

May 30 - August 20, 2024

Summer 2024 Enrollment Form

QUEST

(For Staff Use Only)

Non-refundable
Registration Fee
\$25.00

Paid: \$ _____

Date: _____

Child: _____ Age: _____ Sex: _____

Date of Birth: _____

Shirt size: **YS YM YL AS**
(circle one)

Payment Information (Non-Refundable Registration Fee \$30.00 Required)

Private Pay DSS Voucher Catawba County Schools Employee, Role: _____
 Classified Employee Certified Employee

Siblings at QUEST: Names: _____

Yes No

Custody Arrangements Yes No

Separate registration forms required

Documents **MUST** be on file with QUEST

Weekly Contract Information

May 30-31 June 24-28 July 29- Aug. 2
 June 3-7 July 8-12 Aug. 5-9
 June 10-14 July 15-19 Aug. 12-16
 June 17-21 July 22-26 Aug. 19-20
Closed Wed-Fri

QUEST Summer Site:

Blackburn
 Catawba
 Lyle Creek
 Snow Creek
 St. Stephens
 Startown

Summer Learning Options

Before - \$28.00 /week
 After - \$40.00 /week
 Before and After - \$68.00 /week
 Full Day / Fridays - \$26.00 /day

Notes:

Contracted accounts are charged weekly regardless of attendance.

QUEST will be CLOSED July 1-5, accounts are not charged.

Parent / Guardian Information

1. Name: _____ Relationship: _____ Cell #: _____

Address: _____ City: _____ Zip Code: _____ Home #: _____

Email: _____ Employer: _____ Work #: _____

2. Name _____ Relationship: _____ Cell #: _____

Address: _____ City: _____ Zip Code: _____ Home #: _____

Email: _____ Employer: _____ Work #: _____

Authorized Pick Up and Emergency Contacts:

Name:	Relationship	Phone:	Pick Up	Emerg.
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Permissions:

Can Photographs be publicized?
 Yes No

Access to Internet?
 Yes No

Child: _____ Age: _____ Date of Birth: _____

Health Care Needs

Any child with health care needs such as allergies, asthma, or other chronic conditions must have a MEDICAL ACTION PLAN on file. The MEDICAL ACTION PLAN must be completed by the child's parent or health care professional.

Any Medical Condition listed below MUST have a Medical Action Plan.

(See Program Coordinator for appropriate forms)

Medical Action Plans attached:

Yes No

Allergies/ Medical Conditions:

List any allergies, symptoms, and the type of response required

Fears or Behavior Characteristics

List any fears or behavior characteristics and the type of response required

Medications

List any medications taken for health care needs

Emergency Care Medical Information

Doctor: _____ Phone: _____

Hospital: _____ Phone: _____
(Emergency Room)

Insurance Coverage

Health Insurance coverage is REQUIRED to attend QUEST. Catawba County Schools and QUEST will not be responsible for expenses related to any accident / incident.

Provider Name: _____

Emergency Medical Release Yes Parent Initials _____

If emergency medical care is deemed necessary and I cannot be reached, I hereby authorize QUEST staff to call 911. My child may also leave with the people noted as emergency contacts.

Field Trip / Playground Permission Yes Parent Initials _____

I give permission for my child to leave the school site to attend field trips / aquatic events and to play on school grounds outside the fenced area when properly supervised by QUEST staff. Students will travel in school activity buses and will follow the schedule / calendars provided.

Parent Handbook Yes Parent Initials _____

I have received, read and acknowledged the QUEST Parent Handbook including: Discipline Policies, Fees, Payment Policies, Late Pick-Up Policies, NC Child Care Law & Rules, and the Parent Participation Plan. Additionally, I understand parents will be given a 2-week notice prior to changes to the discipline policy / procedures.

Notification of Smoking and Tobacco Restriction Yes Parent Initials _____

I understand all forms of smoking, tobacco use and/or products including vapes, e-cigarettes, etc. are prohibited on school grounds and QUEST sites.

For Office Use Only:

App Rec'd:
Date _____

ProCare Updated:
Date _____

Sent to Full Day Site:
Date _____

PC Signature: _____

Parent Signature: _____ Date: _____

Child's Name: _____

Permission to Administer Topical Ointment/Lotion/Powder : Yes, Parent Initials _____
Provided by QUEST

I **give** permission for my child care provider to apply the sunscreen lotion listed below to the following areas:

all exposed skin face only other (specify) _____

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

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

Amount: quarter-sized From: 05 / 30 / 24 To: 08 / 20 / 24



Swimming Permission Parent Initials _____

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

I **do not** give permission for my child to participate in swimming and pool activities.

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

Must wear a life jacket (Parent MUST provide life jacket) Beginner Intermediate Advanced

QUEST Movie Release Form Parent Initials _____

Throughout the summer, QUEST will travel to the movies on some field trip days. Some of the movies we will be watching will be rated G, while others will be rated PG.

I **give** permission for my child to watch PG movies

I **do not** give permission for my child to watch PG rated movies.

Receipt of Summer Activities Calendar Yes, Parent Initials _____

I have received and reviewed the calendar of summer activities for my QUEST site. I understand my child will be traveling on a Catawba County Schools Activity bus for these events. I give permission for my child to participate in these activities. I understand I will be notified if any changes occur.

I have read and understand the permissions listed above.

Parent/Guardian Signature

Date

SWIMMING PERMISSION SLIP 2024

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 : <i>Parent MUST provide life jacket</i>
	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