

UPDATED Elementary Summer Camp Registration Form 2020

Mail Registrations to: Sara Holbrook, PO Box 3039, Burlington, VT 05408

Email Registration to: mpennington@saraholbrookcc.org

For more information call (802)862-6342

 **Summer Camp – June 22nd – July 31st (No Program on July 3th)** 

Please check	Age Group	Age Group	Information	Location
	K – 5 th Grade	Summer Camp All Day Fee: \$230 per week Subsidy Available	All Day Summer Camp 6 Week Program 8:15am – 2:30pm SHCC offers children a wonderful summer packed with activity. Campers spend the mornings doing craft projects and playing indoor and outdoor games. After meeting at 12:00 p.m. for lunch, campers spend fun-filled days outside enjoying numerous summer activities.	Sustainability Academy 123 North Street
	K- 5 th Grade	New Arrivals English Language Learners Program	New Arrivals English Language Learners (ELL) This program will be integrated with Summer Camp: 6 Week Program 8:15am – 2:30pm	Sustainability Academy 123 North Street

Please note the following changes due to COVID-19 guidelines and restrictions:

- **Summer camp will run from 8:15am-2:30pm. In order to maintain high levels of sanitization, follow the guidelines of the Department of Public Health and the School District, and care for our staff, our hours have changed.**
- **Our New Arrivals English Language Learners Program will be integrated with our summer camp. Again to compile with the guidelines this change will allow us to continue to provide this service in the safest way for all.**
- **ALL will be required to wear a facial covering**
- **Drop off and pick up times will be assigned to each family prior to the start of camp**

We will be holding a Zoom Q&A for families and guardians of those youth who will be joining our Elementary Summer Camp:

Tuesday, June 16th, 11:00am-12:00.

A link will be sent prior to the meeting

As more guidelines come out each day we will continue to update you. We will have a complete COVID-19 Summer Camp Handbook coming out soon. In the meantime, if you have any questions please do not hesitate to reach out.

We can't wait to be together again!

ARRIVAL / DEPARTURE

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

ARRIVAL – 8:15am		DEPARTURE – 2:00pm	
<input type="checkbox"/>	Arriving at the program without adult supervision	<input type="checkbox"/>	Leaving the program without adult supervision
<input type="checkbox"/>	Dropped off at the program by an authorized adult listed above.	<input type="checkbox"/>	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
 If "yes" please provide medication in original container with quantity and time administered.
 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.)			

I certify that that above income information is correct.

Parent Signature _____ **Date:** _____

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

Child's School : _____

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 "Summer Camp 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 Summer Camp 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:

- First and last name
- Date of birth
- Student ID number
- Race/ethnicity
- Gender
- IEP
- Bilingual/Limited English Proficiency
- Free/reduced lunch
- Parent/guardian name
- Email address(es)
- School attending
- Phone numbers
- Grade Level
- Special education
- Scores on standardized tests

- Progress Monitoring Assessment Data
- Student behavior data
- Student Attendance
- Medical Records (including immunizations)
- Address
- Grades

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

2020 CDBG Public Service/Facility - Self Certification of Income

Program Name: _____

Date: ___/___/___

Part I: To be filled out by Participant

Demographic Information

Ethnicity (Select One)	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Not Hispanic
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Race (Select One)	
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Nat. Hawaiian/Other Pacific Island	<input type="checkbox"/> Other Multi-Racial

Household Income

of People in your Household _____ Gross Annual Income _\$ _____

*Gross annual income must include all sources of income for all adults in the household (wages, child support, SSI, unemployment, pension, income from assets, etc., but does not include the income of live-in aids, per 24 CFR 5.403).

Address _____

I certify that the information given on this form is true and accurate to the best of my knowledge.

Signature _____ Name (print) _____ Date ___/___/___

Part II: To be filled out by Agency

Circle the applicable family size and annual income

# of People In Household*	1	2	3	4	5	6	7	8
Annual Income is equal to or less than	\$19,250	\$22,000	\$24,750	\$27,500	\$30,170	\$34,590	\$39,010	\$43,430
	\$32,100	\$36,650	\$41,250	\$45,800	\$49,500	\$53,150	\$56,800	\$60,500
	\$51,350	\$58,650	\$66,000	\$73,300	\$79,200	\$85,050	\$90,900	\$96,800

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 SHCC, 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 for SHCC 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 YES NO **Parent/Guardian Initials** _____
- 2) Photo Consent:** I hereby irrevocably give my consent to SHCC 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. YES NO **Parent or Guardian Initials** _____

4) 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. **YES** **NO** **Parent or Guardian Initials** _____

6) PG Movies: I grant my child permission to view PG-rated movies. **YES** **NO** **Parent or Guardian Initials** _____

7) Field Trips: I grant my child general permission for walking field trips. Parents will be notified and location and estimated time of return will be posted on Sara Holbrook's door. **YES** **NO** **Parent or Guardian Initials** _____

8) 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 SHCC and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. **YES** **NO** **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: _____