



Thank you for interest in the 2017 Summer Camp.

Please review the list of sites below and do the following:

- Complete the application
- Submit it to the site coordinator

If you have any questions, please call (215) 221-3852

Or see the site coordinator.

SITE	STREET ADDRESS	SITE COORDINATOR
¹ East Camden Middle School	3064 Stevens St Camden, NJ 08105	Latifah Sunkett
² McGraw Elementary	3051 Fremont Ave Camden, NJ 08105	Kim Davis

Data Clerk Initials:



Funded in full or in part with a grant by the New Jersey Department of Education

Summer Program Intake Form Summer 2017

SITE: _____ Intake Date: _____

Child's Name: _____ (Please Print Clearly)

Child's Social Security #: _____ Date of Birth: _____

Child's Pupil Identification Number: _____

Child's School: _____ **Grade child will be entering Fall 2017:** _____

Child's Gender: Male Female T-Shirt Size: _____

Caregiver's Information

Name: _____ Relationship to child: _____

Home Address: _____ Zip Code: _____

Home: _____ Cell: _____ Work: _____

Email Address: _____

Date of most recent Health Assessment on file: _____

This information is collected for statistical purposes only.

Child's Race: African American Asian or Pacific Islander White Multi Ethnic
 African Other (Specify) _____

Does the student receive services for special needs? (i.e. physical disability, learning support, behavioral assistance)

YES or **NO** **IF YES:** 504 IEP

Primary Language Spoken at Home: **English** **Spanish** Other: _____

Limited English? **YES** **NO**

FOR OFFICE USE ONLY:

Discharge Date: _____

Reason Discharged: Moved Medical Family Situation

Outside Activity Participation _____

Poor Attendance Behavioral Other (Please Explain): _____

EMERGENCY CONTACT/PARENTAL CONSENT FORM
PLEASE PRINT CLEARLY Summer 2017

CHILD'S NAME		BIRTH DATE	
ADDRESS	CITY	STATE	ZIP
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
EMERGENCY CONTACT PERSON (S)			
NAME: _____ ADDRESS: _____			
TELEPHONE NUMBER WHEN CHILD IS IN CARE: _____			
EMERGENCY CONTACT PERSON (S)			
NAME: _____ ADDRESS: _____			
**TELEPHONE NUMBER WHEN CHILD IS IN CARE: _____			
PERSON (S) TO WHOM CHILD MAY BE RELEASED			
NAME: _____			
ADDRESS: _____			
TELEPHONE NUMBER WHEN CHILD IS IN CARE: _____			
NAME: _____			
ADDRESS: _____			
TELEPHONE NUMBER WHEN CHILD IS IN CARE: _____			
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER			
NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICAL SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
PARENT'S SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT			
OBTAINING EMERGENCY MEDICAL CARE - Parental signature required	ADMIN. OF MINOR FIRST-AID PROCEDURE - Parental signature required		
WALKS AND TRIPS - Parental signature required	SWIMMING - Parental signature required		
TRANSPORTATION BY THE FACULTY - Parental signature required	WADING - Parental signature required		

SIGNATURE OF PARENT OR GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

DATE

DATE



PARENT OR GUARDIAN CONSENT FORM
Summer 2017



Funded in full or in part with a grant by the New Jersey Department of Education

Name of Child: _____
 Name of Parent or Guardian: _____
 Site: _____ Date: _____

CONSENT FOR USE OF PERSONAL IMAGE

While in the EducationWorks program, I give permission to display in the news media or electronically via the Internet or in other displays, the artwork created by my child. I consent to have my child's artwork, name, grade level, and school displayed, allowing this artwork and information to be viewed by the public.

I also grant to EducationWorks permission to display in the news media or electronically via the internet and in other displays, photographs, and/or video footage of my child taken in connection with his or her participation in the summer programs provided through EducationWorks.

CONSENT FOR CHILD TO WALK HOME

I grant permission to EducationWorks Program to release my child at dismissal to walk home alone. I understand that EducationWorks will not be liable for anything that happens to my child once he/she leaves the program at dismissal time.

If there are any special instructions for walking home (i.e. my student may only walk home with her older brother/sister) please describe below.

Please Note: A child will NOT be released to anyone whose name does not appear on the emergency contact form. This applies to all children, including those who walk home by themselves

CONSENT TO RELEASE REPORT CARD

During the 2016/2017 21st CCLC Program EducationWorks intends to work with students in a motivational program to raise their grades. This will require that you submit a copy of each of your child's report cards to the EducationWorks Site Coordinator at your program. With a counselor's assistance, children will formulate a plan to raise a grade by the next report card. We will keep you informed as this project progresses. Please sign below indicating that you will provide EducationWorks with a copy of your child's report card so that your child can participate in this effort. When not being used with your child and his/her counselor, his/her report card will be kept in your child's confidential file. **I have read and understand the above information. I agree to submit a copy of my child's report card in a timely manner.**

CONSENT TO USE HAND SANITIZER

I am aware that in the absence of soap and water, EducationWorks Program staff will administer hand sanitizer to my child.

PARENT'S SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	
MEDIA CONSENT – Parental signature required	CONSENT TO WALK HOME – Parental signature required
RELEASE OF REPORT CARD - Parental signature required	USE OF HAND SANITIZER - - Parental signature required

Consent to Collect Information

EDUCATIONWORKS

July 1, 2017 – June 30, 2018

Agency Name

Program Location and Model

Purpose:

EducationWorks manages the 21st CCLC program your child attends. When you enroll your child in the 21st CCLC program, EducationWorks will collect information from you to help manage the program. If you agree, we will also ask you and your children questions about 21st CCLC to make the program better.

Process:

When you sign-up for a 21st CCLC program, EducationWorks will ask you some questions about your child, such as his name, age and address, You will complete this information on the program's registration forms. This information will be entered into a database at EducationWorks. Staff will be able to see this information and use it to improve the 21st CCLC program. EducationWorks management staff may also visit the program and talk to your child about being at that program. This is a basic part of 21st CCLC for every child and every after-school or summer site.

To learn more about your experience with 21st CCLC, EducationWorks may ask you and your child to complete short surveys, These surveys will be given at the start and at the end of the school year during regular after-school time, The survey will ask questions about what you and your child think about the program.

Information Privacy and Sharing:

The information that we collect about your child will not be shared with anyone outside of the 21st CCLC program. All of the information is stored in a database that is protected by a password. Only approved staff can see the information.

We will never share any single child's answers. We will only share results from the survey for the 21st CCLC program as a whole.

Voluntary Surveys:

You can decide if you want your child to participate in the 21st CCLC surveys. You can decide not to participate. This will not in any way affect your child's chance to enroll in the program.

Questions:

If you have any questions about this form, you may contact: Grace Connors, Manager of Learning & Impact by phone, 856-745-3960, or email: gconnors@educationworks.org

PLEASE CHECK ONE OF THE BOXES and SIGN BELOW:

Agreement to Participate: I have read and understand this form. I agree to allow my child to answer the surveys.

Refusal to Participate: I have read and understand this form. I do NOT give permission for my child to answer the surveys.

Child's Name _____ Parent/Guardian's Name _____

Parent/Guardian's Signature _____ Date _____

CONSENT TO RELEASE EDUCATION RECORDS UNDER FERPA

Student: _____ Student ID #: _____

The 21st CCLC program is an effort to improve the well-being of children and youth through effective academic support, enrichment and youth development activities during non-school hours. 21st CCLC programming provides safe, constructive activities to children when they are not in school, and has been demonstrated to improve in-school performance.

In order to assess and improve the quality of OST 21st CCLC programs, EducationWorks (EW) asks for permission to collect personally identifiable information from education records regarding children's school performance. EW will collect standardized test scores, report cards and school attendance, disciplinary and other relevant school records ("education records"). EW will use these education records to measure the impact of 21st CCLC programming on children's school performance and to improve the quality of those programs.

I am the parent or guardian of the student named above ("Student"). As authorized by applicable law, including but not limited to the Family Education Rights and Privacy Act, 20 U.S.C. 1232g, and 34 C.F.R. Part 99 ("FERPA"), I consent and authorize Mastery Charter Schools or the Camden City School District to release education records concerning the Student, to my Student's 21st CCLC program ("Recipients").

The School District releases these education records in connection with the Student's participation in a 21st CCLC program. The School District may disclose these education records only to the Recipients, and the Recipients may share this information only with other named Recipients, and with the Recipients' officers, staff, administrators and independent contractors under the Recipients' control. The Recipients may use these education records to research, study or evaluate 21st CCLC programs.

If I ask, the School District will provide me with a copy of the records disclosed.

FERPA and other applicable laws protect the confidentiality of and your right to privacy concerning the Student's education records. The Recipients shall keep all information concerning the Student confidential and private to the fullest extent provided by applicable laws, including FERPA. Neither The School District nor the Recipients require me to waive any rights under these laws, and I give my consent voluntarily.

Parent/Guardian Signature (or Student's signature, if Student is 18 years old or an emancipated minor)

Date

Name of school in which Student is currently enrolled

Student's Grade

EducationWorks
Name of Student's OST Provider Agency

Student's Date of Birth

Name of Student's 21st CCLC Provider Location



INDIVIDUALIZED EDUCATION PLANS (IEP)

Dear Parent/Guardian,

If your child has an Individualized Education Plan (IEP) it would be beneficial to share a copy of this plan with us so we can work together and with your child's teacher to ensure that the guidelines in the plan are put into practice.

The information in the plan will be shared with no one except your child's Group Leader and the Site Coordinator of the Summer Program.

You do not have to provide this information if you do not wish to do so.

However, please complete the form below.

Parent Sign-off Sheet

Child's Name: _____

- I am providing a copy of my child's IEP or IFSP.
- I am not providing a copy of my child's IEP or IFSP and/or this is not applicable to my child.

Signature: _____ **Date:** _____

Printed Name: _____