**2016 – 2017 YouthQuest Program Registration Form**

**A form must be completed for each child by parent / legal guardian in Blue or Black Ink**

***Program space is limited. Registration is on a first come, first served basis. Once enrollment is full, a waiting list will be created.***

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| **Student****Last Name** | **MI** | **Student** **First Name** | **Shirt****Size** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Birth / /** | **Age**  | **Gender (F or M)** | **Grade** | **Homeroom Teacher:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Address** | **Eligible for Free/Reduced Lunch****(Y/N):** | **City** | **Zip** **Code** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian Name:**  |  | **Other Parent Name:**  |  |
| **Primary Phone Number ( ) -** | **Phone Number: ( ) -** |
| **Alternate Phone Number ( ) -** | **Can Pick Child up? (Y / N) Lives with child (Y / N)** |
| **Siblings Attending YouthQuest/Grade: 1. 2. 3.** |

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| --- |
| **Additional Emergency Contact(s) (Able to pick up child)** |
| **Name** | **Cell Phone** | **Work Phone** | **Relationship** |
| **Name** | **Cell Phone** | **Work Phone** | **Relationship** |

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| --- |
| **My child may NOT be released to the following individual(s):** |
|  |
| **Medical Concerns, Allergies, Medications, Dietary or Other Special Needs:**  | **Please check any that apply:**  |
|  |  Enrolled in Special Education ADD/ADHD Autism/Asperger Syndrome Anger Issues/ODD Cognitive Impairment (CI) Dietary concerns Food Allergies (explain) Dyslexia/Dyscalculia Emotional Impairment (EI) Speech/language Other concerns:   |
| **Race/Ethnicity (check all that apply:** |
|  Hispanic / Latino American Indian/Native Alaskan Arabic/Middle Eastern Black or African American  White Other |
| **Yes** | **No** | **Parent / Legal Guardian Consent** |
|  |  | Is your child’s medical form updated and on file with the school? |
|  |  | Do you give YouthQuest permission to access your child’s student records? |
|  |  | May the YouthQuest staff perform general first aid if necessary? Please check if you allow: \_\_\_Bug Spray \_\_\_Sun Screen  |
|  |  | Does your child have any **EMERGENCY MEDICATION** at the school we should be aware of? If yes, please list: |
|  |  | Are there activities your child should **NOT** participate in? If yes, please list: |
|  |  | Do you give permission for your child to attend YouthQuest field trips via bus transportation? (Permission Slip for all Trips) |
|  |  | May the YouthQuest program photograph, videotape, and/or interview your child for promotion with the understanding this may be used in various media outlets? |
|  |  | Do you give YouthQuest permission to use the photo, voice, or picture of your child in social media? (Facebook, Twitter, and Website) \_\_\_ Please check if NO pictures are allowed. |

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Yes** | **No** | **Parent / Legal Guardian Consent** |
|  |  | My child is in good health and free from communicable disease. |
|  |  | My child is up to date on their immunizations and a copy of their immunization record is on file with the school. |
|  |  | I have received a copy of the parent hand book. |
|  |  | I am aware there is a licensing notebook available for me to see at the school. |

**YouthQuest Behavioral Expectations**

It is the goal of YouthQuest to provide both a physically and emotionally safe environment for all program participants. With this in mind, please review the following behavioral expectations with your student and have him/her sign.

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| --- |
| 1. I agree to abide by the Student Code of Conduct and to participate in activities provided by YouthQuest.
2. I will sign in and remain in the designated areas to attend the YouthQuest program until released at the proper time. I will NOT leave the building without staff permission.
3. I will attend the YouthQuest program on a regular basis, at least 3 days per week. I understand that my eligibility for field trips and special events will depend on consistent and regular attendance and that behavior issues may prevent my participation, both during the YouthQuest program and school-day program.
4. I will report to the after school program on time. If late I will provide a signed excuse from a parent, teacher, or school administrator.
5. After school program is a time to build skills and have a good time with friends and staff. I agree to be supportive and respectful to my fellow students and staff and I will not verbally harass (blaze) or physically threaten anyone. I will not maliciously destroy any property.
6. I agree to follow the dress code in the after school program. (No hats in building, coats worn during classes, no sagging, inappropriate clothing, exposed underwear or excessive skin showing, etc.)
7. I understand that failure to abide by these rules may result in consequences up to and including dismissal from the YouthQuest after school program.

**Consequences****First Offense** – Verbal warning; documented in student’s YouthQuest file. **Second Offense** – Consultation with parent(s) / legal guardian arranged to discuss behavior. A written warning and behavior action plan will be signed by student and parent(s) / legal guardian(s) in order to remain in the program.**Third Offense** – Suspension / dismissal from program for a period of time (determined by the nature of the offense).\*\*\***HOWEVER, THIS ORDER OF ACTION MAY CHANGE DEPENDING ON THE SEVERITY OF THE BEHAVIOR\*\*\***Behaviors that will result in the immediate dismissal from the program include, but are not limited to: physical assault or threat of assault, possession of weapons, drugs, or alcohol; or other behaviors that put your student or others (including staff) at risk.**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Student signature required for grades 4-12th.*** |

I hereby certify that by completing and signing this form, it is with my full knowledge and consent that my child may participate in the YouthQuest program. I understand that YouthQuest may use ethnic background and data supplied on the district meal application for their records, and that my child’s teachers may share attendance and grade information for evaluation purposes. Health information on file with the school may be released in order to secure emergency medical treatment. I will attend parent/family events and communicate with staff as necessary to address my child’s needs.

**Signature of Parent or Legal Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*YouthQuest is an after school initiative operated by the Flint & Genesee Chamber of Commerce through the generosity of the Charles Stewart Mott Foundation and others. For more information on YouthQuest, please visit* [*www.yquest.org*](http://www.yquest.org) *or call (810) 600-1422.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Office Use:** | **Date Registration Received: / /** | **#:** | **Date Registration Entered: / /**  |

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***Parent Copy***