Youth Enrichment Program
24823 Soto Rd, Hayward, CA 94544 T 510.723.3857

YEP Student Drop-Off Form

I give my student _____, permission to sign themselves into the AM program. My student is 10 years or older.

Student Name: _____ Birthdate: _____

I have carefully read this agreement waiver and release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Hayward Unified School District, and I sign it of my own. _____ (initial)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date:_____