



Communities In Schools/City of Aurora Summer Youth Camp Programs



Communities In Schools as Third Party Administrator for the City of Aurora will offer the "Performance and Rhythm" Summer Camp June 17 – July 11, 2013 Monday thru Thursday 12:30pm to 3:30pm at East Aurora High School. Information meeting June 3, 2013 4:00 p.m. to 5:00 p.m. in the Little Theater at East Aurora High School.

"Performance and Rhythm" summer camp is open to current 4th – 12th graders. Summer camp is **free to attend**, however, the total four week program cost for each child is \$278.00 and a monetary donation for each student is appreciated to help pay for camp expenses, when application is submitted or mailed to Communities In Schools, but not required.

Checks should be made out to: Communities In Schools.

Thank you in advance for your generous support!

- **DO NOT RETURN FORMS TO THE SCHOOL!**
- Open to current 4th – 12th graders.
- Please mail or drop off enrollment forms and donation by Thursday, June 6, 2013 to Communities In Schools, 712 S. River St., Aurora IL 60506 or bring to informational meeting on June 3 at East High School.
- Incomplete forms will not be accepted for enrollment.
- You will be notified by mail of your child's placement.

First Name of student **Last Name of student** **Current school attending** **Grade in school 2011-2012**

Home Phone _____ Male or Female (please circle) Date of Birth _____

Ethnicity: African American Hispanic/Latino White/Non-Hispanic Native American Asian/Pacific

Home Address _____ City _____ Zip Code _____

Mother/Guardian Name _____ Day Phone _____ Evening _____ Cell _____

Father/Guardian Name _____ Day Phone _____ Evening _____ Cell _____

Emergency Contacts: 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: _____

I recognize and acknowledge that there are certain inherent risks of physical injury to participants in the *CIS Summer Camp*. 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 *CIS Summer Camp*, 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 *CIS Summer Camp* from liability associated with any injury associated with my child's/ward's participation in the *CIS Summer Camp* 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 *CIS Summer Camp*.

I further grant permission to program staff associated with the *CIS Summer Camp* 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.


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)

Initial	Please 		
	YES	NO	
			I give my permission for my child to be enrolled in the <i>CIS Performance and Rhythm 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 four weeks of camp.
			I give my child permission to participate in all activities and field trips sponsored by the <i>CIS Performance and Rhythm 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 Performance and Rhythm Summer Camp</i> for liability associated with my child’s/ward’s participation in the <i>CIS Performance and Rhythm 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 jdavis@aurora.edu .
			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. _____