



2019 SUMMER REGISTRATION FORM

Newport School District
After-School Program
PO Box 70
1380 W. 5th Street
Newport, WA 99156
509.447.2481 ext. 6501
<http://www.newport.wednet.edu/domain/31>

For Staff Use

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STUDENT INFORMATION

Student's Name: _____ Student ID#: _____
Address: _____ City: _____ Zip: _____
Mailing: _____ City: _____ Zip: _____
Grade (2019-20): _____ Age: _____ Birth Date: _____ Gender: M F

Does student qualify for free/reduced lunch program? Yes No

Which school/program does your student attend?

Stratton Elementary School Sadie Halstead Middle School Other: _____

PARENT INFORMATION

Parent/Guardian Name: _____
Home phone: _____ Work: _____ Cell: _____
Email address: _____

Parent/Guardian Name: _____
Home phone: _____ Work: _____ Cell: _____
Email address: _____

EMERGENCY INFORMATION

Emergency Contacts (other than parent/guardian)

Name: _____ Phone: _____ Relationship to student: _____
Name: _____ Phone: _____ Relationship to student: _____

MEDICAL CONCERNS AND/OR ALLERGIES

Does your child have any medical concerns and/or allergies we should be aware of? No Yes
If yes, please specify:

Prescriptions: _____

Family Doctor: _____ Telephone: _____

Dentist: _____ Telephone: _____

TRANSPORTATION INFORMATION

The District is providing modified busing services for students involved in the program. Students who miss the bus are responsible for making arrangements for transportation home. Parents/designated individuals picking up their students must do so NO LATER THAN 12:15 PM DURING THE SUMMER PROGRAM.

My student will use the following form(s) of transportation:

- Bus
- Walk home from program
- I will pick up my student
- My student will be picked up by _____

Person(s) NOT allowed to pick up student: _____

STUDENT AGREEMENT

I understand that participating in the Grizzly Discovery Center program is a privilege and a fun, safe place for me to spend time after school and/or during the summer. I will follow the school district and program's rules and expectations.

Student Name (print): _____ Grade: _____

Student Signature: _____ Date: _____

Newport School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) has been designated to handle questions and complaints of alleged discrimination:

Dave Smith (509.447.3167 x4500)

PARENTAL PERMISSIONS & CORRECTIVE BEHAVIOR ACKNOWLEDGMENT

I, _____ (parent/guardian name), give permission for my student _____ to participate in the Grizzly Discovery Center (GDC) 21st Community Learning Center Program. I understand that the GDC will track the services my child receives and report data to state and national offices without using my child's name. In addition, my child's academic progress, attendance and behavior will be tracked and monitored to ensure my child is progressing and meeting goals.

Please initial the following items:

_____ I understand it is imperative for the safety of my child to immediately notify Vickie Blanchet or Carlie Arreola if there is a change in any of the following:

- My contact information
- Residence
- My child's health and/or allergies
- Individuals who may or may not pick-up or have contact with my child
- Parenting plan/custody changes.

_____ I give permission for my student to be photographed/videotaped for the purpose of marketing, presentations, program materials (including website), training and for GDC activities. I also give permission to share with School's Out Washington photos and videos of my student(s) participating in activities that SOWA has funded. Photos will be used for promotional and educational purposes.

_____ It is expected that all students will follow school rules during this afterschool program. Students will be given verbal warnings and lose privileges if discipline problems occur. Corrective behavior steps will be taken in accordance with the Grizzly Discovery Center Family Handbook and/or in accordance with Newport School District's policies. **I have read and agree to the Grizzly Discovery Center's Family Handbook.**

Parent/Guardian Name (print): _____

Parent/Guardian signature: _____ Date: _____

FAMILY INVOLVEMENT

We are excited to offer families many opportunities to be involved this summer.

BOOKS, STEM & LUNCH: Through a partnership with Page Ahead, all *Feed Your Brain* grantees will receive four free, new books per participating child. Each Friday morning at 8:15 AM, we would like to invite families to join their student(s) for about an hour as they choose their books, read the story of the day, and engage in a 4-H activity. You are welcome to start the day with a free breakfast with your student between 7:45-8:15 AM. So that we can estimate how many adult breakfasts will be needed, **please let us know if you'll be attending our Breakfast Books Fridays by writing the number of adults before the days you'll be with us.**

_____ July 12th _____ July 19th _____ July 26th _____ August 2nd

SHOWCASE EXTRAVAGANZA: To cap off our summer program, we will be hosting a Family Showcase Day from 5:00-7:00 PM on Thursday, August 1, 2019, at Stratton Elementary School. Come see what your student has done during the summer, enjoy 4-H activities, and receive a Summer Learning Gap Prevention packet for August. Dinner will be served for all participating.

How many from your family (including your student) will be attending? _____

FIELD TRIP PERMISSIONS

STUDENT NAME: _____

My child _____ has my permission to go on local field trips. I do hereby authorize required medical treatment or hospitalization for any accident or illness while under the supervision of the Newport School District. The attending physician and/or hospital are authorized to give the necessary treatment information as may be needed to complete any insurance claims.

List everything your child is allergic to:

List all medications that your child needs to take with him/her on the field trip:

Medication		Medication	
Dose		Dose	
Time to be Administered		Time to be Administered	

Parent/Guardian Signature

Date

Home Phone

Phone # where parent may be reached in emergency

Student's Home Address