



Participant Registration 2017

**\*ELIGIBILITY REQUIREMENT\***

Before completing this application, please be sure that your child will be **both** enrolled in a Baltimore City School **and** entering the 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> grade in September 2017.

Child's Information		School ID# (Required for BCPSS students):			
First:		Middle Initial:	Last:		Suffix:
Birth Date: / /		Grade:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Race	<input type="checkbox"/> African-American/ Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> African-American & White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & Black <input type="checkbox"/> Other Bi-Racial <input type="checkbox"/> Other Multi-Racial				
Parent/Legal Guardian Information					
First:			Last:		
Street Address:				Apartment/Unit Number:	
City:			State:	Zip Code:	
Phone #s	Day: ( )		Cell: ( )		
Email Address:				E-newsletter subscription? <input type="checkbox"/> Y <input type="checkbox"/> N	
Emergency Contact					
First :			Last:		
Relationship:				Phone: ( )	
Current School Information					
Number:		Name:			
Is there another elementary school you would prefer as a pickup point for your child? <input type="checkbox"/> Y <input type="checkbox"/> N					
If so, which school:		Number:		Name:	
Additional Information					
Child's T-shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large					
Extra Tshirts? <input type="checkbox"/> Yes <input type="checkbox"/> No How many extra shirts would you like to order? _____					
Please check the income range that indicates your gross household income. <b>This in no way impacts a participant's eligibility for the program:</b>					
<u>Over Median</u>		<u>Low To Moderate</u>		<u>Very Low</u>	
\$72,483 or Above		\$48,333 - \$72,482		\$24,848 - \$48,322	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Does your child have permission to walk home from their school drop-off site? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the people authorized to pick-up your child. <i>Please list all aftercare providers, family members, neighbors, etc.</i>					
First Name, Last Name		Relationship		Phone Number	
Does your child receive special education services during the school year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, do you give SuperKids Camp staff permission to obtain a copy of your son/daughter's Individual Education Plan (IEP), 504 or Behavior Intervention Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe any special needs or concerns. <i>Please note that we will do our best to meet the needs of special education participants however Parks &amp; People has no legal obligation to provide accommodations to comply with an IEP.</i>					
Please rate your child's reading ability: <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average					
How did you hear about the SuperKids summer learning program? <input type="checkbox"/> Attended Before <input type="checkbox"/> Word of Mouth <input type="checkbox"/> School <input type="checkbox"/> From a Previous Attendee <input type="checkbox"/> Other: _____					
Are you, or do you have any youth (14 yrs. or older) who are interested in volunteering with our camp? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**IF YOUR CHILD TAKES ANY MEDICATIONS PLEASE COMPLETE THIS SECTION**

*Medication Release Information - For Completion by Parent / Guardian*

1. **Allergies** (including allergies to medicines, foods, insect bites/stings)  **No Allergies**

<i>Allergy</i>	<i>Reaction</i>	<i>Medication Required (if any)</i>

2. **Current Medications** (psychiatric medication, prescribed and over-the-counter medication, inhalers, etc.)

**\* Please, if your child takes any medications, sign the release below \***  **No Medications**

<i>Medication</i>	<i>Taken for (symptom/condition):</i>	<i>Dosage/Time</i>	<i>Date Started</i>	<i>Instructions/Current Side Effects</i>

Prescribing Physician's Name (please print)	Physician's Telephone Number
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3. Please provide information on any medical, psychological and behavioral conditions, dietary restrictions, or special needs that we should be aware of to ensure that your child's camp experience is positive:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am the parent/legal guardian of the child named on this registration form. I verify that he/she is physically fit and has my permission to participate in the SuperKids Camp program. I understand that the camp operates Monday – Friday from June 26, 2017 through Friday, August 4, 2017 (excluding July 4, 2017). To remain in the SuperKids Camp program, my child must abide by the rules of good conduct and the guidance of the camp coordinator/group leaders. I understand that the Parks & People Foundation has no legal obligation to provide accommodations to comply with an IEP. I am also aware that any serious acts of misbehavior on my child's part may result in his/her dismissal from the Camp. I will not be refunded the registration fee after the first week of camp in the event of such a dismissal.

I hereby give permission for my son/daughter to participate in all activities and field trips associated with SuperKids Camp and to travel by camp sponsored transportation. In the event of any unforeseen medical emergency, I authorize Parks & People Foundation or a designated representative to obtain medical care for my child. Confidentiality of all student records, in compliance with federal and state laws, shall be maintained by Parks & People and Baltimore City Schools for the mutual disclosure of student educational, medical and psychological records between their employees, agents, volunteers and contractors. I give Baltimore City Schools permission to disclose my student's educational, medical and psychological records to the Parks & People Foundation.

I hereby give consent for my child to be filmed and/or photographed for the promotion of the programs of the Parks & People Foundation. I also give my permission for Parks & People Foundation to use, without limitation or obligation, photographs and film footage that may include the image of my child for the promotion of the programs of Parks & People Foundation.

As the parent/guardian, I hereby request that the Site Coordinator administer the above medication to my child as described in the physician's instructions. I give my written permission authorizing the administration of such medication while my child is enrolled in SuperKids Camp. Parks & People Foundation staff is not permitted to administer prescription medication without the written consent of a parent or legal guardian. Therefore, if your child has such a need, you must complete this section and bring the appropriate medication to your child's campsite. Under no circumstance is the staff permitted to administer medication through needle injections.

I understand that the camp fee, which includes a **\$20 non-refundable registration fee, must be submitted with this application (personal checks will not be accepted)**. Due to the limited number of applicants being accepted for SuperKids Camp, I am aware that **failure to pay the camp fee with this application may result in the cancellation of my child's registration** to allow for the registration of another eligible student. Completion of this form and payment of the camp fee does not guarantee my child's placement in SuperKids Camp. I am aware that I will not be refunded **for any reason** after July 3, 2017.

I have read the above information and understand the terms and conditions for my child's participation in SuperKids Camp.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This program is made possible through a grant by MSDE & 21<sup>st</sup> CCLC.

## Supplemental Information

1. Please rank which topics would be of interest to you for parent workshops:

1 - 1<sup>st</sup> Choice, 2 - 2<sup>nd</sup> Choice, 3 - Third Choice

\_\_\_\_\_ Tools to Improve Your Child's Reading Ability      \_\_\_\_\_ Ways to Improve Your School  
 \_\_\_\_\_ Adult Education Information      \_\_\_\_\_ Other (Please list): \_\_\_\_\_

2. Please complete the *Student Identification Card* information legibly below to be placed in your child's file and taken on our enrichment activities.



### S t u d e n t I d e n t i f i c a t i o n C a r d

<p><b><u>Student Information</u></b></p> <p>Student Name: _____</p> <p>Age: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Race: _____</p> <p>Eye Color: _____ Hair Color: _____</p> <p>Height: _____ Weight: _____</p> <p>Home Address: _____  <span style="margin-left: 150px;">Baltimore, MD</span> <b>Zip:</b> _____</p> <p>School: _____</p> <p><b><u>Parent / Guardian Information</u></b></p> <p>Name: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p>Home Phone: _____</p>	<p><b><u>Emergency Contact Information</u></b></p> <p>Name: _____</p> <p>Phone Number: _____</p> <p><b><u>Health Information</u></b></p> <p>Allergies: _____</p> <p>_____</p> <p>Medications: _____</p> <p>_____</p> <p><b><u>Other Important Information:</u></b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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**For Parks & People Foundation Staff Use Only**

Payment Information:	Cash: _____ Money Order: _____ MO#: _____ Credit Card: _____ Authorization Code: _____ Check: _____ Check #: _____ Scholarship Amount: _____ Receipt #: _____
Scholarship Ineligibility Reason:	Income too high _____ No income verification documents _____ Other _____
Scholarship Approved By:	Name: _____ Date: _____
Application Received By:	Name: _____ Date: _____
Application Reviewed By:	Name: _____ Date: _____
Application Entered By:	Name: _____ Date: _____
Report Card Submitted: _____ Date: _____	
Received: In Office _____ Mail _____ Online _____ Other: _____	
Refund: Date Requested: _____ Date Processed: _____ Refund Method: _____	
Check Number: _____ Reference Number: _____	



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