



Bentley YouthQuest Registration Form



Available for grades K-8 at Barhitte Elementary School and Bentley Middle School for \$35.00 per week.

Program runs M-Th at Barhitte Elementary, 2:45-6:30 pm for middle school and 3:30-6:30 pm for elementary. Transportation provided for students living in-district.

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		Shirt Size
Date of Birth	Age	Gender	Grade	Free/Reduced Lunch	
/ /		F or M		Eligible: Yes No	
Address		Apt. #	Zip Code	City	Homeroom Teacher

Parent/Legal Guardian Contact Information	
Name:	Relationship:
Primary Phone: () -	Alternate Phone: () -
<input type="checkbox"/> Sign me up for the monthly eNewsletter Email: _____	
Name:	Relationship:
Primary Phone: () -	Alternate Phone: () -
<input type="checkbox"/> 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:	
	<input type="checkbox"/> Enrolled in Special Education	
	<input type="checkbox"/> Autism/Asperger Syndrome	
	<input type="checkbox"/> Cognitive Impairment (CI)	
	<input type="checkbox"/> Food Allergies (explain)	
	<input type="checkbox"/> Emotional Impairment (EI)	
	<input type="checkbox"/> ADD/ADHD	
Race/Ethnicity (check all that apply):	<input type="checkbox"/> Anger Issues/ODD	
<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Dietary concerns	
<input type="checkbox"/> Arabic / Middle Eastern	<input type="checkbox"/> Dyslexia/Dyscalculia	
<input type="checkbox"/> Black / African American	<input type="checkbox"/> Speech/language	
<input type="checkbox"/> White	<input type="checkbox"/> Other concerns (explain)	
<input type="checkbox"/> American Indian / Native Alaskan		
<input type="checkbox"/> Other: _____		
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)?



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Yes	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?
		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 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.

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 YouthQuest Program. 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:** _____

YouthQuest Registration Form

Parent Copy

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