

\$10 per year



Mary Alice Shipp CDC



Young Entrepreneurs Society (YES) Application

Child's First Name: _____ Last Name: _____

Date of Birth: ___/___/___ Teacher: _____ Grade: _____

Parents or Guardian's Name(s): _____

Address: _____ Home Phone #: _____

Mother's Work Phone # _____ Father's Work Phone#: _____

Mother's Cell# _____ Father's Cell Phone#: _____

Person(s) authorized to pick up your child / Emergency Contacts:

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Student lives with: ___ Father ___ Mother ___ Step Parents ___ Foster ___ Legal Guardian ___ Other

Primary Language: English Spanish Other: _____

Is your child under medical care or taking any medication(s)? Yes No

If yes, please check all of the following conditions that your child has and indicate if medication needs to be dispensed at school?

Bee Sting Allergy Epi-pen Yes No Other Allergies: _____

Asthma Inhaler Yes No Special Needs / Disability: _____

Diabetes Insulin Yes No Other: _____

Vision / Hearing Glasses Yes No

Family Health Care: Physician's Name: _____ Phone #: _____

Address: _____

Health Insurance# _____

Does the MASDC YES program have permission to use photos of your child in educational or promotional materials? (There is no cost.) Yes: _____ No: _____

Does your child have permission to walk home from events or meetings? Yes: _____ No: _____

Please read and sign below:

I understand that the MASDC YES Program has an annual fee of \$10.00; I/we understand that my child's participation in program is voluntary and that my child and I/we are free to choose not to participate. I/we consent to my child's participation in any of the YES activities. I understand that MASDC, their employees, volunteers, coordinator, officers and agents will not be liable for personal injuries and/or property damage as a result of my child's participation in all programs or activities. Any medical attention that my child may need, as a result of an accident, is my responsibility. I give permission to the MASDC Coordinators to transport my child for medical purposes or field trips. I give permission for MASDC coordinators to use my child's file(s) for the purposes of analyzing the program's effectiveness and reporting to funding sources.

Parent or Guardian Signature: _____ **Date:** _____

For Office Use Only

Date Joined: _____ Initials: _____

Date Released from Program: _____ Reason: _____