



Avery County  
**YO!**

Check List

Date of Enrollment: \_\_\_\_\_ School: \_\_\_\_\_

Student Full Name: \_\_\_\_\_

**PLEASE CHECK:**

*Full-Time:* \_\_\_\_\_ *Part-Time 2 day:* \_\_\_\_\_ *Part-Time 3 day:* \_\_\_\_\_

Student's Application For YO! Program: \_\_\_\_\_

\*Immunization Dates/Record: \_\_\_\_\_

Photo Release/Permission Form: \_\_\_\_\_

Code of Conduct: \_\_\_\_\_

Discipline/Behavior Policy: \_\_\_\_\_

Program Identification Form: \_\_\_\_\_

Sunscreen Form: \_\_\_\_\_

Parent Rec. of Policies/Procedures: \_\_\_\_\_

NC Wise Release Form: \_\_\_\_\_

Rec. of NC Childcare Laws/Rules: \_\_\_\_\_

Copy of End of Year Report Card: \_\_\_\_\_

Payment Forms:

Contractual Agreement: \_\_\_\_\_

DSS Voucher: \_\_\_\_\_

Voucher Beginning Period Date: \_\_\_\_\_

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**REGISTRATION FORM:**

Student Full Name: \_\_\_\_\_ Current Age: \_\_\_\_\_  
Student Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Physical Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Parent E-Mail (optional): \_\_\_\_\_  
Date of Last Tetanus: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Doctor's phone number: \_\_\_\_\_

Please give any information concerning your student which will be helpful in his/her experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes).

\_\_\_\_\_

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Please check swimming ability:      Non-Swimmer \_\_\_\_\_      Beginner Swimmer \_\_\_\_\_  
Good Swimmer \_\_\_\_\_      Advanced Swimmer \_\_\_\_\_

Any dietary requirements that we need to know about (Please discuss below):

Describe: \_\_\_\_\_

Check below any medical condition and describe:

Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ Ear/Eye Infection \_\_\_\_\_ Allergies \_\_\_\_\_  
Heart Disease \_\_\_\_\_ Kidney Disorder \_\_\_\_\_ Mental Disabilities \_\_\_\_\_  
Physical Disabilities \_\_\_\_\_ Other(s) \_\_\_\_\_

Describe: \_\_\_\_\_

Check below any Allergic Reactions and describe preferred treatment:

Sun/Heat \_\_\_\_ Insect Stings \_\_\_\_ Food \_\_\_\_ Drugs/Medications \_\_\_\_ Poison Ivy \_\_\_\_  
Peanut Products \_\_\_\_ Other \_\_\_\_\_

Describe: \_\_\_\_\_

**IMMUNIZATION RECORD ( ENTER DATE EACH IMMUNIZATION WAS RECEIVED):**

DTP/DT: \_\_\_\_\_ Polio: \_\_\_\_\_ HIB: \_\_\_\_\_ MMR: \_\_\_\_\_ Hepatitis: \_\_\_\_\_

**Please call your physician if unsure of dates! Immunization records may be faxed to the Avery Co. YO! administrative office at 828-733-8293.**

Avery County

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**RELEASE FORM**

\* I give blanket permission for my student to be transported in a van/activity bus/personal vehicle to programs away from the community school.

\* I give permission for my student to be photographed or videotaped for use in exhibits, displays, or news releases promoting the Avery County YO! Program.

\* I give the Avery Co. YO! Program permission to authorize emergency care for my student in the event that neither I nor the family physician can be contacted immediately.

\* On rare occasions, an emergency requiring hospitalization and /or surgery develops. As a general rule, anesthesia may not be administered to or operations performed upon a minor without written permission by his or her parents or guardians. Therefore, in order to prevent a dangerous delay, if an emergency does occur and we are unable to contact the parent or legal guardians, the parent/guardian is asked to sign the release form below. In the event of injury or illness to my student, I hereby authorize the YO! staff to secure whatever treatment is deemed necessary and, if recommended by an attending physician, the administration of an anesthetic or surgery.

\* I understand that in the event my student's behavior becomes a danger or a safety concern to his/her self, other participants or staff, I agree to pick my student up at that location immediately.

\* Some YO! activities are planned outside of the fenced areas at the playground. I give permission for my student to play outside the fenced area.

\* I give permission for any Avery County YO! staff to administer sunscreen as needed for my student to all exposed body areas to ensure skin protection.

\* I understand that by signing below I am agreeing to all of the above releases.

\* I agree to furnish the Avery Co. YO! Program a copy of any existing custody order or domestic violence protective order.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* I give permission for the following person(s) to pick up my student and for them to serve as the emergency contact in the case neither parent or guardian can be contacted. My child/ward will be signed out daily by person responsible for pick up.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home # \_\_\_\_\_  
Work #: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Cell/Pager#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Cell/Pager#: \_\_\_\_\_

\*Parent/Guardian Signature: \_\_\_\_\_

Avery County

**YO!**

**CODE OF CONDUCT FORM**

**PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST BE PRESENTED AT THE OFFICIAL REGISTRATION FOR THE AVERY COUNTY YO! PROGRAM**

**THIS RELEASE is entered on the date hereinafter mentioned by and between the State of North Carolina through the Department of 4-H Youth Development, North Carolina Cooperative Extension Service, W.A.M.Y. Community Action, Inc., N.C. Department of Juvenile Justice and Delinquency Prevention, Appalachian State University/GEAR UP Program, N.C. Department of Public Instruction, College of Agriculture and Life Sciences, North Carolina State University and the parties, their names described hereinafter:**

**Whereas, the State 4-H Youth Development Code of Conduct prohibits the following activities:**

**Possession and/or use of alcoholic beverages, tobacco products, and illegal drugs OR being present where individuals are partaking of alcohol, tobacco products and/or any illegal substances, Sexual interaction OR being present where individuals are participating in sexual interaction, and Possession of weapons or firearms, and Behavior that violates state or local laws, and Theft, misuse or abuse of public or personal property.**

**Whereas, the attendance and punctuality of the participants in scheduled meetings during this event is considered mandatory by all participants and unauthorized absence from premises of the event is prohibited, and**

**Whereas, the State 4-H Youth Development Code of Conduct requires that all members respect the property of others and the facility in which this particular 4-H sponsored event is held, and**

**Whereas, the policy of the Department of 4-H Youth Development and State 4-H Code of Conduct has been read expressly understood, and agreed to by the undersigned;**

**NOW THEREFORE, in sole consideration for the opportunity extended to the undersigned 4-H participant by the State of North Carolina to participate in the event, the parties enter into this release and mutually agree to the following:**

**The undersigned for themselves, their heirs, executors, administrators, and successors assign individually, jointly, and severally do forever release and agree to save and hold harmless and indemnify the State of North Carolina, and its agencies, departments, officers, employees, and servants from any and all liability that may arise out of any action or failure to act by any party arising from the youth's participation in the 4-H event.**

**We realize that these guidelines are not all inclusive and that the event supervisor(s) reserve the right and extend these policies. In general, exercising good judgment will prevent occurrences which are not within the best interests of participants or the 4-H event.**

**We, the undersigned, have carefully read the foregoing release, know the contents thereof, and sign it as our own free act. Any infraction of the above may necessitate the participant's parent/guardian being notified and the even supervisor(s) determining an appropriate penalty which may include the participant being sent home at parent's/guardian's expense and /or suspended from future 4-H activities.**

**Parent's signature of agreement \_\_\_\_\_ Date**  
\_\_\_\_\_

**Participant's signature of agreement \_\_\_\_\_ Date**  
\_\_\_\_\_

**Parent/Guardian may be reached at: Home \_\_\_\_\_ Work**  
\_\_\_\_\_

Avery County  
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**School Identification Form**



**Student Full Name:**

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**Mailing Address:**

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**Physical Address:** \_\_\_\_\_

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**Age:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Hair:** \_\_\_\_\_ **Eyes:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Phone Information:**

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Emergency Contact Name & Number(s) (other than above):**

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Avery County

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**PERMISSION TO ADMINISTER SUN SCREEN FORM**

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

We use a variety of SPF Strengths starting with 30 through 50 SPF.

Sunscreen should be used:

\_\_\_\_ On sunny days only \_\_\_\_ Each day **OR** \_\_\_\_ Each time my child goes outside

Sunscreen should be applied to cover:

\_\_\_\_ All exposed areas of skin **OR** \_\_\_\_ Face/Neck \_\_\_\_ Arms/Hands \_\_\_\_ Legs/Feet

If you prefer, you may send your student's own personal sunscreen. Sunscreen is considered a medication and must be labeled and locked at all times. A medication permission slip must be signed and accompany sunscreen. Please fill out the following information if you are providing sunscreen for your child.

Brand Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ SPF Strength: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**RECEIPT OF PARENT HANDBOOK RULES, REGULATIONS AND  
PROCEDURES**

**PLEASE SIGN AND RETURN THIS RECEIPT TO THE AVERY  
COUNTY YO! PROGRAM ADMINISTRATOR!**

I, \_\_\_\_\_, the  
(Printed Name)

Parent/Guardian of \_\_\_\_\_,  
(Student Name)

have read and understand the rules, policies and regulations governing the Avery County YO! Program and I have also received and read the North Carolina Child Care Laws and Rules Summery Brochure.

Signature: \_\_\_\_\_

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

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**NC WISE RELEASE FORM**

As the parent/guardian of \_\_\_\_\_,  
I give the school permission to release the following information to the  
Avery County YO! Program. I understand that this information will be  
kept confidential, and will only be used to better serve my student(s).

Parent/Guardian Signature:

\_\_\_\_\_

Student ID# : \_\_\_\_\_

Student receives **OR** is eligible for Free/Reduced Lunch:

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Exceptional Student Status: \_\_\_\_\_

ESL or LEP: \_\_\_\_\_

**PREVIOUS YEAR REPORT CARD GRADES:**

Reading/Language Arts: \_\_\_\_\_  
Math: \_\_\_\_\_  
Science: \_\_\_\_\_

**PREVIOUS YEAR EOG SCORES:**

Reading Level: \_\_\_\_\_  
Reading Scale Score: \_\_\_\_\_  
Math Level: \_\_\_\_\_  
Math Scale Score: \_\_\_\_\_  
Writing Level: \_\_\_\_\_

**Transportation Information:**

**Please Check the appropriate box:**

**YES, my student will need YO! transportation Services home.**

**NO, my student will not need YO! transportation services home.**

**Transportation home from the Avery YO! Program is available if needed; please provide detailed driving directions to your home or to your student(s) pick-up location.**

**Detailed Student Drop-off Directions (Please be as specific as possible):**

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

**\*I understand that if my child rides the bus, I am responsible for meeting the bus at the designated stop at the designated time. Failure to do so will result in my child being returned to school and possibly losing bus riding privileges.**

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**Parent/Guardian Signature**

**Date**

Dear Guardian:

Please take a moment to fill out this brief survey.

Rate the following statements regarding your student by circling the number that fits your student's needs. A 1 represents significantly needing improvement and a 10 represents no need for improvement. This will help Avery YO! to begin working with your student where he or she needs the most assistance.

**1) My student takes initiative to start and complete homework.**

**1      2      3      4      5      6      7      8      9      10**  
Takes no initiative. Takes lots of initiative.

**2) My student is interested and excited for school.**

**1      2      3      4      5      6      7      8      9      10**  
Shows no excitement. Is very excited.

**3) My student behaves well in school.**

**1      2      3      4      5      6      7      8      9      10**  
Has trouble behaving. Behaves very well.

**4) My student is motivated to learn and enjoys learning.**

**1      2      3      4      5      6      7      8      9      10**  
Not motivated to learn Very motivated to learn.

**5) My student believes there is value in going to school.**

**1      2      3      4      5      6      7      8      9      10**  
Does not believe. Believes there is value.

**6) My student receives high report card grades.**

**1      2      3      4      5      6      7      8      9      10**  
Receives low grades Achieves the highest grades possible

**7) Has your student been suspended from school in the past year?**

yes       no       this is the first year my student is in school

**8) Is there anything that you believe your student needs extra help with (can be academic, behavioral, or motivation)?**

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## Avery Youth Opportunities Program

### DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interaction from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

We:

1. DO praise, reward and encourage the students.
2. DO reason with and set limits for students.
3. DO model appropriate behavior for students.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to students.
6. DO provide alternatives for inappropriate behavior to the students.
7. DO provide students with natural and logical consequences of their behaviors.
8. DO treat students as people and respect their needs, desires and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to students on their level.
11. DO use short supervised periods of 'time-out'.
12. DO stay consistent in our behavior management program.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the students.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity or otherwise verbally abuse students.
3. DO NOT shame or punish students when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting or sleeping.
6. DO NOT leave students alone.
7. DO NOT place students in locked rooms, closets or boxes as punishment.
8. DO NOT allow discipline of students by students.
9. DO NOT criticize, make fun of or otherwise belittle student's parents, families or ethnic groups.

I, the undersigned parent or guardian of \_\_\_\_\_

*Student's full name*

Do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Student's Enrollment: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

\_\_\_\_\_  
Date

\* Distribution: 1 copy to parent/guardian; signed copy in student's site file.

**CONTACT INFORMATION:**

**Cooperative Extension Office:**

**805 Cranberry Street**

**Newland, NC 28657**

**Phone: 733-8270**

**Fax Number: 733-8293**

**WAMY Community Action, Inc.**

**Family Resource Center**

**225 Birch Street, Suite 2**

**Boone, NC 28607**

**Phone: 264-2421**

**Fax: 264-0952**

I grant permission for my child: \_\_\_\_\_  
to participate in the Survivor: the Ultimate After School Program. I have read the letter  
about the Survivor Program located in the parent handbook and understand what this  
program offers my child.

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

Parent/Guardian Signature

Date

List any medical alerts or concerns:

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

Any other comments:

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