**A form must be completed for each child by parent / legal guardian in BLUE or BLACK ink**

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

***.***

|  |  |  |
| --- | --- | --- |
| **Student Last Name** | **MI** | **Student First Name** |
|  |  |  |
| **Date of Birth** | **Age** | **Gender** | **Grade** | **Free/Reduced Lunch** |
|  **/ /**  |  | **F or M** |  | Eligible: Yes No |
| **Address** | **Apt. #** | **Zip Code** | **City** | **School** |
|  |  |  |  |  |

|  |
| --- |
| **Parent/Legal Guardian Contact Information** |
| **Name:**  | **Relationship:** |
| **Primary Phone: ( ) -** | **Alternate Phone: ( ) -** |
| * **Sign me up for the monthly eNewsletter**
 | **Email:** |
| **Name:**  | **Relationship:** |
| **Primary Phone: ( ) -** | **Alternate Phone: ( ) -** |
| * **Sign me up for the monthly eNewsletter**
 | **Email:** |

|  |
| --- |
| **Additional Emergency Contact(s) (Allowed to pick up child)** |
| **Name:** | **Name:** |
| **Cell Phone:** | **Cell Phone:** |
| **Work Phone:** | **Work Phone:** |
| **Relationship:** | **Relationship:** |
| **Siblings registered for YouthQuest:** |
|  |
| **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
* Autism/Asperger Syndrome
* Cognitive Impairment (CI)
* Food Allergies (explain)
* Emotional Impairment (EI)
* ADD/ADHD
* Anger Issues/ODD
* Dietary concerns
* Dyslexia/Dyscalculia
* Speech/language
* Other concerns (explain)
 |
|  |
|  |
|  |
| **Race/Ethnicity (check all that apply:** |
| * Hispanic / Latino
* Arabic / Middle Eastern
* Black / African American
* White
* American Indian / Native Alaskan
* Other:
 |
| **Transportation (Circle One)** |
|  Bus or Pickup |
| **Yes** | **No** | **Parent / Legal Guardian Consent** |
|  |  | Does your child have any **EMERGENCY MEDICATION** at the school? If yes, please list: |
|  |  | Do you give permission for your child to attend field trips via bus transportation? (Permission slip for all trips) |
|  |  | Are there activities your child should **NOT** participate in? If yes, please list: |
|  |  | May the programs photograph, record, videotape, and/or interview your child for promotion with the understanding this may be used in various media outlets (e.g., Facebook, Twitter, website, advertisements)? |

|  |  |  |
| --- | --- | --- |
| **00Yes** | **No** | **Parent / Legal Guardian Consent (Continued)** |
|  |  | May the staff perform general first aid if necessary? Please check if you allow: \_\_\_Bug Spray \_\_\_Sun Screen  |
|  |  | Is your child’s medical form updated and on file with the school? |
|  |  | Do you give the program permission to access your child’s student records? |
|  |  | Are there activities your child should **NOT** participate in? If yes, please list: |
|  |  | 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. |

**Behavioral Expectations**

It is the goal of summer programs 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.

|  |
| --- |
| 1. I agree to abide by the Student Code of Conduct and to participate in activities provided by the programs.
2. I will sign in and remain in the designated areas to attend the programs until released at the proper time. I will NOT leave the building without staff permission.
3. I will attend the 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 program and school-day program.
4. I will report to the program on time. If late I will provide a signed excuse from a parent, teacher, or school administrator.
5. The 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 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 programs.

**Consequences****First Offense** – Verbal warning; documented in student’s 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 Summer Programs. I understand that the programs 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Parent Copy***