



2023-2024 REGISTRATION FORM

~ Additional Child

STUDENT INFORMATION

Student's Name: _____ Student ID#: _____
Grade (2022-23): _____ Age: _____ Birth Date: _____ Gender: M F

Which school/program does your student attend?

_____ Stratton Elementary School _____ Sadie Halstead Middle School _____ Other

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: _____

ATTENDANCE INFORMATION

WHICH DAYS OF THE WEEK WILL YOUR STUDENT ATTEND?

_____ MONDAYS _____ TUESDAYS _____ WEDNESDAYS _____ THURSDAYS _____ FRIDAYS

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. 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)



Grizzly Discovery Center

21st Century Community Learning Center
After School Program
Newport School District
1380 W. 5th Street
Newport, WA 99156
Program Director: Vickie Blanchet 509.671.2428

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:

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

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

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