

ECYEC-After School "Matters" Program  
REGISTRATION FORM  
(803)-215-9758 or (803) 624-0684 or (803)-480-9790  
admin@ecyouthempowerment.org  
website: ecyouthempowerment.org

**\$15 Non-Refundable Registration Fee**

Dear Parents,

Thank you for your interest in the After School "Matters" Program. Please fill out this application form completely.

PARTICIPANT INFORMATION: Please type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Student's Age: \_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

(Include area code with telephone numbers)

\*\*\*\*\*Please note if any of the above information changes, please notify ECYEC immediately.

Parent/Guardian Information

Parent Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Day Phone: \_\_\_\_\_ Father's Day Phone: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Person Authorized to Pick Up Child: \_\_\_\_\_

Other Dismissal Arrangements \_\_\_\_\_

Emergency Contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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Medical Problems Medication/Allergies:

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Please note: The Afterschool: "Matters" Program does not administer medication.

**Payments: Tuition can be paid via Zelle at 803-624-0684 or Apple Pay at 803-624-0684. Alternatively, payments can be made on our website in the "After School Matters" section at [www.ecyouthempowerment.org](http://www.ecyouthempowerment.org).**

Or

Make the check payable to Edgefield County Youth Empowerment Center

**\$ 40 per week per child**

**Late Fees: \$ 5.00 per day if payments are not paid on Monday.**

**I understand that payments are due on Mondays. Please note that we do not offer make-up sessions or refunds for any missed days, regardless of the reason.**

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**PICK UP TIMES**

Pick up time:

- 5:30PM
- A \$1 fee will be charged for every minute late after a (6) minute courtesy wait.

REQUIRES PARENT'S SIGNATURE:

If emergency medical care is necessary and I cannot be reached, I authorize the Edgefield County Youth Empowerment Center to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

Parent/Legal Guardian Signature Date: \_\_\_\_\_

The undersigned hereby releases and forever discharges Edgefield County Youth Empowerment Center, their officers, vendors, agents, and employees, from all claims and demands, rights and causes of action of any kind the undersigned now has and hereafter may have an account of or in any way arising from personal injuries known or unknown to the undersigned at the present time and property damage resulting or that results from any occurrence which may happen during Edgefield County Youth Empowerment Center After School Program.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

I hereby voluntary and without compensation authorize the Edgefield County Youth Empowerment Center to produce photographs, movies, videotapes, audiotapes, and Power Point Presentations of the below named student. This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education or program promotion.

I understand that this grant of permission shall only be revoked by a written instrument delivered to the Executive Director of the Edgefield County Youth Empowerment Center. This consent shall remain in effect, unless revoked.

\_\_\_\_\_ Name of Parent/Legal Guardian, Date: \_\_\_\_\_

\_\_\_\_\_ Signature of Parent/Legal Guardian, Date: \_\_\_\_\_

I have read and understood the After school "Matters" Program Policies.

Parent's Name: \_\_\_\_\_

Parent's Signature: Date: \_\_\_\_\_

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SITE COORDINATOR USE ONLY

Date application was received \_\_\_ / \_\_\_ / \_\_\_

Registration Fee: Yes No

First day of enrollment \_\_\_ / \_\_\_ / \_\_\_

Coordinator's Initial: \_\_\_\_\_

Note: \_\_\_\_\_

*"This institution is an equal opportunity provider"*