



**QUEST (Quality Education for Students)  
AFTER SCHOOL ACADEMIC AND ENRICHMENT PROGRAM  
SAM HOUSTON MIDDLE SCHOOL  
Site Coordinator - Houston DeBerry  
Principal - Robert Abel**

- **Who is Eligible?** (Students who did not meet state standards on TAKS test and students who need the extra assistance in academic areas)
- **Registration Required** – Parents come in person to register your child for this **FREE** educational opportunity.
- **Registration Date and Time** – During 6<sup>th</sup> grade round up – August 20<sup>th</sup> 6:00-7:30, August 17<sup>th</sup>-18<sup>th</sup>-11:00-5:00 p.m.- You can also register throughout the year.
- In order for their child to participate, parents **must** complete the form below and return it to Mariela Sanchez (at the front desk) or Houston DeBerry, site coordinator by September 3rd.
- **Program begins September 8<sup>th</sup> and ends May 28<sup>th</sup>**
- **The program schedule is 3:45 PM – 5:45 PM, Mondays through Fridays.**

**Walking Home / Bus Schedule:**

Children who are not scheduled to ride the bus home must be picked up by 6:00 p.m. If the child is not picked up by 6:00 p.m. and parents or emergency contacts cannot be located, the Police Department will be notified for assistance.

Is your child allowed to walk home from the after school program?  YES  NO  
Does your child need bus transportation each day from the school?  YES  NO

Parent Signature \_\_\_\_\_

**Medical Information:**

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any identified physical, mental, emotional, or medical condition, which we should know about?  YES  NO

If yes, please specify the condition and any necessary modifications or medications:

Are there any medications that your child regularly takes?  YES  NO

If yes, describe procedure for medication administration and sign below to give the Center permission to administer such medication.

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

Does your child have any allergies?  YES  NO

If yes, please describe: \_\_\_\_\_

In case of an emergency involving my child, I authorize the Center to use the medical information above to seek treatment under the following conditions:

- **An emergency or unanticipated condition** necessitates actions for the preservation of the life or health of my child; or **reasonable attempts to contact parent/guardian have failed.**

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

**Child Information**

Child's Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian (Residing with child): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Hrs: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_

Parent/Guardian (Co-Sponsor): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Home Ph#: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_

**Emergency Contacts:**

In case of an emergency and guardian cannot be reached, the following adults should be contacted: (Parents must list individuals who reside locally).

Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation and Place of Employment: \_\_\_\_\_

Hours at work: \_\_\_\_\_

**Authorization to Release Child:**

Unless otherwise authorized in writing, no one but the parents and/or guardians may pick up children from the Center. List below other adults authorized for this purpose. (Note: Additions or deletions may be made at any time in writing.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) NOT AUTHORIZED to Take Child From the After School Program:

Name: \_\_\_\_\_

**CONTRACT**

I give my child, \_\_\_\_\_, permission to participate in the QuESt after school program and to stay after school each day from 3:45 PM – 5:45 PM Mondays – Fridays.

- I understand that **after 3 unexcused absences** and/or **after 3 late pick ups**, and/or **after 3 inappropriate behaviors**, my child may be removed from the program.
- In addition, **I agree to volunteer one (1) hour of my time** to the after school program for the 09-10 school year. Please contact the Site Coordinator to schedule your volunteer hour.

I have carefully read and understand the policies and agree to abide by the rules of the program.

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

**First hour will be academic 3:45-4:45**

**Enrichment class 4:45-5:45**

**Students will pick their schedules during the first few days**

Student Name; \_\_\_\_\_ Grade Level \_\_\_\_\_ Id number \_\_\_\_\_

### ASAP Enrichment Classes

**Enrichment classes can only be attended if you have gone to the first hour of academics.**

**Please note – YOU CAN NOT HAVE VIDEO GAMES all 4 days.**

Monday-Thursday Class ( Girls ONLY)

\_\_\_\_\_ DIVAS      If you pick this class, this will be the only enrichment class you will have since it meets all 4 days from 4:50-5:50. Please pick carefully.

Monday/Wednesday classes

Place a number 1 by your top choice and a number 2 by your second choice for your Monday/Wednesday second hour class.

\_\_\_\_\_ Football

\_\_\_\_\_ Video Games

\_\_\_\_\_ Fitness for Fun

Tuesday/Thursday classes

Place a number 1 by your top choice and a number 2 by your second choice for your Tuesday/Thursday second hour class.

\_\_\_\_\_ Soccer

\_\_\_\_\_ Video Games

\_\_\_\_\_ Cooking

\_\_\_\_\_ Puzzles, Board Games, Painting and Crafts