



Laguna Madre Youth Center
190 Port Road
Port Isabel, TX 78578
Tel. 956.943.6310 – Fax 956.943.4331
www.lagunamadrekids.org

Program: _____
Year: _____
Posted? _____
Membership #: _____

**Laguna Madre Youth Center
is NOT a Licensed Day Care!**

Child's Information:

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth (MM/DD/YYYY): ____/____/____ Age: ____ Gender: Male / Female

Street Address: _____ City: _____ State: ____ Zip: _____

Ethnicity: African American / Asian / Hispanic / White / Other _____

School Attending: Garriga Elem. / Derry Elem. / PI Jr. High / PI High School

Grade Level: K / 1st / 2nd / 3rd / 4th / 5th / 6th / 7th / 8th / 9th / 10th / 11th / 12th

Parent/Guardian Information:

Mother's Name: _____ Email: _____

Occupation: _____ Name of Workplace: _____

Phone Number: _____ Work Phone Number: _____

Father's Name: _____ Email: _____

Occupation: _____ Name of Workplace: _____

Phone Number: _____ Work Phone Number: _____

Marital Status: Single / Married / Divorced / Widowed

Head of Household: Father / Mother

Yearly Family Income: __ \$0 to \$10,000 __ \$10,001 to \$20,000 __ \$20,001 to \$30,000

__ \$30,001 to \$40,000 __ \$40,001 to \$50,000 __ \$50,001 and up

Yearly Family Income information is for grant purposes. The above information is optional, but needed for statistical purposes to receive funding, statistical information, and program grant funds. This information will be confidential and in no way affect involvement in our programs.

Emergency Contact: _____ Relationship: _____ Phone Number _____

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Contact Authorized to Pick Up Child: _____ Phone Number _____

Contact Authorized to Pick Up Child: _____ Phone Number _____

Child's Medical Information:

Child's Doctor: _____ Phone Number: _____

Preferred Hospital or Clinic: _____ Medical Insurance? Yes / No

Insurance Company: _____ Insurance Provider: _____

Medical Problems? _____

Allergies? _____

Medications? _____

Parent Consent and Release

I understand that *Laguna Madre Youth Center* has an open-campus policy that is in effect at all times. I further understand that the *Laguna Madre Youth Center* is **NOT** responsible for the time or manner in which my child (or ward) may arrive at or leave the facility.

I understand and agree that my child (or ward) must be picked up by closing time or a fee will be charged that must be paid before my child (or ward) can return to the Center. The charge for late pick-up is \$5.00 per 15 minutes, per child. The child(ren) may **NOT** return to the *Laguna Madre Youth Center* until the amount has been paid or arrangements have been made. No refunds granted under any circumstances. I give permission for the Center to administer occasional anonymous surveys to my child (or ward) for purposes of better understanding the needs of my child (or ward) and the impact of the Center on my child (or ward).

I give permission for the Center to make and retain copies of my child's (or ward's) report cards and/or progress reports or to be given access to PIISD records pertaining to my child (or ward) for grant related purposes and to better understand the academic needs of my child (or ward) and to better assist him/her in his/her educational pursuits. I understand that the copies made of report cards and/or progress reports will remain confidential and will only be viewed by *Laguna Madre Youth Center* staff.

I, also grant permission to managing personnel or other representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should a participant become ill or injured while participating in activities away from home, or at any other times when neither available to grant authorization for emergency treatment.

Parent's Signature: _____ Date: ____/____/____

Member's Signature: _____ Date: ____/____/____

___ I do

___ I do **NOT**

Give permission to the *Laguna Madre Youth Center* to take pictures and/or videos of my child(ren) and share them at the Center and social media.

Attach: Parent and Member Handbook. Please sign and return to the office.