

**ADVENT PROGRAM:** ☐ HIGGINS ☐ TRUMAN/WORLEY ☐ COLLINS ☐ JOSEPH  
☐ 21<sup>st</sup> CCLC ☐ 21<sup>st</sup> CCLC Summer Camp PROGRAM YEAR: \_\_\_\_\_

Age\_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

APP# \*REGISTRATION FORM MUST BE COMPLETED BEFORE CHILD CAN ATTEND\*

Jefferson Youth Foundation, Inc.  
The Advent Program  
AUTHORIZATION FORM

	/	
Child's Name	Parent/Guardian Name	Grade

I hereby authorize *Jefferson Youth Foundation, Inc. and all its agents* to use my child's social security number **for documentation, tracking, and reporting purposes only** with its funding sources/organizations. **\*\*THIS IS MANDATORY\*\***

\_\_\_\_\_  
Parent/Guardian Signature

My child and I are participating in the Jefferson Youth Foundation's Advent Program, a 21<sup>st</sup> Community Learning Center from which I understand pictures and photographs may be produced and recorded for duplication and distribution throughout the state of Louisiana and the United States. I agree that ***Jefferson Youth Foundation, Inc. and all its agents*** may edit these photographs as desired and use them in whole or in part for commission and non-commission media purposes. I consent to publication of my and/or my child's photograph during activities while involved in any program/activity connected with Jefferson Youth Foundation's programs, and also consent to the use of my name, likeness voice, and biographical material about me in connection with program publicity and for institutional promotional purposes. I expressly release Jefferson Youth Foundation, Inc., its licensees and assignees from any privacy, defamation or other claims I may have arising out of broadcast, exhibition, publication or promotion of this program.

\_\_\_\_\_  
Parent/Guardian Signature

I hereby state that I or some other designated person will pick up my child at the scheduled dismissal time every day. If I continuously fail to pick up or drop off my child at the scheduled time(s), I understand that my child may be dropped from the program roll. I also understand that if I continuously pick up my child earlier than the dismissal time, creating a constant disruption to the flow of the program, my child may be dropped from the program roll.

\_\_\_\_\_  
Parent/Guardian Signature

My child has the following medical problems that may require special medication or treatment (physician's note must be attached).

\_\_\_\_\_

I hereby authorize ***Jefferson Youth Foundation, Inc. and all its agents*** to release my child to the following individuals in the event s/he is sick, I am late, or there is an emergency:

	/	
Name	Relation to child	Phone Number
	/	
Name	Relation to child	Phone Number
	/	
Name	Relation to child	Phone Number

**\*\*My child MAY NOT be released to the following person(s):**

	/	
Name	Relation to child	Phone Number

**ALL PARTS OF THIS APPLICATION MUST BE FILLED AND SIGNED!**