HBM Youth & Nutrition Program

POWERED BY HEALING THE BREACH MINISTRIES

ENROLLMENT APPLICATION

This application should be completed by the parent or legal guardian before a child begins attending the program. Please print clearly and keep all contact, medical, emergency, and pickup information current.

1. PROGRAM SELECTION

- ☐ Before-care: 6:00 AM - 8:00 AM
- ☐ Aftercare: 3:00 PM - 6:00 PM
- ☐ Both before-care and aftercare

Requested Start Date _____ **School / Grade** _____

2. CHILD INFORMATION

Child's Full Name _____ **Date of Birth** _____ **Age** _____

Home Address _____

City / State / ZIP _____ **Primary Language** _____

Special notes about the child, if any

3. PARENT / GUARDIAN INFORMATION

Parent/Guardian 1 Full Name _____ **Relationship to Child** _____

Phone Number _____ **Email Address** _____

Parent/Guardian 2 Full Name _____ **Relationship to Child** _____

Phone Number _____ **Email Address** _____

4. EMERGENCY CONTACTS

List at least one emergency contact who may be contacted if the parent/guardian cannot be reached.

Emergency Contact 1 Name _____ **Relationship** _____ **Phone Number** _____

Emergency Contact 2 Name _____ **Relationship** _____ **Phone Number** _____

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5. AUTHORIZED PICKUP LIST

Children will only be released to the parent/guardian or authorized adults listed below. A valid photo ID may be required before a child is released.

Authorized Pickup 1 Name _____ **Relationship** _____ **Phone Number** _____

Authorized Pickup 2 Name _____ **Relationship** _____ **Phone Number** _____

Authorized Pickup 3 Name _____ **Relationship** _____ **Phone Number** _____

Persons NOT Authorized to Pick Up Child, if applicable

_____

6. MEDICAL, ALLERGY, AND DIETARY INFORMATION

☐ No known allergies
☐ Food allergies
☐ Medication allergies
☐ Medical condition / special care need

Please list allergies, dietary restrictions, medical needs, or special instructions

Child's Physician / Clinic _____ **Phone Number** _____

Preferred Hospital / Emergency Facility

_____

7. TWC / FINANCIAL ASSISTANCE

Please select one option. Final payment, TWC/CCS, PSOC, attendance recording, and related financial requirements are covered in the Financial Agreement.

☐ Yes, I am interested in TWC / CCS financial assistance
☐ No, I will be paying out of pocket
☐ Not sure yet / Please provide more information

8. MEDIA AND PHOTO PERMISSION

HBM Youth & Nutrition Program may take photos or videos during program activities for documentation, newsletters, website updates, reports, social media, or promotional purposes.

☐ I give permission for my child to be photographed/videoed for approved program use.
☐ I do not give permission for my child to be photographed/videoed for public promotional use.

9. PARENT / GUARDIAN ACKNOWLEDGEMENT

I confirm that the information provided is accurate. I understand that I am responsible for keeping the program updated about changes to contact, pickup, emergency, allergy, medical, and financial information.

Parent/Guardian Printed Name _____ **Signature** _____ **Date** _____

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PARENT ENROLLMENT PACKET

Program Policies and Parent Information

Program Location: DFW Family Church
1710 W. Airport Freeway
Irving, TX 75062

1. PROGRAM OVERVIEW

Welcome to the HBM Youth & Nutrition Program, powered by Healing the Breach Ministries. The program is designed to provide children and youth with a safe, supportive, and structured environment before and after school.

The program serves children ages 5-18 and supports families through before-care, aftercare, nutrition, enrichment, mentorship, and positive youth development.

2. PROGRAM HOURS

Before-care: 6:00 AM - 8:00 AM
Aftercare: 3:00 PM - 6:00 PM

Parents and guardians are expected to pick up their child on time. Any late pickup fees or financial policies are outlined in the Financial Agreement.

3. ENROLLMENT INFORMATION

Parents and guardians are required to provide accurate enrollment information before the child begins the program. This includes parent/guardian name, email address, phone number, child name and age, emergency contact information, authorized pickup information, medical or allergy information, and TWC financial assistance interest, if applicable.

Parents and guardians are responsible for keeping all contact, emergency, and pickup information current.

4. ATTENDANCE EXPECTATIONS

Regular attendance helps the program properly plan for meals, supervision, activities, and staffing. Parents and guardians should notify the program if their child will be absent or will not attend on a scheduled day.

For families receiving TWC/CCS assistance, parents and guardians are responsible for following all attendance recording requirements outlined in the Financial Agreement.

5. DROP-OFF AND PICK-UP POLICY

For the safety of every child, children may only be released to a parent, guardian, or authorized adult listed on the child's enrollment information.

Authorized adults may be required to present a valid photo ID before a child is released. HBM Youth & Nutrition Program reserves the right to refuse release of a child to any person who is not listed as an authorized pickup person or who cannot provide proper identification.

Parents and guardians must notify the program in advance if someone new will be picking up the child. Children will not be released to unauthorized individuals.

6. MEALS, NUTRITION, AND FOOD ALLERGIES

HBM Youth & Nutrition Program may provide meals, snacks, or nutrition support as part of the program.

Parents and guardians must inform the program of any food allergies, dietary restrictions, medical food needs, or special instructions before the child begins attending. This includes allergies to items such as peanuts, dairy, eggs, seafood, gluten, or any other food-related concern.

If a child has a serious allergy or medical dietary need, parents and guardians may be asked to provide additional written instructions or medical documentation so the program can take proper precautions.

7. HEALTH AND SAFETY POLICY

Children should not attend the program if they are sick, have a contagious illness, or are unable to safely participate in regular activities.

If a child becomes sick or injured during the program, the parent or guardian will be contacted immediately. If the parent or guardian cannot be reached, the emergency contact listed on the child's enrollment information may be contacted.

In the case of a serious emergency, HBM Youth & Nutrition Program may contact emergency medical services. Parents and guardians are responsible for ensuring that all emergency contact information is accurate and current.

8. MEDICATION POLICY

Parents and guardians should notify the program if their child has any medical condition that may require attention during program hours.

Medication should not be sent with a child unless prior arrangements have been made with program staff. Any medication-related instructions must be provided clearly by the parent or guardian.

9. BEHAVIOR EXPECTATIONS

HBM Youth & Nutrition Program expects all children and youth to show respect toward staff, volunteers, other students, and program property.

Children are expected to:
- Follow staff instructions
- Use respectful language
- Keep hands, feet, and objects to themselves
- Participate safely in activities
- Respect program materials and shared spaces

The program will use positive guidance, redirection, and communication with parents and guardians when behavior concerns arise. If a child repeatedly displays unsafe, aggressive, or disruptive behavior, the program may request a parent meeting and may determine whether continued enrollment is appropriate.

10. PARENT COMMUNICATION

Parents and guardians are encouraged to communicate with program staff about any concerns, changes, or important updates related to their child.

The program may contact parents and guardians regarding attendance, behavior, health concerns, emergencies, forms, payments, or general program updates.

11. MEDIA AND PHOTO RELEASE

HBM Youth & Nutrition Program may take photos or videos during program activities for documentation, newsletters, website updates, social media, reports, or promotional purposes.

Parents and guardians will be given the opportunity to grant or decline permission for their child's photo or video to be used. No child's image will be intentionally used for public promotion without parent/guardian permission.

12. PARENT RESPONSIBILITIES

Parents and guardians agree to provide accurate enrollment information, keep contact and emergency information updated, inform the program of allergies or medical needs, pick up their child on time, follow all attendance and payment requirements, communicate respectfully with staff and volunteers, and review and follow all program policies.

13. REQUIRED FORMS AND DOCUMENTS

The following information may be required before enrollment is complete: parent/guardian contact information, child information, emergency contact information, authorized pickup list, food allergy or medical information, media/photo permission, and Financial Agreement/TWC/CCS information, if applicable.

14. ACKNOWLEDGEMENT

By enrolling a child in the HBM Youth & Nutrition Program, the parent or guardian agrees to follow the program policies and provide all required information needed to support the child's safety, participation, and well-being.

The Financial Agreement and TWC Policies should be reviewed and completed separately as part of the full enrollment process.