



# 2023-2024 REGISTRATION FORM

## Newport School District

After-School Program  
1380 W. 5<sup>th</sup> Street  
Newport, WA 99156  
Program Director: Vickie Blanchet  
509.671.2428

### STUDENT INFORMATION

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Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Grade (2022-23): \_\_\_\_\_ 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

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Parent/Guardian Name: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email address: \_\_\_\_\_

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Email address: \_\_\_\_\_

### EMERGENCY INFORMATION

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Emergency Contacts (other than parent/guardian)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### MEDICAL CONCERNS AND/OR ALLERGIES

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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: \_\_\_\_\_

**ATTENDANCE INFORMATION**

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**WHICH DAYS OF THE WEEK WILL YOUR STUDENT ATTEND?**

\_\_\_\_\_ MONDAYS \_\_\_\_\_ TUESDAYS \_\_\_\_\_ WEDNESDAYS \_\_\_\_\_ THURSDAYS \_\_\_\_\_ FRIDAYS

**TRANSPORTATION INFORMATION**

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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 5:30 PM DURING THE SCHOOL YEAR.

**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**

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**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. I will follow the school district and program's rules and expectations.**

Student Name (print): \_\_\_\_\_ Grade: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENTAL PERMISSIONS & CORRECTIVE BEHAVIOR ACKNOWLEDGMENT

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I, \_\_\_\_\_ (parent/guardian name), give permission for my student, \_\_\_\_\_, to participating in the Grizzly Discovery Center (GDC) 21<sup>st</sup> 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 that my student must attend at least sixty (60) days during the school year, coming at least three (3) days a week.**

\_\_\_\_\_ I understand it is imperative for the safety of my child to immediately notify Site Coordinators 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 give permission for my student to attend any and all field trips as part of GDC programming AND have completed the field trip form attached to this registration packet.

\_\_\_\_\_ 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: \_\_\_\_\_

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)



**Grizzly Discovery Center**  
 21<sup>st</sup> Century Community Learning Center  
 After School Program  
 Newport School District  
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## FIELD TRIP PERMISSION SLIP

This year the Grizzly Discovery Center may be going on field trips to:

- The Newport Library (116 S. Washington Ave, Newport, WA)
- The Pend Oreille Extension Office (227 S. Garden Avenue, Newport, WA)
- CAMAS Center (1821 LeClerc Road North, Cusick, WA 99119)
- Newport Park (First & Calispel Avenue, Newport, WA 99156)
- Pend Oreille County Museum (402 S. Washington Street, Newport, WA 99156)
- CREATE Art Center (900 Fourth Street, Newport, WA 99156)

Child(ren)'s Name(s): \_\_\_\_\_

List everything your child(ren) is/are allergic to:

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

<b>Medication</b>		<b>Medication</b>	
<b>Dose</b>		<b>Dose</b>	
<b>Time to be Administered</b>		<b>Time to be Administered</b>	

My child(ren), \_\_\_\_\_, has/have my permission to go on these 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.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Parent/Guardian Name

\_\_\_\_\_  
 Phone # where parent may be reached in emergency

Alternative Contact in Case of Emergency:

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Phone Number