

## Sara Holbrook Community Center Summer Registration Form 2017

	<b>Summer World Academy</b> (Summer Day Camp)	<b>New Arrivals</b> (Summer School for English Language Learners)
<b>Participant Age</b>	For children entering 1 <sup>st</sup> through 6 <sup>th</sup> grades.	For children entering preschool through 9th grade who are English Language Learners
<b>Program Hours</b>	Monday through Friday Full Day: 8:15 a.m. to 5 p.m. Half Day: 8:15 a.m. to 12:30 p.m. or 12 p.m. to 5 p.m.	Monday through Friday Half Day 8:15 a.m. to 12:30 p.m.
<b>Program Dates</b>	June 26 – Aug 4, 2017* (must sign up for the full 6 weeks) <b>*Program closed on Tuesday, July 4th</b>	June 26 – July 28, 2017 (must sign up for the full 5 weeks) <b>*Program closed on Tuesday, July 4th</b>
<b>Location</b>	Sustainability Academy 123 North Street	Preschool: Sara Holbrook Center 66 North Ave K-5 <sup>th</sup> Grades: Sustainability Academy 123 North Street 6 <sup>th</sup> – 8 <sup>th</sup> Grades: Hunt Middle School 1364 North Avenue
<b>Cost</b>	<p>The normal program fee is \$230.00 per week, per child. If you have applied for Child Care Subsidy* through SHCC and don't qualify, you <u>may</u> qualify for an SHCC scholarship.</p> <p>The following scholarship fees apply: Full Day Camp \$40.00 per week Half Day Camp \$20.00 per week.</p> <p>*If you need assistance applying for Child Care Subsidy or have need for a scholarship, please contact the Summer Camp Site Director at 864-6364 between the hours of 1:00 p.m. and 5:30 p.m.</p> <p><b><u>Payment or proof of subsidy is due upon registration.</u></b></p>	<p>The normal cost for this program is \$940 per child, but there is plenty of scholarship funding available.</p> <p>The Pre-K class of New Arrivals operates as a licensed program. We accept child Care Subsidy as payment.</p>
<b>Nourishment</b>	Breakfast, snacks and lunch provided	Breakfast, snacks and lunch provided

**\* Please keep this page for your reference\***

**CHILD'S INFORMATION**

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender:  Male  Female  Transgender  Gender Unknown

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Country of Origin: \_\_\_\_\_ Race or Ethnicity: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade next Year: \_\_\_\_\_

During the school year, does your child have any of the following: Individual Aide (IA)?  Yes  No  
Individual Education Plan (IEP)?  Yes  No  
Behavior Management Plan?  Yes  No

**PARENT'S / GUARDIAN'S INFORMATION**

*Parent(s)/Legal Guardian(s):*

Name(s): \_\_\_\_\_ Email Address \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City

Sate

Zip

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

*Other Parent(s)/Guardian(s): (only complete if there is a shared custody agreement)*

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City

Sate

Zip

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**EMERGENCY CONTACTS**

*(These **MUST** be people **other than the parent/guardian**, and will be used if the parent/guardian cannot be reached)*

**CONTACT #1:**

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**CONTACT #2:**

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**OTHERS AUTHORIZED TO PICK-UP**

*(SHCC reserves the right to ask for identification)*

1. \_\_\_\_\_

NAME	RELATIONSHIP	PHONE #
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2. \_\_\_\_\_

NAME	RELATIONSHIP	PHONE #
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**ARRIVAL / DEPARTURE**

*(Please circle your child's method of arrival and departure)*

ARRIVAL	DEPARTURE
Arriving at the program without adult supervision	Leaving the program without adult supervision
Dropped off at the program by an authorized adult listed above.	Picked up at the program by an authorized adult listed above.

**CHILD'S MEDICAL INFORMATION**

**Insurance Information:**

Is your child covered by family medical/hospital insurance?     Yes     No

If yes, indicate the carrier or plan name: \_\_\_\_\_ Group ID # \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Dentist/Orthodontist: \_\_\_\_\_ Phone # \_\_\_\_\_

**Medication:**

Does your child take medication that needs to be administered during camp hours?     Yes     No

Is your child required to carry an epinephrine pen with him/her at all times?     Yes     No

**Allergies:**

Does your child have any allergies to food, medication or the environment?     Yes     No

If yes, please describe in detail the source of the allergy, reaction and the management or care needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Conditions:**

Does your child have any Medical Conditions that we need to be aware of?     Yes     No

If yes, please describe in detail the condition and the management or care needed.

\_\_\_\_\_

\_\_\_\_\_

### ADDITIONAL INFORMATION

Please provide any additional information about your child's behavior, and/or physical, emotional, food, or mental health concerns that the staff should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### HOUSEHOLD INCOME INFORMATION

*(Needed for grants and other program reporting requirements)*

How many people live in the household? \_\_\_\_\_

Please list the name and age of all the people living in the household:

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

Parent/Guardian #1 Name:				Parent/Guardian #2 Name:			
Type of Income	YES*	NO	Gross Amount	Type of Income	YES*	NO	Gross Amount
Wages (Job 1) _____				Wages (Job 1) _____			
Wages (Job 2) _____				Wages (Job 2) _____			
Child Support				Child Support			
Reach Up				Reach Up			
Social Security Benefits				Social Security Benefits			
Unemployment				Unemployment			
Worker's Compensation				Worker's Compensation			
Other (rental income, self-employment, veterans benefits, etc.)				Other (rental income, self-employment, veterans benefits, etc.)			

**\*Please provide copies of all income checked in the "yes" column(s).**

### CONSENT FORM FOR THE RELEASE OF A STUDENT'S EDUCATION RECORDS

Child's School Name: \_\_\_\_\_

Address of School: \_\_\_\_\_

Telephone Number of School: \_\_\_\_\_

This Consent Form **must be filled out and submitted** to the District before the District can comply with the parent or eligible student's request to release information, other than Directory Information, regarding a student, to **The Sara Holbrook Community Center**, the "Afterschool Program."

(Name of Afterschool Program)

**Name of Student:** \_\_\_\_\_, the "Student"

**I. Specifications of the education records to be disclosed:** Any and all education records of the Student maintained by the District that the After School Program believes will assist it in meeting the educational needs of the Student and improving the Student's educational achievement. Such records may include or be relevant to, but are not limited to:

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>• First and last name</li> <li>• Date of birth</li> <li>• Student ID number</li> <li>• Race/ethnicity</li> <li>• Gender</li> <li>• IEP</li> <li>• Bilingual/Limited English Proficiency</li> <li>• Free/reduced lunch</li> </ul> | <ul style="list-style-type: none"> <li>• Parent/guardian name</li> <li>• Email address(es)</li> <li>• School attending</li> <li>• Phone numbers</li> <li>• Grade Level</li> <li>• Special education</li> <li>• Scores on standardized tests</li> <li>• Progress Monitoring</li> <li>• Assessment Data</li> </ul> | <ul style="list-style-type: none"> <li>• Student behavior data</li> <li>• Student Attendance</li> <li>• Medical Records (including immunizations)</li> <li>• Address</li> <li>• Grades</li> </ul> |
|---|--|---|

**II. The purpose(s) of disclosure is/are:** To improve instruction and other out-of-school time services that promote the Student's success in school, to meet the needs of the Student more effectively, to equitably support students from all demographic segments of the population, to identify gaps in service, and determine whether these programs are supporting student achievement in alignment with educational needs as well as creating a culture of positive behavior and strong youth engagement.

**III. Describe the party or class of parties to whom the disclosure may be made:** The Afterschool Program's staff who work with the student and or staff who record data relating to the student's participation and progress in the Afterschool Program.

**My signature below demonstrates my consent to the release of the above named Student's education records to the After School Program, all as more fully described above. This Consent is valid from September 1 through August 31 of the current school year.**

\_\_\_\_\_  
Signature of Parent/Guardian of Eligible Student

\_\_\_\_\_  
Date

Copies of the Disclosed Education Record(s) are available upon request to parent(s) or eligible student(s). If you have any questions regarding this request, please call your child's school.

101050-11 Consent for Afterschool Programs 7-31-12

## AUTHORIZATION

**1) SHCC Waiver & Medical Authorization:** I attest that the information above is true and correct to the best of my knowledge, and I am fully aware of the risk inherent. I hereby give my consent for my child, listed above, to participate in the SHCC program indicated. The person herein described has permission to engage in all activities, except as noted. I agree to hold harmless the Sara Holbrook Community Center, its employees, or volunteers from any and all liability from any injury, claims, costs, or loss of service which might be incurred by participation in said programs, related activities or events. I understand that medical insurance coverage is not provided. I hereby give permission to the camp to provide routine health care (including the application of non-prescription medications and products, ointments, creams, tick and insect repellents, and other topically applied ointments and lotions as deemed necessary). I agree to the release of any of the above-described information for the necessary treatment, referral, billing, or insurance purposes. In the event of an emergency and I cannot be reached, I hereby give permission to the program to arrange necessary related transportation for my child and give permission to the attending physician to secure and administer treatment, including hospitalization.

**I have read the above waiver carefully and sign it voluntarily with full knowledge of its significance.**

**Parent or Guardian Initials** \_\_\_\_\_

**2) Photo Consent:** I hereby irrevocably give my consent to Sara Holbrook Community Center and to such other persons as they may designate, to use my child's name, verbal statements and portrait or picture (motion or still) for public relations, advertising purposes or for any lawful purpose whatever, in any media now know or hereafter developed.

**YES**    **NO**

**Parent or Guardian Initials** \_\_\_\_\_

3) **Transportation Consent:** I grant my child \_\_\_\_\_ permission to be transported by any Sara Holbrook approved Staff, Chaperone or contracted bus service while attending and participating in Sara Holbrook related activities.

4) **Swimming Consent:** I grant my child \_\_\_\_\_ permission to participate in swimming activities at the Summer World Academy (Summer Camp). I understand that all swimming activities will be supervised by staff and certified lifeguard(s).

**Parent or Guardian Initials** \_\_\_\_\_

5) **Permission to Access Immunization Records:** (It is a licensing requirement that the Sara Holbrook Community Center have a copy of your child's immunization records on file at our program.) I give permission for the Sara Holbrook Center to access my child's immunization records through the Vermont Immunization Registry.

**Parent or Guardian Initials** \_\_\_\_\_

6) **Waiver for Participant by Parent/Guardian:** In consideration of your accepting my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Burlington Parks District, the Burlington School District, or the Sara Holbrook Community Center and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

**Parent or Guardian Initials** \_\_\_\_\_

**I have read the above carefully and sign it voluntarily with full knowledge of its significance.**

Name of Child: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Parent/Guardian's Name Printed: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**I am registering my child for (check one only):**

- New Arrivals (8:15 a.m. – 12:30 p.m.)**
- New Arrivals and Summer Camp (8:15 a.m. – 5:00 p.m.)**
- Summer Camp Half Day Morning (8:15 a.m. – 12:30 p.m.)**
- Summer Camp Half Day Afternoon (12:00 p.m. – 5:00 p.m.)**
- Summer Camp Full Day (8:15 a.m. – 5:00 p.m.)**