



YFT Therapeutic Spring Enrichment Program

START Application 2018

March 26- March 30, 2018 8:00am to 5:00pm Must pick up child by 5:00pm. After care fees are \$20 per 30 min. you are late to pick up your child

For Information Contact:
Dr. Wonhee Kang
wkang@yftva.com
571-393-8125

Check which applies:

___ Currently receiving TDT Services at _____ Elementary School

___ Not receiving TDT services but attend _____ Elementary School

- **Limited enrollment, early registration is recommended.**
- **Includes Breakfast, Lunch, and Snack**

Last Name _____ First Name _____ M.I. _____

Address _____ City _____ Zip Code _____

Home Phone _____ School _____ Rising (Grade) _____

Date of Birth _____ SSN _____

Parent/Guardian: Last Name _____ First Name _____

Daytime Telephone Number _____ Cell Phone Number _____

E-mail Address _____

Emergency Contact other than parent/guardian:

Last Name _____ First Name _____

Relationship to the Student _____ Contact Phone _____

Gender: Male or Female **Race:** African-American White Hispanic Asian Other _____

Insurance Information

Primary Insurance: _____ Policy Holders Name: _____
Insurance ID # _____ Group # _____

Secondary Insurance _____ Policy Holder's Name: _____
Insurance ID # _____ Group # _____

Household Income: Less than \$10,000/ \$10,000-\$15,000 \$15,000-\$20,000 \$20,000-\$25,000
 \$25,000-\$30,000 \$30,000-\$40,000 Above \$40,000

Do you receive any government assistance? Yes No

How many people reside in your household? 2 3 4 5 6 7 8 9 10 11 12

Is your household a single parent household? Yes No

Does your child currently receive any counseling services or behavior support services? Yes No

If yes, please provide name of counselor/agency: _____

YFT SPRING START Therapeutic Day Treatment (TDT) Program

PARENT OR GUARDIAN AGREEMENT & AUTHORIZATION

I, as parent or guardian understand YFT and YFT Spring Arts Plus program takes reasonable precautions to insure the program and activities at YFT Spring Arts Plus are conducted by qualified personnel in a safe and responsible manner. However, I further understand these activities involve certain risks which include, but are not limited to, field trips, fitness activities, swimming and hiking. I, the undersigned parent or guardian of the camper, individually and on behalf of the camper, recognize these risks and agree to assume these risks by attending or allowing the camper to attend YFT Spring Arts Plus and participate in these programs.

I hereby give my child permission to participate in programs at the YFT Spring Arts Plus and agree YFT nor are its partners responsible for any injury the applicant may receive while in attendance in the program. The YFT Spring Arts Plus is not responsible for any injury or mishap that could occur should something happen to my child during their walk/drive to or from YFT Spring Arts Plus program or home unsupervised. I also hereby give YFT Spring Arts Plus Staff permission to review academic progress and disciplinary actions at my child's school.

Parent Signature _____ Date _____

MEDICATION INFORMATION:

If your child requires any of the following medications, you **MUST** provide written permission for our medically certified staff to administer these medications or your child will not be able to attend the camp.

- a. Epi-Pen
- b. Breathing machines
- c. Any prescription medications
- d. Inhalers

MEDICATION: (Written parental permission is required, in case of any adverse reactions. Sign below for this permission.) I give permission for YFT staff certified medical technicians to administer medications when necessary and will meet with the YFT nurse to discuss doctors' orders for medication management.

Parent Signature for Administering Medications

Return application to: Dr. Wonhee Kang via either:
Email- wkang@yftva.com
Mail- 11835 Hazel Circle Dr. Bristow, VA 20136
or Fax- 703-361-4335