

Application fee: \$ \_\_\_\_\_  
 Deposit: \$ \_\_\_\_\_  
 T-shirt \$ \_\_\_\_\_  
 Check \_\_\_\_\_  
 Cash app \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Date paid: \_\_\_\_\_  
 Amount paid \_\_\_\_\_  
 Early bird special \$ \_\_\_\_\_



*Great things will come from within!*  
 Serving the community for 60 years  
 1964-2024

**SUMMER SESSIONS:**  
 My child(ren) will attend the following session(s):  
 Full Summer (both sessions)  
 Session I---June 3 - 28, 2024  
 Session II---July 8-26, 2024  
**CLOSED WEEK OF JULY 1 - 5**

## 2024 SUMMER MEMBERSHIP APPLICATION

(AGES 6 – 14 or grades 1-9) **\$25 (non-refundable) application fee**

**NOTE: Applying does not guarantee acceptance into the program. Parents will be notified if their child is accepted.**

Child's Name \_\_\_\_\_  
                                 First    Middle    Last  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female  
 New member       Current member;       Renewing/former member

Home Address: \_\_\_\_\_  
                                 Street & Apt. #    City    St    Zip  
 2024/25 School/City & State: \_\_\_\_\_ ; 2024/25 Grade: \_\_\_\_\_

Please select child's race/ethnicity:  Black;  White;  Bi-racial;  Hispanic/Latino;  Native American;  
 Asian;  Middle eastern;  Other (please specify) \_\_\_\_\_  
 Parent(s) or legal guardian or foster parent(s): \_\_\_\_\_  
 Child lives with mother  father  both parents  legal guardian  ; foster parent Name \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ ; Home : \_\_\_\_\_ ; Work: \_\_\_\_\_  
 Parent Workplace: \_\_\_\_\_ Job title: \_\_\_\_\_  
 Email: \_\_\_\_\_ ; Facebook: \_\_\_\_\_  
 Name of caseworker (if applicable) : Name \_\_\_\_\_ ; Cell # \_\_\_\_\_

Emergency Contacts: These individuals should also be authorized to pick child up if needed.  
 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ ; \_\_\_\_\_  
 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ ; \_\_\_\_\_

#####  
**Household Information: This data will also be used to help determine eligibility for scholarship assistance when available. Income documents are required to determine eligibility.**

| Household Income                | Household Size        | Parent's Education Level                       |
|---------------------------------|-----------------------|--|
| _____ under \$10,000;           | _____ ; _____         | _____ highest grade comp; _____ GED            |
| _____ \$10,000 - \$25,000;      | _____ , _____ ; _____ | _____ some college; _____ 2-year degree        |
| _____ \$26,000- \$35,000;       | _____ , _____ ; _____ | _____ Bachelor's degree; _____ Master's degree |
| _____ \$36,000- \$45,000+ _____ | _____ , _____ ; _____ |  |

www.hawkhoustonyec.org-----email: hawkhoustonyec@gmail.com  
 P.O. Box 891, 329 Chickasaw St., Dothan, AL 36302, (334)792-4618

Please check all that applies. Family receives: Food stamps \_\_\_; TANF \_\_\_; Free/reduced Lunch \_\_\_.  
SS Disability \_\_\_; child support \_\_\_.

Family: \_\_\_ Rents; \_\_\_ lives in public housing or section 8; \_\_\_ homeowner; \_\_\_ other \_\_\_\_\_

#####

**The following questions must be completely and truthfully answered. Please check all that apply. *Prescription medicines must be given by parents or designee, and prior to coming each day as needed.* DO NOT discontinue prescribed medications (i.e. ADHD) during program. Please ensure child is aware of his/her food or insect allergies and inform staff. As of now, our staff are not trained or certified to effectively work with special needs children (e.g., autistic) so, we are unable to accept special needs children at this time.**

Name & Phone # of child's pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider (i.e., BC/BS/All Kids/Medicaid) \_\_\_\_\_

In case of an emergency, HHYEC must have written consent to seek medical treatment for your child.

\_\_\_\_\_ I authorize administration of basic first aid/CPR or to seek medical treatment for my child. I understand this may include emergency transportation, x-rays, or surgery in some circumstances. I also agree to assume responsibility for any/all charges associated with this or any other treatment given to my child.

\_\_\_\_\_ I do not give HHYEC permission to seek medical treatment for my child.

**Medical Illness/Condition**

\_\_\_\_\_ Applicant is up to date on all required age-related immunizations: \_\_\_ Yes; \_\_\_ No

- |   |                                    |
|---|------------------------------------|
| _____ ADHD/ADD                          | _____ Vision or hearing impaired   |
| _____ Autism                            | _____ Anxiety/depression           |
| _____ Asthma/Bronchitis                 | _____ Kidney disease               |
| _____ Diabetes                          | _____ Nose bleeds                  |
| _____ Seizures/Epilepsy                 | _____ Migraine headaches           |
| _____ Allergies/sinusus (i.e.. Peanuts) | _____ Other (please specify) _____ |

\_\_\_\_\_ Heart condition/disease (please specify) \_\_\_\_\_

\_\_\_\_\_ Special diet (ex. no pork/dairy/chocolate/nuts) \_\_\_\_\_

\_\_\_\_\_ Permission to give child over-the-counter medications: \_\_\_ aspirin/ibuprofen; \_\_\_ Pepto bismol; \_\_\_ cough medicine; \_\_\_ eye drops; \_\_\_\_\_

**General Release Waiver/Acknowledgment & Consent. Please initial.**

\_\_\_\_\_ **Media & Social Media Release.** Media coverage of the Hawk-Houston Youth Enrichment Center, its programs and youth participants, is necessary to promote public awareness and support of the Center. This coverage will include the use of photographs, articles, videos, brochures, social media, and television appearances, etc. Do not give permission if child is in DHR custody unless permission granted by DHR.

\_\_\_\_\_ Permission granted; \_\_\_\_\_ Permission denied (explanation optional); \_\_\_\_\_ DHR permission granted: \_\_\_\_\_

\_\_\_\_\_ My child is a **walker** and does not require pickup by me or a designee. I understand that he/she may be dismissed earlier due to inclement weather warnings or other unforeseen circumstances.

\_\_\_\_\_ My child is a **non-walker** and will be picked up by me or a designee. I understand and accept that he/she must be picked up ON TIME. Late pickup fee is \$1 per minute and subject to suspension and



authorities will be called when thirty minutes late. I will call when someone other than myself or a designee will pick him/her up and they will be required to show a photo ID.

I understand and agree that Hawk-Houston Youth Enrichment Center shall not be responsible or legally liable for any injury to my child or myself to include but not limited to personal injury, disability or death, illness, damage, claim, liability, loss of personal property or any expense(s) that may he/she/I may experience or incur on any property of the Hawk-Houston Youth Enrichment Center, or in connection with any programs and services and activities held on or offsite. On behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless Hawk-Houston Youth Enrichment Center, its employees, volunteers, agents, and representatives, of and from Claims, including all liabilities, claims, damages, actions and costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release also includes any claims based on negligence, actions and omissions of its employees, volunteers, directors, representatives and agents.

I certify that all information in this application is true and complete to the best of my knowledge. I have not withheld information that would be harmful to the Hawk-Houston Youth Enrichment Center, its staff, volunteers, youth members, visitors or others.

\_\_\_\_\_  
Parent/legal guardian's signature & Date

\_\_\_\_\_  
Executive director's signature & Date

#####

**FOR OFFICE USE ONLY**

Date received \_\_\_\_\_

Accepted: \_\_\_\_\_ Yes; Start Date: \_\_\_\_\_; \_\_\_\_\_ Not accepted  
(reason) \_\_\_\_\_

\_\_\_\_\_ Full pay; \_\_\_\_\_ Payment plan (\$ \_\_\_\_\_ weekly}; \_\_\_\_\_ Partial scholarship; \_\_\_\_\_ Full scholarship  
\_\_\_\_\_ Sponsor: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Executive director's or designee signature & date:

**MEMBERS & PARENTS RULES OF CONDUCT & POLICIES:**

[www.hawkhoustonyec.org](http://www.hawkhoustonyec.org)-----email: [hawkhoustonyec@gmail.com](mailto:hawkhoustonyec@gmail.com)  
P.O. Box 891, 329 Chickasaw St., Dothan, AL 36302, (334)792-4618

The Hawk-Houston Youth Enrichment Center (HHYEC) has established the following **rules of conduct and participation policies** for all members to follow and for parents to adhere to as well. Failure to follow these rules of conduct and participation policies may result in suspension or expulsion.

### **GENERAL RULES:**

- 1. EVERYONE entering and/or leaving building must have temperature checked.**
- 2. ANYONE WITH A TEMPERATURE of 100.3 Degrees or above must leave or not enter building.**
- 3. ALL Members MUST SIGN IN & OUT** daily and will also be checked in and out on the computer by a staff member.
- 4. All members must observe and follow any** social distancing guidelines until they are amended or no longer required. Failure to do so may result in termination from program.
- 5. Members MUST NOT** engage in any negative or anti-social behavior directed toward a staff, volunteer, or another youth. Unacceptable conduct and behavior include fighting, bullying, hitting, cursing, screaming, stealing, inappropriate touching and/or comments, or defiance. Such conduct and behavior may be cause for temporary or permanent termination from program.
- 6. Members CAN NOT** bring any weapons of any type to include knife, gun, razor, sharp objects, ammunition, gang-related apparel, alcohol, tobacco products, or illegal drugs or paraphernalia on site or to any offsite activities.
- 7. Members CAN NOT** bring personal items such as cell phones (unless instructed by staff), smart watches, video games, or large amount of money (\$10 and \$20), etc. **The HHYEC is not responsible for any lost or stolen money or banned items.**
- 8. Members MUST ASK and GET** permission from staff person before leaving program area and **MUST REMAIN WITH ASSIGNED GROUP FOR ALL ACTIVITIES.**

### **BEHAVIOR & DISCIPLINE POLICIES:**

- 9. Level I (non-threatening):** Any unruly behavior or refusal to follow instructions after 2 warnings by staff, member will be verbally warned and/or written up by staff and may be placed in a time-out for 30 minutes to 2 hours.
- 10. Level II (threatening):** **SEE RULES #5 & 6.** Suspension will range from 1- 30 days or longer. Parent must pick child up as soon as possible and suspension will be discussed with him/her.

### **DRESS CODE POLICY**

- 11. Members MUST WEAR** sneakers or soft-bottom closed-toed shoes daily! For safety reasons, flip flops, sandals, cleats, or bare feet are **NOT ALLOWED**. This may not apply to certain field trips.
- 12. Members CAN NOT WEAR** sagging pants, shorts above mid-thigh, low-cut tops that show cleavage, sheer or see-through clothing, or undershirts as tops, etc.
- 13. Personal hygiene is VERY IMPORTANT AND A MUST** for all members, to include: clean clothes, no body odor, and groomed hair.

### **SICKNESS POLICY:**



**14. DO NOT BRING OR SEND SICK CHILD** with a fever, persistent cough, runny nose, diarrhea, vomiting, etc. Sick member will not be allowed to return until he/she is well. In some cases, a doctor's note may be required.

**ATTENDANCE/PICK UP & DROP OFF POLICIES:**

**15. ATTENDANCE IS NOT MANDATORY.** However, **NO FEES** will be refunded if child stops attending. **THERE IS NO REFUND** if child is suspended or expelled from HHYEC. If child is absent after third day, parents will be called to inquire about future attendance plans.

**16. DO NOT DROP member off before** HHYEC OPENS!

**17. Member MUST BE PICKED UP ON TIME!** Late fees apply after 5 minutes and will result in suspension from program after **3<sup>rd</sup> late pickup.**

**18. All members under 12** must be signed in and out by a parent or designee.

**19. Parents! park in Designated parking spaces and come inside. Do not blow your horn.**

**ACCIDENT & INJURY POLICY:**

**20. IF your child is seriously injured** in any way, a staff member will check to determine the severity of the accident or injury and determine if any treatment is needed. Depending on the severity of the injury, parent will be notified, and accident and injury report completed, and copy given to parent. If necessary, paramedics will also be called, and child transported to closest hospital. Every attempt will be made to contact you and/or other emergency contacts.

**21. PLEASE KEEP CONTACT INFORMATION UP TO DATE. Please notify HHYEC of any change in contact information (i.e., address, phone #) immediately.**

**SEVERE WEATHER WARNING POLICY:**

**22. ANY CLOSINGS OR DELAYS--you will receive a text message; it will also be posted on our Facebook page, and/or on local TV stations. IF a warning is issued before opening—DO NOT BRING CHILD UNTIL warning is lifted. IF WARNING IS ISSUED DURING OPERATING HOURS CHILD MUST BE PICKED UP** right away. If not, HHYEC will **SHELTER IN PLACE** according to the guidelines of the Dothan Houston County E.M. A.

I have read and understand and agree to follow HHYEC Rules of Conduct & Participation Policies:

Parent's signature & Date: \_\_\_\_\_

Child's signature & Date: \_\_\_\_\_