

**The Penquis Young Entrepreneurs' Society**  
**After-school program**  
**Application**

**(Parent's/Guardian's, please complete this piece of the application.)**

Child's name \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_

Transportation to and from the program:

\_\_\_\_\_  
\_\_\_\_\_

Days your child would be attending the program (please circle)

Tuesdays                  Thursdays                  or Both

3-5:30pm                  3-5:30pm

How did you hear about Y.E.S.?

\_\_\_\_\_

Describe your child's temperament.

\_\_\_\_\_

Will your child need individual support or one on one support? If yes, please describe.

\_\_\_\_\_

What do you envision your child gaining from the program?

\_\_\_\_\_

\_\_\_\_\_

**The Young Entrepreneurs' Society**  
**After-School Program**  
**Application**

**(Participant, please complete this piece of the application)**

1. Do you participate in any other after school activities? If "yes", please list below. (Please include sports, clubs, or groups either at school or outside of school)

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2. What do you like to do after school?

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3. Are you supervised after school? If so, by who?

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4. What computer programs have you worked with before? Please circle all that apply.

Microsoft Word  
Microsoft Publisher  
Microsoft Excel

If you have used other computer programs not listed above please write them in the space below.

**The Penquis Young Entrepreneurs' Society (YES)**  
**50 North Street ~ Dover-Foxcroft, Maine 04426 ~ Tel:(207) 564-7116**

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ age \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Person(s) allowed to pick up my child: \_\_\_\_\_

**EMERGENCY CONTACT**

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

(someone who can assume temporary care of your child if we cannot reach you)

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL CONDITIONS**

Medications that may need to be taken during the session

\_\_\_\_\_  
Allergies \_\_\_\_\_

**Rules of The Penquis Young Entrepreneurs' Society**

- 1) Treat each other and the group with respect.
- 2) Absolutely NO threatening others! No hitting, no pushing, no swearing, no yelling and no throwing things.
- 3) Follow all instructions given by the program advisors. If you have questions or concerns about the instructions you can discuss it with advisors.
- 4) Electronic Devices are not to be used during business activities. You may use them during snack time or free time.
- 5) Participate in all program activities or other accepted activity (homework, reading, drawing, writing, etc.)

**DISCIPLINE POLICY**

- 1.) Verbal warning
- 2.) Call to parent/guardian
- 3.) Student asked to leave for the day
- 4.) If behavior continues, dismissal from the program.

\*Students may be asked to leave the program immediately if it is determined that their behavior represents a threat to themselves or others.\*

**I have read and understand the Rules and Discipline Policy**

\_\_\_\_ (parent/guardian's initials) \_\_\_\_ (student's initials)

**OPEN/CLOSED DOOR POLICY**

\_\_\_\_ Closed Door Policy: After arrival at the YES program, student will remain unless picked up by a parent/guardian.

\_\_\_\_ Open Door Policy: Student may arrive and depart from YES as they choose, however, student must sign in and out. Penquis and staff of the YES program will not be responsible for my child once they leave the grounds.

PENQUIS YOUNG ENTRPRENEURS' SOCIETY  
Authorization for Emergency Transportation and Medical Treatment  
RELEASE FORM

I, \_\_\_\_\_, authorize the Penquis YES program and  
PENQUIS to seek medical support for my child \_\_\_\_\_  
in the event that I am unavailable.

This authorization includes any type of transportation that is necessary in  
providing the appropriate medical attention to my child. I will not hold  
Penquis, YES, or their officials responsible for any injury resulting from  
transportation. I understand that YES program staff will notify me, the  
parent/guardian, of any injury to my child as soon as possible. I understand  
that emergency transportation can include an ambulance for any serious  
injury, which would be provided by Mayo Regional Hospital or the nearest  
medical facility.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **The Penquis Young Entrepreneurs' Society** **Photograph Release Form**

The Young Entrepreneurs' Society and Penquis have permission to photograph my child while participating in various activities throughout the program. I also give permission for Penquis staff to use my child's photograph and my child's name for informational purposes related to The Young Entrepreneurs' Society and Penquis. Such informational purposes may include, but are not limited to, newspaper articles, progress reports to our funding sources, reports to Penquis Board of Directors or reports to other community partners. I understand Penquis will give me, as the parent/guardian of this child, access to see the pictures that have been taken.

I, \_\_\_\_\_, give permission for Penquis to photograph my child, \_\_\_\_\_, and use my child's name and photograph for the purposes stated above.

Parent/Guardian signature: \_\_\_\_\_

Participant: \_\_\_\_\_

Date: \_\_\_\_\_

**The Penquis Young Entrepreneurs' Society  
Academic and Behavioral Release**

I, \_\_\_\_\_, understand that The Penquis Young  
(parent/guardian's name)  
Entrepreneurs' Society is funded by the Department of Health and Human  
Services and as part of the funding it is required to gather certain  
information, including the attendance and academic performance of my child.

I understand that Penquis Advisors pass this information on as numbers  
through a database, so my child's personal information will remain  
anonymous.

I hereby give permission for \_\_\_\_\_ to release to  
(child's school)  
Penquis records pertaining to \_\_\_\_\_ academic performance  
(child's name)  
and attendance at school while enrolled in the after-school program,  
The Penquis Young Entrepreneurs' Society. I further give permission  
for the teachers, guidance counselors, and administrators at  
\_\_\_\_\_ to speak with Penquis regarding my child's  
(child's school)  
academic performance and provide copies of my child's report card.

Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

Penquis Young Entrepreneurs' Society  
Field Trip Permission Slip

The Penquis Young Entrepreneurs' Society will be participating in a variety of different activities throughout the year including some that may require us to leave the premises of Penquis. Penquis will provide transportation to and from the premises of Penquis for these activities by renting a van/bus and driver through Rowell's Garage, Dover-Foxcroft. I understand that YES advisors will notify me, the parent/guardian, in advance of any upcoming field trips.

I, \_\_\_\_\_, give permission for my child,  
\_\_\_\_\_, to participate in The Penquis Young Entrepreneurs' Society (YES), an after-school program of Penquis C.A.P., Inc. and to take part in any YES sponsored meetings, activities, and field trips. I will not hold Penquis, YES, or their officials or employees responsible for any injury to my child resulting from transportation to and from, or participation in, YES, or from anything that happens in conjunction with the YES program. I understand that I will be informed in advance of any YES activities requiring transportation. In the event of a medical emergency, I authorize the YES program and Penquis CAP to obtain medical treatment for my child until I can be notified.

Participant's name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_