

(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 \$25.00 Required)

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

Siblings at QUEST: Names: \_\_\_\_\_  
 Yes  No \_\_\_\_\_  
Separate registration forms required

Custody Arrangements  Yes  No  
**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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only:*

App Rec'd:  
Date \_\_\_\_\_

ProCare Updated:  
Date \_\_\_\_\_

Sent to Full Day Site:  
Date \_\_\_\_\_

PC Signature: \_\_\_\_\_