



# Communities In Schools Summer Youth Camp Programs



Please select site you wish for your child to attend: **June 10 – July 18, 2013**



District 129:  Hall  McCleery

**8:30 AM – 2:00 PM Monday - Thursday**

This enrollment form and medication form (if applicable) need to be completed. This camp is a **free camp**, however, the total six week program cost for each child is \$530.00 and a monetary donation for each student is appreciated to help pay for camp expenses when enrollment form is submitted to your child's school office. Checks should be made out to: Communities In Schools.

Thank you in advance for your generous support!

- **The deadline to return enrollment form(s) is May 24, 2013**
- **RETURN COMPLETED FORMS TO YOUR CHILD'S SCHOOL OFFICE!**
- **(Separate enrollment form needed for each child enrolling.)**
- Incomplete forms will not be accepted for enrollment.
- Space is limited to 100 participants per summer camp.
- You will be notified by mail of your child's placement.
- **Open to current 1<sup>st</sup> – 5<sup>th</sup> graders.**

Office Use Only	
Number of students in family enrolling	_____
Date Received	_____
Donation Received \$	_____

If any questions regarding summer camps, please contact Tina Moore with Communities In Schools of Aurora at 630-844-3716 or go to our website [www.cisaurora.org](http://www.cisaurora.org) for more information.

_____	_____	_____
<b>First Name of child enrolling</b> (please print)	<b>Last Name of child enrolling</b> (please print)	<b>Current grade in school</b>

Male or Female (please circle)	Date of Birth _____	School currently attending _____
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Ethnicity:	African American <input type="checkbox"/>	Hispanic/Latino <input type="checkbox"/>	White/Non-Hispanic <input type="checkbox"/>	Native American <input type="checkbox"/>	Asian/Pacific <input type="checkbox"/>
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**Full Name(s) of other family members enrolling in camp and current grade in school:**  
**(Separate application needed for each child enrolling.)**

_____	_____	_____
First Name (please print)	Last Name (please print)	Current grade in school
_____	_____	_____
First Name (please print)	Last Name (please print)	Current grade in school
_____	_____	_____
First Name (please print)	Last Name (please print)	Current grade in school
_____	_____	_____
First Name (please print)	Last Name (please print)	Current grade in school

_____	Home Phone _____	Cell _____
<b>Mother/Guardian Name</b> (please print)	Work Phone _____	
_____	Home Phone _____	Cell _____
<b>Father/Guardian Name</b> (please print)	Work Phone _____	
_____	City _____	
<b>Home Address</b>	Parent email address _____	Zip Code _____

<input type="checkbox"/>	<b>Yes, my child participated in the <u>free lunch program</u> at school during the 2012-2013 school year.</b>
<input type="checkbox"/>	<b>Yes, my child participated in the <u>reduced lunch program</u> at school during the 2012-2013 school year.</b>
<input type="checkbox"/>	<b>No, my child did not participate in the free/reduced lunch program at school during the 2012-2013 school year.</b>

**PLEASE COMPLETE BACK SIDE**

### Additional Emergency Contacts and or Others Who May Pick Up My Child

Name	Relationship to child	Contact Phone number #1	Contact Phone number #2

### Emergency Medical Information

In the event of a medical emergency, the Site Coordinator should call:	
Physician Name:	Phone:
<p>I recognize and acknowledge that there are certain inherent risks of physical injury to participants in the <i>CIS Summer Camp</i>. I therefore agree to assume the full risk of any such injuries, damages or loss regardless of severity which my child/ward may sustain as a result of participating in any activities connected or associated with the <i>CIS Summer Camp</i>, sponsored by the City of Aurora and Communities In Schools, and its agency partners. I hereby release and hold harmless the City of Aurora, Communities In Schools, including and not limited to their directors, officers, employees, agents, and/or partnering agencies participating in the <i>CIS Summer Camp</i> from liability associated with any injury associated with my child's/ward's participation in the <i>CIS Summer Camp</i> and I agree not to make any claim, suit or demand against any of the above mentioned agencies/entities for any injury or damage incurred on account of participation the <i>CIS Summer Camp</i>.</p> <p>I further grant permission to program staff associated with the <i>CIS Summer Camp</i> permission to take any and all such actions as may be required in the case of medical emergency, to see to it that my child/ward receives appropriate medical care, as may be determined by such program staff, understanding that every effort will be made to contact parents/guardians to exercise this authority. It is the policy of the Board of Directors of CIS to prohibit discrimination against any student or staff on account of race, color, religion, national origin, age, sex, gender, marital status, or physical or mental handicap.</p>	
Parent/Guardian Signature:	Date:

### Medication(s) and or Allergies

**Please list any medications or allergies to foods, bees, etc. and or any special needs – i.e. asthma, seizures, etc.**

Medication(s)	Allergies	Special Need(s)

	<b>Please </b>		
	<b>Initial</b>	<b>YES</b>	
			I give my permission for my child to be enrolled in the <i>CIS Summer Camp</i> .
			I give permission for Communities In Schools to use any of my child's name, photographs, writings, artwork, etc. for the purpose of marketing, publicity for program activities (including websites), and documentation of instructional evaluation.
			I give permission for Communities In Schools to use any of my child's name, photographs, writings, artwork, etc. for the purpose of marketing, publicity for program activities (including YouTube, Twitter and Facebook).
			I understand when the program ends daily, and I will pick my child up promptly or my child may be released from the program if I am late more than three (3) times during the six weeks of camp.
			I give my child permission to participate in all activities and field trips sponsored by the <i>CIS Summer Camp</i> and I agree to further release and hold harmless, The City of Aurora, Communities In Schools and its agencies partners/entities, including and not limited to their directors, officers, employees, partnering agencies in the <i>CIS Summer Camp</i> for liability associated with my child's/ward's participation in the <i>CIS Summer Camp</i> and I agree not to make any claim, suit or demand against the above mentioned agencies/entities for any injury or damage incurred on account of my child's participation in field trips and related activities.
			I agree to allow the program staff members (Communities in Schools in collaboration with Aurora University and the City of Aurora) to involve my child in an evaluation of the summer camp. The evaluation will include getting information including tracking summer camp program attendance and asking my child to complete surveys and/or interviews. The surveys or interviews are to learn about my child's experiences in the summer camp program and their attitudes and feelings about the summer camp program. Reports about the program will not identify my child. I understand that my child is not required to complete these surveys and that he/she can stop filling out the surveys at any time. I understand that we will not experience any negative consequences if I do not allow my child to participate in the evaluation. If I have any questions about the evaluation, I can call the study coordinator, Christina Bruhn at Aurora University at (630) 844-5405. If I have any questions about my child's rights as a research subject, I can call the Chair of the Institutional Review Board at Aurora University, Jane Davis, at (630) 844-4579 or <a href="mailto:jdavis@aurora.edu">jdavis@aurora.edu</a> .
			I understand the program will follow the School District Code of Conduct Policies and the CIS Code of Conduct Policies.

Communities In Schools does not have the authority to deny a non-custodial parent his/her rights but does have full authority to regulate how those rights might be exercised when disputes between parents over the physical custody of a child intrude into the summer camp scene. It shall be the policy of Communities In Schools to elicit written agreement between separated parents for the purpose of clarifying who may or may not pick up a child from summer camp. If required a court order will specify which parents may or may not have physical custody.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



## Communities In Schools Summer Youth Camp Programs

### **STUDENT MEDICATION FORM (PARENT OR GUARDIAN)** (PLEASE RETURN THIS FORM ONLY IF SELF MEDICATION IS NEEDED)

#### **Self-administration of medication by student**

Communities In Schools will permit the self-administration of medication by a student with asthma or other illness, if the following documents are provided by the student's parent or guardian.

1. Written authorization, signed by the parent or guardian; and
  2. A written statement from the student's physician, physician assistant or advanced practice registered nurse, containing the following information:
    - A. The name and purpose of the medication;
    - B. The prescribed dosage; and
    - C. The time or times at which or the special circumstances under which the medication is to be administered.
- .....

By signing this document, a parent or guardian may authorize Communities In Schools to permit his or her child to self-administer asthma medication or other medication. Communities In Schools and its employees and agents will incur no liability, except for willful and wanton conduct, as a result of any injury arising from the student's self administration of the medication.

The undersigned, being the parent or guardian of the child named below, authorize Communities In Schools to permit the student to self-administer his or her asthma medication or other medication. I acknowledge that Communities In Schools and its employees and agents will incur no liability, except for willful and wanton conduct, as a result or any injury arising from the student's self-administration of the medication. I agree to indemnify and hold harmless Communities In Schools and its employees and agents against any and all claims based on willful and wanton conduct, arising out of the self-administration of medication by the student.

Name of Child \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. During Program Hours \_\_\_\_\_

Emergency Phone No. \_\_\_\_\_