

2026
Quality Behavioral Health
FREE
Summer Youth Program

For youth who will be entering
7th, 8th & 9th Grades
in the 2026-2027 school year

June 24, 2026-August 6, 2026

Registration Packets Due: June 6th

There will be a cap of 50 youth this year to allow
for the appropriate number of staff to youth ratio.

Packets will be accepted throughout the summer as space allows.

Summer Program 2026

Dear Parent/Guardian:

Your child has indicated an interest to participate in the **Nineteenth Annual** Summer Youth Program sponsored by Quality Behavioral Health.

The program will offer both educational and recreational activities on seven Wednesdays this summer, and a grand finale night on Thursday, August 6th. The program is FREE, including all transportation from designated pick-up and drop off locations. Food and program supplies will be provided.

To register your child for the program, please complete and return the enclosed registration packet. The packet includes:

- Registration - Medical History Form
- Parent/Guardian Consent and Hold Harmless/Participant Agreement/Photograph Release Form
- Medical Emergency – Contact Information Form
- Code of Conduct
- Transportation Authorization Form
- Schedule of Activities

We realize that some students will not be able to participate in every activity; however, it would be very helpful for planning purposes to know which activities your child is interested in. Also, please indicate any dates that your child will not be able to participate due to family vacations or other commitments.

Registration packets are due on or before the close of business on **June 12th, 2026**(packets will be accepted throughout the summer as space allows). Please don't hesitate to contact us if you have any questions. You can mail or turn in your child's registration packets to one of the following locations:

Quality Behavioral Health
Attn: Heather Cochrell
900 7th Street
Clarkston, WA 99403
509-758-3341
Fax: 509-758-8009

Quality Behavioral Health
Attn: Melody Tillinghast
856 Main Street
Pomeroy, WA 99347
509-843-3791
(Packet can be placed in drop box)

5. Name of Personal/Family Physician & Phone # _____

**QUALITY BEHAVIORAL HEALTH
SUMMER YOUTH PROGRAM
MEDICAL EMERGENCY CONTACT INFORMATION**

Participant Name – Please Print Clearly

(Last) (First) (DOB)

Medical Insurance Information – Please Print Clearly

(Insurance Company Name) (Insurance Policy Number)

List any medications currently prescribed:

List any allergies, especially to medications:

(Use reverse side if you need additional space)

AGREEMENT AND CONSENT FOR TREATMENT

I understand that program activities can be physically demanding. I affirm that my child's health is good and that they are not under a physician's care for any **undisclosed** condition that might endanger their health in this activity. I realize the inherent risk of injury or disability in outdoor activities. **The parent/guardian authorizes the program sponsors, chaperones, advisors, staff members, and/or volunteers to administer emergency medical aid to the youth.** In the event that the parent/guardian cannot be reached within an appropriate period of time, given apparent medical condition of the youth, the parent/guardian hereby authorizes the transportation of the youth by ambulance, aid car, or program vehicle, to a medical facility for evaluation and treatment. The parent/guardian further consents to medical care and treatment, including, but not limited to, surgical and other procedures, by or under the supervision of a licensed health care provider, called in or otherwise selected by a staff member of any program sponsor, advisor/chaperone, and/or volunteer and to hospital care, when such care or treatment is deemed by the licensed provider to be immediately necessary or advisable in order to safeguard the youth's health. The parent/guardian acknowledges that **it is the responsibility of every individual, including the parent/guardian, to provide adequate accident and health insurance coverage for the youth** participating in the QBH Summer Youth Program and further acknowledges that the program sponsors, partners, and funding sources do not provide insurance coverage for participants.

(Parent/Guardian Signature) (Relationship to Child) (Date)

(Home Phone) (Work Phone) (Alternative Emergency Contact #)

**QUALITY BEHAVIORAL HEALTH
SUMMER YOUTH PROGRAM**

Code of Conduct

1. I agree to listen to and follow instructions of all adults, guest speakers and youth leaders.
2. I agree to participate in activities and if I choose not to participate, I will sit respectfully and will not distract other participants.
3. I agree to keep all electronics, including my cell phone in my pocket or bag while presenters and SYP staff/volunteers are talking.
4. I agree to be respectful with my body and personal boundaries, for example: no hitting, kicking, pushing, kissing or any other inappropriate PDA type behaviors.
5. I agree not to use disrespectful or inappropriate language.
6. I agree to talk to a staff or volunteer if I have a problem or feel uncomfortable.

By signing this, I understand if I am to break any of the above the rules or display other inappropriate behavior I may be asked to leave the program for the duration of that day or the duration of the entire program. This will be left up to the discretion of QBH administration.

Youth Name (Please Print Clearly)	Youth's Signature	Date
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Parent/Guardian Name (Please Print Clearly)	Parent/Guardian Signature	Date
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TRANSPORTATION AND EMERGENCY INFORMATION

By signing this document, I authorize Quality Behavioral Health staff to transport my child to and from all activities associated with the Summer Youth Program and/or return them to the address or addresses listed below.

I understand that my child may be transported to different locations within the following counties: Nez Perce, Latah, Whitman, Asotin & Garfield to participate in program activities. Further, I understand that some program activities may occur outside of the state of Washington and this authorization extends to all locations in which supervised program activities occur.

Parent/Guardian Signature

Date

Quality Behavioral Health can be available to transport your child with prearranged locations and times.

If you are unable to transport your child to and from Quality Behavioral Health on event days, we will have assigned pick-up locations at Grantham and Parkway Elementary schools and Lincoln Middle School in Clarkston. In Lewiston, pick-up will be at Jenifer Jr. High and Sacajawea Jr. High Schools. In Asotin, pick-up will be in the front parking lot of the High School. Pomeroy will be in the front of the High School. For Lapwai, pick-up will be at the High School.

We will notify you of the timeframe that a vehicle will be available at each pick-up location. If the window of time for transportation is passed, there is no guarantee we can transport. If you have any questions or concerns about transportation for your child, please call Heather Cochrell or Danika Gwinn at 509-758-3341 for alternative arrangements. **Once your child arrives at QBH, we will provide transportation throughout the day.**

Please mark your drop off and pick up transportation choice below:

Morning

Afternoon

Parent will drop off at QBH

Parent will pick up at QBH

Youth will walk to QBH

Youth will walk home

Youth to be picked up at school

Youth to be dropped off at school

School: _____

School: _____



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Photo Release Form for Minors

Quality Behavioral Health has my permission to use my child's photograph publically to promote the Summer Youth Program. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____

SUMMER YOUTH PROGRAM

Please check the events that you believe the youth will be able to attend. We will email or call each week on Tuesday to verify attendance for the Wednesday event and to plan for food and staffing needs.

***All events are subject to change if unforeseeable change needs to be made.

_____	June 24	Anti-Bullying Presentation and Activity/Game Stations
_____	July 1	Spalding Museum and Nature Walk
_____	July 8	Suicide Prevention and Scavenger Hunt
_____	July 15	Budgeting and Terrariums
_____	July 22	Substance Use Prevention and Art Activity (Pomeroy)
_____	July 29	Internet Safety/Sexting and Bowling/Mini-Golf
_____	Aug 5	Healthy Relationships and Swimming
_____	August 6th	Grand Finale/Family Night at Beachview Park 5-7pm

Weekly Reminders

On the Tuesday before the day's events we will contact each participant and provide a pick-up time and location as well as reminders regarding what to bring for that week's activities. Please mark below your preferred form of contact. This e-mail address will ONLY be used for Summer Youth Program reminders; please do not use it for last minute notifications or to cancel or confirm other QBH appointments.

_____ Please CALL me for reminders

_____ Please E-MAIL Reminders

Preferred E-mail: _____