



Communities In Schools Summer Youth Camp Programs



Please select site you wish for your child to attend: **June 17 – July 25, 2013**

District 131: Beaupre Brady Gates

12:00 PM – 3:00 PM Monday - Thursday



Hermes Oak Park O'Donnell

This camp is a **free camp**, enrollment form and medication form (if applicable) need to be completed and returned to your school office.

- **The deadline to return enrollment form(s) is Friday, May 10, 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 1st – 5th graders.**

| | |
|--|-------|
| Office Use Only | |
| Number of students in family enrolling | _____ |
| Date 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 for more information.

| | | |
|---|--|--------------------------------------|
| <hr/> First Name of child enrolling (please print) | <hr/> Last Name of child enrolling (please print) | <hr/> Current grade in school |
|---|--|--------------------------------------|

| | | |
|--------------------------------|---------------------|----------------------------------|
| Male or Female (please circle) | Date of Birth _____ | School currently attending _____ |
|--------------------------------|---------------------|----------------------------------|

| | | | | | |
|------------|---|--|---|--|--|
| 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"/> |
|------------|---|--|---|--|--|

| | |
|--|--|
| Full Name(s) of other family members enrolling in camp and current grade in school: | |
| <u>(Separate application needed for each child enrolling.)</u> | |

| | | |
|---------------------------------|--------------------------------|-------------------------------|
| <hr/> First Name (please print) | <hr/> Last Name (please print) | <hr/> Current grade in school |
| <hr/> First Name (please print) | <hr/> Last Name (please print) | <hr/> Current grade in school |
| <hr/> First Name (please print) | <hr/> Last Name (please print) | <hr/> Current grade in school |
| <hr/> First Name (please print) | <hr/> Last Name (please print) | <hr/> Current grade in school |

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

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

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 in 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) |
|---------------|-----------|-----------------|
| | | |
| | | |

| | Please | | |
|--|-----------------|------------|---|
| | Initial | YES | |
| | | | 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 authorize the summer camp program staff (collaborating with CIS and community partners) to include my child in the evaluation of the summer camp program. This evaluation includes getting information such as attendance and having my child complete surveys asking about his/her well-being, behavior, and feelings regarding the summer camp. |
| | | | 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: _____



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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. _____