

Youth Go's Open Doors Program Sign Up Form for 2018-2019

To assist with the addition of monthly in-service days and parent teacher conference days in the Neenah School District, Youth Go created the Open Doors Program. Please fill out both sides of this form and we ask that there is a form filled out for each child who will be attending.

Important to remember:

*This will be the 4th year of this program and we may need to make adjustments throughout the school year depending on attendance. We will do our best to communicate with parents when and if any changes are made.

*Our plan is to serve meals (breakfast, lunch and a snack on no-school days and lunch, a snack, and dinner on early release days). We will also provide guided recreation time, offer crafts, and watch movies.

*This service is only for youth in grades 5-12.

*We ask that all youth are signed up by Monday before each Professional Learning Day or Early Release Day (ex: sign up by 9/24/18 for the Professional Learning Day on 9/28/18)

* **Please note, Youth Go will NOT be able to offer this program on 10/26.**

No-School Days

Youth Go will be open from 8am-6pm:

No School Days	Check the dates you'll attend	Approximate arrival time
Friday, September 28 th		
Tuesday, November 6 th		
Wednesday, November 21 st		
Friday, December 21 st		
Monday, January 21 st		
Monday, February 18 th		
Friday, February 22 nd		
Monday, April 22 nd		
Friday, May 24 th		

Early Release Days

Youth Go will provide transportation from Horace Mann, Shattuck and NHS and the center will be open from 12pm-8pm:

Early Release Days	Check the dates you'll attend	Need a ride? List your school
Thursday, October 25 th		
Friday, November 2 nd		
Friday, January 18 th		
Thursday, February 21 st		
Friday, March 22 nd		
Wednesday, June 5 th		

Youth Go's Open Doors Program Permission Slip for 2018-2019

This form will enable your child to participate in the Open Doors Program. It is our policy to contact parents in case of an emergency and the information you provide will help us to reach you quickly. The medical authorization will prevent delay of treatment for your child in the event that you cannot be reached in an emergency. We use the emergency facilities of Theda Clark Regional Medical Center.

***I give my permission for _____ to participate in the Open Doors Program, and receive transportation through Youth Go. I will not hold Youth-Go, Inc., staff members or any of its representatives liable for any accident or injury. I understand that if my son/daughter violates any of the rules outlined above, I will be informed and expected to make any arrangements necessary for his/her immediate return home.

Does your child have any food allergies? _____

Special health problems: _____

Insurance Company _____ Policy #'s _____

Family Physician _____ Phone _____

If a parent cannot be reached, please contact:

Name _____ Phone _____

I hereby authorize the treatment, administration of anesthesia and surgical treatment(s) for my minor child, _____, (Name of Child), in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital and both physician and nursing personnel within the hospital as well as any physician where treatment is rendered in the physician's office.

_____	_____	_____
Date	Signature of Parent or Guardian	Cell/Home Phone Number

		Work Phone Number