BIG FEET LIL FEET CULTURAL LIBRARY

YOUTH ENROLLMENT FORM

(872) 344-0022
Bigfeetlilfeet514@gmail.com
bigfeetlilfeet514.com

Participant & Parent/Guardian Information

ENROLLMENT DETAILS

Enrollment Date *

Start Date

School Year / Session

Participant ID (office use)

CHILD / YOUTH PARTICIPANT

First Name *

Middle Name

Last Name *

Preferred Name

Date of Birth *

Age

Grade

School

Home Address *

City *

ZIP Code *

PARENT / GUARDIAN 1

Full Name *

Relationship to Child *

Primary Phone *

Email Address *

Alternate Phone

Home Address *

PARENT / GUARDIAN 2 (OPTIONAL)

Full Name

Relationship to Child

Primary Phone

Email Address

Alternate Phone

Home Address

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Program Selection & Attendance

SELECT PROGRAM(S)

- ☐ Before School
- ☐ After School
- ☐ Tutoring & Academic Support
- ☐ Coding & Technology
- ☐ Cultural Library & Education
- ☐ Teen Development

IMPORTANT: Applications for programs other than Youth Enrollment must be completed in person.

REQUESTED SCHEDULE

Program hours: Monday-Friday - Morning 6:00-9:00 AM - Afternoon 2:30-6:00 PM

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Morning session
- ☐ Afternoon session
- ☐ Both sessions

Expected Arrival / Departure Times or Schedule Notes

SCHOOL & TRANSPORTATION

School Name

School Phone

Teacher / Homeroom

- ☐ Parent/guardian pickup
- ☐ Authorized to walk
- ☐ School/program transportation

Transportation Notes / Bus Route

LEARNING & SUPPORT INFORMATION

Child's Interests, Strengths, and Goals

Learning Supports, IEP/504, Accessibility Needs, or Helpful Strategies

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Emergency Contacts & Authorized Pickup

EMERGENCY CONTACT 1 (OTHER THAN PARENT/GUARDIAN)

Full Name * | **Relationship *** | **Primary Phone ***

Alternate Phone | Email Address | ☐ May pick up child

EMERGENCY CONTACT 2

Full Name | Relationship | Primary Phone

Alternate Phone | Email Address | ☐ May pick up child

EMERGENCY CONTACT 3

Full Name | Relationship | Primary Phone

Alternate Phone | Email Address | ☐ May pick up child

ADDITIONAL AUTHORIZED PICKUP PERSONS

Full Name | Relationship | Phone | ID Notes

Full Name | Relationship | Phone | ID Notes

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Health & Safety Information

HEALTH CARE INFORMATION

Physician / Clinic

Physician Phone

Insurance Provider (optional)

Allergies and Reaction / Response Plan

Current Medications or Medical Conditions (include instructions)

Dietary Restrictions, Behavioral/Sensory Supports, Mobility Needs, or Other Safety Information

EMERGENCY MEDICAL AUTHORIZATION

If I cannot be reached during an emergency, I authorize Big Feet Lil Feet Cultural Library staff to contact emergency services and obtain necessary emergency medical care for my child. I understand that I am responsible for related medical costs.

☐ I authorize emergency medical care as described above.

SAFETY NOTICE: Notify staff of life-threatening allergies or emergency medications before attendance.

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Permissions, Consent & Signatures

PHOTO / VIDEO PERMISSION

I authorize Big Feet Lil Feet Cultural Library to photograph or record my child for internal program documentation, newsletters, and printed promotional materials. A child's full name will not be used without separate permission.

☐ Yes, I give permission ☐ No, I do not give permission

SOCIAL MEDIA CONSENT

I authorize Big Feet Lil Feet Cultural Library to post photographs or videos of my child on the organization's official social media accounts and website. I understand that social media posts may be viewed, shared, or saved by the public. A child's full name will not be posted without separate written permission.

☐ Yes, I give permission to post my child ☐ No, do not post my child

TECHNOLOGY & INTERNET USE

I authorize supervised use of computers, educational software, and filtered internet resources as part of program activities, subject to program rules.

☐ Yes, I give permission ☐ No, I do not give permission

ACKNOWLEDGMENT

I certify that the information in this form is complete and accurate. I agree to update the program promptly if contact, pickup, custody, health, or emergency information changes. I understand that Youth Enrollment is not complete until required documents are reviewed and accepted. Applications for other programs must be completed in person.

☐ I have read and agree to the acknowledgment above.

PARENT / GUARDIAN SIGNATURE

Printed Parent/Guardian Name *

Relationship to Child *

Date *

Handwritten Signature (if printed) *

Date *

OFFICE USE ONLY

☐ Form received ☐ Form reviewed ☐ Health plan received (if applicable)

Reviewed By

Review Date

Enrollment Status / Notes