



## BHK Youth Services Great Explorations Registration Procedure



Dear Parent or Guardian,

Welcome to BHK Youth Services! We are looking forward to another safe and exciting school year. Our staff strives to deliver a program that allows your child to learn, explore and grow. All elementary and middle school sites are licensed and uphold standards of care as defined by the State of Michigan.

The Great Explorations (GE) programming will run *four days a week* during the 2016-17 school year for two and a half hours after school is dismissed. We strongly encourage families to allow students to remain at GE for the entire duration of programming so they may receive the full benefit of the daily components. Because space may be limited, registered students are encouraged and expected to attend each day they are in school.

Our registration packet contains several forms which must be completed in order for your child to participate in GE:

- Registration Form
- Parental Consent/Release Statement
- Parent Notification Regarding Child Custody Form

The registration form is good until June 2017. This registration form contains emergency information so it is very important that it is filled out completely and accurately. For example, if the line asks if your child has allergies and your child does not, please write "*none*" instead of leaving it blank. If your child does have an allergy or any other medical condition, please enter the information with as much detail as possible. If your child requires medication to be given during our program, a separate Medication Log and Consent form must be completed. Please request this form from your site coordinator.

To help our staff clarify parental custodial/non-custodial situations, parent names listed on your child's birth certificate must be provided on the registration form. We have provided a separate notification of our policies regarding custodial rights for parents. Legal documentation is required to support non-custodial claims. We recognize that every situation is unique, so please feel free to call us and discuss how we can best serve your family.

All completed forms must be returned to the site office before your child may attend the program.

Thank you for taking the time to complete the registration packet. It is our job to provide a safe and nurturing environment for each and every student. Please feel free to contact us if there is any additional information that you would like to provide or if you have any questions.

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## 2016-17 Youth Services Registration

The Public Schools of Adams Township, Baraga, Calumet-Laurium-Keweenaw,  
Dollar Bay-Tamarack City, Hancock, Lake Linden-Hubbell, L'Anse and BHK Child Development Board

<b>Office Use Only:</b> School Name _____
Start Date: _____ End Date: _____

**(Please fill out every line or use "none" if it does not apply)**

**STUDENT INFORMATION**

Name (Last, First, M.I.): \_\_\_\_\_ Gender: Male Female

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Grade (in the 2016-17 School Year): \_\_\_\_\_

List any medical, allergic or dietary conditions: \_\_\_\_\_

How may a problem or reaction be prevented? \_\_\_\_\_

What signs or symptoms will be seen if there is a problem? \_\_\_\_\_

Required staff response to medical, allergic or dietary conditions: \_\_\_\_\_

	Mother named on birth certificate /Legal Guardian	Father named on birth certificate /Legal Guardian
Name (Last/First):		
Child can be released to: <small>If no, documentation required</small>	Yes      No	Yes      No
Mailing Address:		
City, State, Zip:		
Home Phone (skip if same as student):		
Cell # and Email :		
Employer/College Name:		
Employer/College Phone:		
Daily Work/College Times:		
Relationship to Student:	<input type="checkbox"/> Biological parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Legal guardian	<input type="checkbox"/> Biological parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Legal guardian
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed

**EMERGENCY CONTACT INFORMATION**

List local contacts authorized to pick up student in an emergency when parent/guardian is not available.

Name (Last, First)	Relationship to student	Home/Cell Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

List any additional adults other than parent/guardian to whom student may be released.

Name (Last, First)	Relationship to student	Home/Cell Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

**ADDITIONAL STUDENT INFORMATION**

Race (mark all that apply):  American Indian or Native Alaskan  Hispanic or Latino  Asian  Other  
 Native Hawaiian or Pacific Islander  Black or African American  White  Arab/Middle Eastern

Primary Language:  English  Spanish  Chinese  Other: \_\_\_\_\_

Special Need:  No  Yes

If yes:  Title I  Special Ed  IEP  Medical \_\_\_\_\_  Other \_\_\_\_\_

Name/Address/Phone of Child's Physician or Health Clinic: \_\_\_\_\_

Hospital Preferred for Emergency Treatment: \_\_\_\_\_

**By signing below, the parent/guardian states that the above named child is in good health ..... Y N**  
**If not, please list restrictions/limitations: \_\_\_\_\_**

**and that the child's immunization records are up to date and on file with the school and that all information in this registration is complete and accurate..... Y N**

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

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

**PERMISSION FOR STUDENTS TO WALK HOME**

Please fill in one of the first two statements below if you give your child permission to be signed out by a Youth Services staff member any day they attend programming, or permission to be signed out by a staff member only on specific dates. If your child can leave the site without supervision, please note the time they can leave.

I give my permission for \_\_\_\_\_ to be signed out by staff on any day they attend.

**OR**

I give my permission for \_\_\_\_\_ to be signed out by staff only on certain dates. I will notify the Site Supervisor ahead of time with these dates.

My child can then leave the site at the following time during the school year: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Bug Spray Y N Sunscreen Y N Pictures Y N

Notes:  
\_\_\_\_\_  
\_\_\_\_\_

**Parental Consent/Release Statement**Please circle *Y* or *N* for each statement

Student name: \_\_\_\_\_

Y	N	I give permission to the Youth Services program to receive any school records that may be needed for program services, eligibility and evaluation. All information gathered regarding my child will be held confidential.
Y	N	I understand that the Youth Services program cannot be held responsible for all occurrences during the after-school or summer portion of the program.
Y	N	I have received and reviewed the Youth Services Parent Handbook and I understand that my child will be expected to abide by the rules as stated in the Handbook.
Y	N	I understand the consequences for my child's behavior if they do not abide by the rules as stated in the Parent Handbook.
Y	N	Youth Services will provide food service that consists of breakfast, lunch or snack as appropriate. I will provide food for my child on the days that my child does not participate in Youth Services food service.
Y	N	By signing below, I also authorize my child to be transported in school district, R&A Transportation, Lamers Bus Lines, other school contracted or BHK buses/vehicles.
Y	N	I give permission for my child to participate in Youth Services field trips. Individual permission slips will be required for every field trip taken.
Y	N	My signature also gives permission to BHK Child Development Board and the school district to secure emergency medical and emergency surgical treatment for the above-named minor child while in care.
Y	N	I authorize the application of Off! Brand Skintastic Family insect repellent as needed.
Y	N	I authorize the application of NO-AD or Max Block brand SPF 30 kids sun block as needed.
Y	N	I also authorize the program to take and use photos, recordings, videos and other media of my child participating in program activities, for education or public relations purposes.
Y	N	I am aware that abuse and neglect of children is against the law and will be reported.
Y	N	I give permission for my child to swim in area pools, lakes and other bodies of water under supervision of a lifeguard and other site staff.
Y	N	I understand that because the program occurs on school grounds, the playgrounds may not be inspected by a separate certified playground safety inspector.

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

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signatures above certify that all information in this registration is complete and accurate.

**BHK/Youth Services**  
**Parent Notification regarding Child Custody**

As per State and Federal Law (MCL 722.30 & FERPA), please be advised, the BHK Child Development Board Youth Services program recognizes the equal rights of parents and guardians as indicated on a certified birth certificate or legal court order.

In cases where parents/guardians are legally separated, or divorced, the parental rights of both parties will be equally recognized by your child's program site, **unless and until** a parent/guardian has a legal court order that specifically restricts or denies the non-custodial parent's access to the child at their program site, the child's records, or other protective order.

To accommodate a custodial parent's request to deny non-custodial parent's rights to access any information on a child, the program site **must** have a copy of the most recent court order on file that indicates that the parent's access and information rights are inhibited. Otherwise either parent with proper identification, may have access to the child at their program site, request and receive information and be included in the child's educational process.

Please sign to indicate you have read this and understand the program's position.

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(Parent/guardian name – please print)

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(Parent/guardian signature)

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(Date)