



Welcome to 4-H Friday Friends!

We are pleased to announce that 4-H Friday Friends is in its' 18th year! As always, our programming will be educational, and filled with fun hands-on activities. Student behavior is expected to be the same as at any school function. Disruptive students will be asked to leave, parents will be called to pick them up right away, and a discussion about continuing the program will follow. We expect all students to respect the staff, volunteers, mentors, and fellow students.

Friday at Boundary County Middle School from 7:30 a.m. - 5:30 p.m.

<u>Dates: First Semester</u>	<u>Dates: Second Semester</u>
<ul style="list-style-type: none"> September 6, 13, 20, 27 October 4, 11, 18, 25 November 1, 8, 15, 22 December 6, 13, 20 January 10, 17, 24, 31 	<ul style="list-style-type: none"> February 7, 14, 21, 28 March 7, 14, 21 April 4, 11, 18, 25 May 2, 9, 16, 23, 30 June 6

ENROLMENT FEES		
School Year = \$500	Semester = \$255	Friday = \$15

4-H Friday Friends registration sliding scale.

An income statement can be obtained at Idaho Department of Labor, Bonners Ferry.

If your gross monthly income, from all sources, is...				
2 person household	\$1,703	\$2,129	\$2,555	\$2,980
3 person household	\$2,151	\$2,689	\$3,227	\$3,765
4 person household	\$2,600	\$3,250	\$3,900	\$4,550
5 person household	\$3,048	\$3,810	\$4,572	\$5,334
We may pay...	80%	60%	40%	20%
You would pay, per semester...	\$40 per child	\$ 80 per child	\$120 per child	\$160 per child

Monthly Income Thresholds by Sliding Fee Discount - We may pay the percentage listed in the last row
Please make checks payable to: **Boundary County 4-H ASA**

Morning and afternoon SNACK'S PROVIDED - Children MUST BRING THEIR OWN SACK LUNCH.

In case of severe weather, the 4-H Friday Friends program may be cancelled. If school was cancelled the Thursday before afterschool, 4-H Friday Friends will also be cancelled. Parents will be notified as soon as possible of any cancellation due to weather.

If you or someone you know would like to volunteer on Friday, please contact the Extension Office. We encourage positive community involvement, so please share your ideas. If you have questions or would like to register, please call the Boundary County Extension Office at (208)267-3235 or visit our website at: <http://www.uidaho.edu/boundary>. **THANK YOU!**

4-H Friday Friends – Enrollment Form, 2024-2025

Today's Date: _____

1. Student Information

NAME: _____
LAST FIRST MIDDLE

Grade: _____ Date of Birth: _____

Please share any information you think will help us keep your child safe and happy:

Allergies/Food:

Chronic Illness or Medication:

2. Parent/Guardian Information

Name: _____

Address: _____

Cell Phone: _____

Work/Home Phone: _____

Name: _____

Address: _____

Cell Phone: _____

Work/Home Phone: _____

3. Student Drop-off and Pick-up Instructions

Custody Information: Not Applicable Mother Father Joint Other (Please explain below and, if applicable, provide a copy of the custody agreement):

Additional Custody Information (restraining order, specification of days for joint custody, etc.):

Please list persons with phone numbers, to whom you give permission to pick-up your child from the program. *Your child will NOT be allowed to leave the facility with any additional person(s) unless written authorization from the parent is specifically given in advance.*

Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____

4. Emergency Contact Information

In the event of an emergency, please list two people we may contact who know your child and can take full responsibility of your child, should you not be available.

1. Name/Relationship: _____
Phone Number: _____

2. Name/Relationship: _____
Phone Number: _____

5. Permission for Medical Treatment

In case of a medical emergency, 911 may be called.

Your child's physician: _____

Phone: _____ Medical Insurance: _____

Policy Number: _____ Medicaid Number: _____

Allergies or other Medical Limitations or special needs:

Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedures required by the physician or hospital to be used in emergencies should be verified in advance.

In case of an accident or emergency, I authorize a 4-H Friday Friends staff member to call 911 and get the needed treatment and measures as are deemed necessary for the safety and protection of my child at my expense. Yes No

6. Parent/Guardian Consent for Photographs and Internet Use

I give my consent to 4-H Friday Friends to photograph/video tape/audio tape my child and to use such pictures and/or stories in connection with any of their work without consideration of compensation of any kind, for articles, marketing purposes and for presentations and I do release the 4-H Friday Friends from any claims whatsoever which may arise in said regards. **Yes** **No**

I give my consent to the 4-H Friday Friends to allow my child to use the internet under the supervision of the 4-H Friday Friends staff. **Yes** **No**

7. Parent/Guardian Consent to Rules and Regulations

Students will participate in all scheduled activities. Staff will follow established afterschool discipline procedures. Students deemed inappropriate for the 4-H Friday Friends, based on behavior, will not be allowed to attend. **Yes** **No**

8. Sign In/Sign Out

4-H Friday Friends runs from 7:30 AM to 5:30 PM, **parents whose children remain after 5:30 PM must pay an overtime fee at the following rates: \$5 for the first 15 minutes and \$10 for each 15 minutes thereafter.** Any overtime fee must be paid before the student is permitted to return to the 4-H Friday Friends program. I understand that 4-H Friday Friends is a closed campus. Students will not be permitted to leave the premises without being signed out by an authorized adult. I will notify the site staff of any departure changes. **Yes** **No**

9. Parent/Guardian Consent to Participate in the 4-H Friday Friends Program

I give my consent for my child to attend 4-H Friday Friends and participate in its activities. I also understand and accept that volunteers, including other parents, college students, high school students and members of the community will assist in the program. **Yes** **No**

I have read the above form and my signature below demonstrates that I have provided my consent for my child to participate in 4-H Friday Friends under the terms described above.

Parent/Legal Guardian Signature _____ Date _____

The University of Idaho does not discriminate in educational or employment on the basis of human differences as required by state and federal laws.

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