



Laguna Madre Youth Center
190 Port Rd, Port Isabel, TX
Tel. 956.943.6310

Program/Year: _____
Membership #: _____
\$ Amt/Rec. #: _____
Date/Initials: _____

**The Laguna Madre Youth Center is NOT a licensed Day Care
Children MUST be 6+**

After-School Hours: 9:00 AM to 5:00 PM

Summer Hours: 8:00 AM to 5:00 PM

MEMBERSHIP FORM

Child's Information:

_____	_____	_____
First Name	Middle Name	Last Name
_____	_____	_____
Date of Birth (MM/DD/YYYY)	Age	M / F Gender
_____	_____	_____
Street Address	City, State	Zip Code
_____	_____	_____
Mailing Address	City, State	Zip Code
_____	_____	_____
Ethnicity	School Attending	Grade

Parent/Guardian and APU Information:

_____	_____	_____
(Mother) First Name	(Mother) Last Name	(Mother) Phone Number
_____	_____	_____
(Mother) Name of Workplace	(Mother) Occupation	(Mother) Work Phone Number
_____	_____	_____
(Father) First Name	(Father) Last Name	(Father) Phone Number
_____	_____	_____
(Father) Name of Workplace	(Father) Occupation	(Father) Work Phone Number
_____	_____	_____
(Emergency/Authorized to Pick Up Contact #1) Name		(Contact #1) Phone Number
_____		_____
(Emergency/Authorized to Pick Up Contact #2) Name		(Contact #2) Phone Number

***If you have additional contacts, you may ask a staff member for an additional contacts form**

Child's Medical Information:

_____ Child's Clinic/Doctor	_____ Clinic/Doctor's Phone Number
_____ Preferred Hospital	Yes _____ No _____ Does your child have medical insurance?
_____ Insurance Company and/or Insurance Provider	_____ Does your child have allergies?
_____ Does your child have medical problems?	_____ Does your child take any medications?

PARENT CONSENT AND RELEASE

***Please initial each line**

I give permission to the *Laguna Madre Youth Center* to take pictures and/or videos of my child (or ward) and share them at the *Laguna Madre Youth Center*, on social media, newspapers, etc.

_____ I give permission _____ I do NOT give permission

I understand that the *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 _____ I do NOT understand

I understand that my child (or ward) must be picked up by closing time (**5:00 PM**) or a fee will be charged that must be paid before my child (or ward) can return to the *Laguna Madre Youth Center*. The late pick up fee is **\$5.00 per 15 minutes, per child**. Your child (or ward) 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 understand _____ I do NOT understand

I give permission for the *Laguna Madre Youth Center* to make and retain copies of my child's (or ward's) progress report/report cards or to be given access to PIISD records pertaining to my child (or ward) for grant related purposes. This is to better understand the academic needs of your child (or ward) and to better assist him/her in his/her educational pursuits.

_____ I give permission _____ I do NOT give permission

I understand that the copies made of progress report/report cards will remain confidential and will only be viewed by *Laguna Madre Youth Center* staff.

_____ I understand _____ I do NOT understand

I give permission to managing personnel (or other representatives) to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should my child (or ward) 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.

_____ I give permission _____ I do NOT give permission

★ I understand that my child (or ward) has to give the *Laguna Madre Youth Center* personnel their electronic devices (such as a phone or tablet) as soon as they enter the facility. This is to prevent distractions while doing homework or program-related lessons and activities. If you need to contact your child (or ward), you may call the *Laguna Madre Youth Center* and ask to speak with them.

_____ I understand _____ I do NOT understand

★ I understand that the *Laguna Madre Youth Center* is **NOT responsible for any lost, damaged, or stolen belongings** that were brought into the *Laguna Madre Youth Center* by my child (or ward).

_____ I understand _____ I do NOT understand

★ I have reviewed the *Parent/Member Handbook* with *Laguna Madre Youth Center* personnel and understand the information (statements, rules, and policies) provided in it. I understand that a copy will be provided to me upon request.

_____ I have reviewed the *Handbook* _____ I have NOT reviewed the *Handbook*

Signature of Parent/Guardian

Date

Signature of Member

Date