

<h2><u>Summer QUEST - 2023</u></h2> <h3>Registration Form</h3> <p>Monday-Friday, 6:00 am - 6:00 pm June 1- August 23, 2023 Cost: \$125.00 per week Registration/Activity Fee : \$25.00 per enrollment</p>	<p>(For Staff Use Only)</p> <p>Non-Refundable Registration Fee</p> <p>Paid: \$ _____, Date: _____</p> <p>Child's Name:</p> <p>_____</p>
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Summer QUEST will be offered at six (6) of our Catawba County Schools QUEST sites. Please review the list and choose the site that will best fit your needs for summer care.

Select your QUEST site (check only one):

<input type="checkbox"/> Blackburn QUEST	<input type="checkbox"/> Catawba QUEST	<input type="checkbox"/> Lyle Creek QUEST	<input type="checkbox"/> Snow Creek QUEST
<input type="checkbox"/> St. Stephens Elementary QUEST	<input type="checkbox"/> Startown QUEST		

Select the week you will attend Summer QUEST 2023:

NOTE: You can choose only the weeks you plan to attend; however, you will be charged for the weeks you sign up for:

<input type="checkbox"/> June 1-2	<input type="checkbox"/> June 26-30	<input type="checkbox"/> July 31-August 4
<input type="checkbox"/> June 5-9	<input type="checkbox"/> July 10-14	<input type="checkbox"/> August 7-11
<input type="checkbox"/> June 12-16	<input type="checkbox"/> July 17-21	<input type="checkbox"/> August 14-18
<input type="checkbox"/> June 19-23	<input type="checkbox"/> July 24-28	<input type="checkbox"/> August 21-23; CLOSED Thurs. and Fri.
<p>CCS Summer Reading Camp Option: June 12-29; Closed July 3-7</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Before School (\$24.00 per week)</p> <p><input type="checkbox"/> After School (\$36.00 per week)</p> <p><input type="checkbox"/> Friday Care (\$25.00 per day)</p>		

NOTE:

Summer QUEST will be closed May 29, 30, 31, July 3-7, and August 24-25 for holidays and transition time. Please plan accordingly.

Are you an employee of Catawba County Schools? YES _____ NO _____

If yes, What is your position? _____ At what school? _____

Are you a _____ classified _____ or _____ certified _____ employee? (please circle one)

Child to Enroll:

Name	Age	Date of Birth	Sex
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*Other siblings enrolled in QUEST (including other schools): _____
 (Separate registration form is required for each child)

Is your child a current student of Catawba County Schools? YES _____ NO _____

If yes, what school does your child currently attend? _____

Parents / Guardians responsible for the child listed above:

(1) Name	Relationship to the child	Cell Phone #
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Address	City	Zip Code	Home Phone #
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Parent Email	Employer	Work Phone #
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(2) Name	Relationship to the child	Cell Phone #
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Address	City	Zip Code	Home Phone #
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Parent Email	Employer	Work Phone #
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Authorized Pick-Up and Emergency Contacts:

* If parents cannot be reached, the facility has permission to contact the people you authorize.

Authorized Pick-Up or
Emergency Contact

	Name	Relationship to Child	Phone #	Pick-Up	Emerg.
1.					
2					
3					
4.					

Do you give permission for photographs of your child to be publicized? Yes _____ No _____

Do you give permission for your child to have access to the internet? Yes _____ No _____

HEALTH CARE NEEDS: For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? _____ YES _____ NO

List any allergies and the symptoms and type of response required for allergic reactions:

List any health care needs or concerns, symptoms of, and the type of response for these health care needs or concerns:

List any particular fears or unique behavior characteristics the child has:

List any types of medication taken for health care needs:

Share any other information that has a direct bearing on assuring safe medical treatment for your child:

EMERGENCY MEDICAL CARE INFORMATION:

Name of Health Care Professional: _____ Phone: _____

Hospital / Emergency Room Preference: _____ Phone: _____

HEALTH CARE INFORMATION: Health insurance coverage (a family / individual plan or school accident insurance) is required for enrollment in the QUEST program. Catawba County Schools and QUEST programs will not be responsible for expenses related to any accident / incident.

Name of Provider

Date:

EMERGENCY MEDICAL RELEASE: If emergency medical care is deemed necessary and I cannot be reached, I hereby authorize QUEST staff to call 911 services if necessary. My child may also leave with the people noted above for medical care.

Signature of Parent / Guardian

Date:

FIELD TRIP / PLAYGROUND PERMISSION:

I give permission for my child, _____, to leave the school site to attend field trips and/or aquatic activities arranged by the QUEST Program Coordinator. Students will travel only in approved Catawba County Schools Activity / Yellow Buses. Parents will be notified prior to all field trips. In addition, I give my permission for my child to play on school grounds outside the fenced area when properly supervised by QUEST staff. ** You will be given a calendar of Summer QUEST events / trips **

 Signature of Parent / Guardian

 Date:
PARENT HANDBOOK, NC LAWS & RULES, LATE PAYMENT AND EXPECTATIONS INFORMATION:

I have received, read, and acknowledged the QUEST Parent Handbook including Discipline Policies, Fees and Payment Policies, Late Pick-Up Policies, the NC Child Care Laws and Rules, and the Parent Participation Plan.

 Signature of Parent / Guardian

 Date:

NOTIFICATION OF SMOKING AND TOBACCO RESTRICTION: I understand all forms of smoking and tobacco use and/or products including: vapes, e-cigarettes, pipes, cigarettes, etc. are prohibited on school grounds and QUEST sites.

 Signature of Parent / Guardian

 Date:
DISCIPLINE POLICY AND PROCEDURES:

I have read and understand the Discipline Policy and Procedures for the QUEST Program. Additionally, notice has been given that if any changes are made to these policies and/or procedures - parents will be given a 2-week notice before implementation.

 Signature of Parent / Guardian

 Date:
FOR OFFICE USE ONLY:

<i>Date / Application Received:</i>	
<i>Date / Application Recorded on Enrollment Count Spreadsheet:</i>	
<i>Date / Application Copied and Sent to Full Day Site Coordinator:</i>	
<i>Date / Application / Information Updated/Entered in ProCare:</i>	
<i>Signature of Program Coordinator:</i>	

SWIMMING PERMISSION SLIP

Dear Parents,

In order for your child to participate in swimming and water activities at _____, we must have your permission. Please complete this form and return it to your QUEST Program Coordinator by _____.

☐

I **give** permission for my child to participate in swimming and pool activities while attending _____ with QUEST.

☐

I **do not** give permission for my child to participate in swimming and pool activities while attending _____ with QUEST.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

My child's swimming ability is designated as: (check one)

	Must wear a life jacket : <u>Parent</u> <u>MUST provide life jacket</u>
	Beginner
	Advanced beginner
	Intermediate
	Advanced
	Swim team
	Lifeguard



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Child Development
and Early Education

Nutrition Opt Out Form

Child Care Rules .0901(d) and .1706(c) state:

When children bring their own food for meals and snacks to the program, if the food does not meet the nutritional requirements specified in Paragraph (a) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the operator as set forth in G.S. 110-91(2) h.1. A statement acknowledging the parental decision to opt out of the supplemental food provided by the operator signed by the child's parent or guardian shall be on file at the facility. Opting out means that the operator will not provide any food or drink so long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the program's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the program shall provide supplemental food and drink as if the child's parent or guardian had not opted out of the supplemental food program.

I _____ plan to provide all meals, snacks and
(Parent/Guardian Print Name)
drinks for my child and do not want his/her meals, snacks or drinks
supplemented to meet the Meal Patterns for Children in Child Care Programs
from the United States Department of Agriculture (USDA), which are based on
the recommended nutrient intake judged by the National Research Council to be
adequate for maintaining good nutrition.

Since I opted out, if I do not provide all the meals, snacks or drinks for my child, I
understand that the program will provide supplemental food and drink.

Parent/Guardian Signature

Date

QUEST MOVIE RELEASE FORM

Dear Parents,

Throughout the summer, there will be opportunities for our students to watch a movie. Some of the movies we will be watching will be PG. The movies will be used to enhance our lesson plans or tie an educational concept to something our students can relate to.

Please complete and return this form if your child may participate in these group activities/field trips.

Thank you,

_____ I give permission for my student, _____, to
participate in watching PG movie, _____,
on _____.

Date

Title of Movie

_____ I do not give permission for my student to participate in any PG movies that may be viewed.

Parent's Signature

Date

*Alternate activities will be provided to any student who chooses not to participate in the movie viewing

Permission to Administer Topical Ointment/Lotion/Powder

PROVIDED by QUEST

Authorization must be provided for staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder.

Item(s) must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.

Child's Name: _____

Name of Ointment: **Equate Sport Sunscreen Lotion, Broad Spectrum SPF 50**

Amount: quarter-sized

From: 06 / 01 / 23 To: 08 / 23 / 23

Apply to:

☐ all exposed skin

☐ face only

☐ other (specify) _____

(We cannot accept "as needed" - you must be specific)

I give permission to my child care provider to apply the medication listed above as instructed.

Parent/Guardian Signature

Date

QUEST will provide Equate Sport Sunscreen Lotion - SPF 50 - pictured to the right. You can view the active and inactive ingredients online. Parents are welcome to provide their own sunscreen of choice. Please see Site Program Coordinator for correct form if providing your own sunscreen.

