after 6:30pm that is due at pick-up or immediately the following day. I understand and agree to abide by the polices s of the Teen Lab. I also give permission for the use of photographs of my child in the YMCA of South Palm Beach brochures, flyers, and photo collections. I understand that there will be no credits/refunds or prorate given for program cancellation, days missed to vacations or illness.

PAYMENT METHOD: Savings Checking Credit Card VISA MasterCard Discover American Express

Name On Card: \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\*Draft dates will be drafted on the 1st of each month\*\*

I agree to pay above total amount according to card issuer agreement.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Non-Payment will result in cancellation of your child's enrollment.**