



**FREE
SUMMER
CAMP**



City of Aurora Summer Education Youth Camp
 For students currently completing 1st through 5th grade in Aurora
 June 3-June 28, 2019 (Monday thru Friday) 8:30 a.m. – 2:00 p.m.
 Provided in partnership with the City of Aurora, West Aurora School District 129 and Communities In Schools of Aurora

- You will be notified of your child's placement.
- This enrollment form will need to be FULLY completed. **Separate enrollment form needed for each child enrolling.**

If you have any questions regarding the *MyTime Summer Camp*, please contact Anna Toole with Communities In Schools of Aurora, at 630-640-8462 or email agtoole@cisaurora.org. Please visit our website www.cisaurora.org for more information.

Smith Elementary School
1332 Robinwood
Aurora, IL 60506
Please return to your child's school office by Friday, May 15, 2019

STUDENT INFORMATION

| | | | | | | | |
|---------------------------------|--|---|---|------------------------|-----------------------------|--|--|
| Today's Date: | | Student's Grade Level (Currently) | | Student's School ID #: | | Student's State ID #: | |
| Student's Last Name | | First | | Middle | School Currently Attending: | | |
| Street Address | | City | State and Zip Code | | Student's Birthdate | Age | Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other |
| Language spoken in the home: | | | Free or reduced lunch: Yes No If yes, please circle free or reduced | | | | |
| Ethnicity: Check all that apply | | <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific | | | | | |
| Mother's Name | | Mother's Address if Different from Student's | | Mother's Home Phone | | Mother's Cell Phone Mother's Work Phone | |
| Mother's Email Address: | | | | | | | |
| Father's Name | | Father's Address if Different from Student's | | Father's Home Phone | | Father's Cell Phone Father's Work Phone | |
| Father's Email Address: | | | | | | | |

Other family members enrolling in program: **Separate enrollment form must be completed for each child enrolling.**

| | | |
|------------|-----------|------------------------------------|
| First Name | Last Name | Student's Grade Level (currently): |
| First Name | Last Name | Student's Grade Level (currently): |
| First Name | Last Name | Student's Grade Level (currently): |

AUTHORIZED PERSONS FOR PICK UP AND EMERGENCIES

I authorize the following individuals to pick-up my child at any time including emergencies when a parent cannot be reached. I know these persons and agree to allow MyTime Summer Camp staff to release my child into their care upon providing valid identification for verification purposes. In doing so, I relieve Communities In Schools of Aurora and employees of all responsibilities for my child after he/she has been released from the program. Communities In Schools of Aurora 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 of Aurora to elicit written agreement between separated parents for the purpose of clarifying who may or may not pick up a child from the after school program. If required, a court order will specify which parents may or may not have physical custody.

| Name of person picking up | Home Phone Number | Cell Phone Number | Work Phone Number | Relation to Child |
|---------------------------|-------------------|-------------------|-------------------|-------------------|
| | | | | |
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| | | | | |

MEDICAL HISTORY

Are there any special medical needs that your child has that we need to be aware of? YES NO If YES, please describe:

Any allergies? YES NO If YES, allergic to what? _____

Attendance Policy and Dismissal Policy

Only authorized individuals will be able to pick up your child, and they will be required to show identification. **Dismissal begins at 2:00 pm and children will not be dismissed from the program prior to 2:00 pm each day. Field Trip days – dismissal will begin at 3:00 pm.** Students enrolled are encouraged to attend all five days of the program each week. We have committed staff assisting students and providing engaging hands-on activities during the camp up to dismissal time. It is important for each student to remain in the program for the full program hours to receive these benefits. Daily attendance is taken when your child comes to the *MyTime Summer Camp*. Regular attendance and punctuality are essential.

Please initial and each statement below

| Initial | YES | NO | |
|---------|-----|----|--|
| | | | I give my permission for my student to be enrolled in the <i>MyTime Summer Camp</i> , five days a week until dismissal each day. I understand the program dismisses at 2:00 p.m. each day. I also understand students must remain in the program until the 2:00 p.m. dismissal each day to receive the full benefits of the program from our committed staff and community partners. |
| | | | I do hereby give permission for CIS of Aurora staff to transfer my child off the property for the purposes of medical care as deemed appropriate and in the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by CIS of Aurora staff, to hospitalize or secure proper treatment. |
| | | | I give permission for Communities In Schools of Aurora and those community partners we may authorize to use any of my child's name, photographs, writings, artwork, and to film, and/or videotape and/or performance in any activity as part of the <i>MyTime Summer Camp</i> program for the purpose of promotional, marketing, publicity, or other purpose whatsoever without additional notification or approval by me for program activities (including websites, YouTube, Twitter and Facebook). |
| | | | I understand the <i>MyTime Summer Camp</i> program is not able to provide one-to-one attended care during the program hours. Participants must be able to operate in a group with at least 10-12 other children and one adult staff member. Please contact Anna Toole if you have questions or concerns. |
| | | | I give my student permission to participate in all activities and field trips sponsored by <i>MyTime Summer Camp</i> and I agree to further release and hold harmless, Communities In Schools of Aurora and the City of Aurora including and not limited to their directors, officers, employees, partnering agencies in the <i>MyTime Summer Camp</i> for liability associated with my child's/ward's participation in the <i>MyTime 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 of Aurora 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. |
| | | | <p><i>MyTime Summer Camp</i> and Communities In Schools of Aurora will permit the self-administration of inhaler medication by a student with asthma or other illness and also an EpiPen for any allergic reaction if the following documents are provided by the student's parent or guardian. No other medication will be administered during the <i>MyTime Summer Camp</i> program.</p> <ol style="list-style-type: none"> 1. A 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: <ol style="list-style-type: none"> 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. |
| | | | <p>I understand the program will follow Communities In Schools of Aurora Code of Conduct Policies.</p> <p>The following disciplinary actions will be taken if the participant does not <u>follow the rules of the program</u>:</p> <ul style="list-style-type: none"> ■ 1st Verbal Warning ■ 2nd Written warning/a phone call to parents ■ 3rd Suspension from the program 3 days/with phone call home ■ 4th Student will be out of the program/Parent and Student meeting <p>Note: Depending on the severity of the action (the Program Coordinator will decide the severity of that action), a student can be suspended or discharged from the program immediately. Also, the Program Coordinator will keep an eye on every participant's behavior, and according to it, he/she will decide if the student will be allowed to participate in certain activities.</p> |

SELECTION CRITERIA

The target population for the program will be students currently attending 1st-5th grade in Aurora.

I agree to all the above policies, rules and procedures of the *MyTime Summer Camp* program. I realize that the *MyTime Summer Camp* is a voluntary program and not required. I also agree to support my child's learning and progression by adhering to the items contained in this packet.

It is the policy of the Board of Directors for CIS of Aurora 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 handicaps.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

This camp is a **free camp**; however, the total six-week program cost for each child is \$530.00 and a monetary donation in any amount for each student is appreciated to help pay for camp expenses and field trips when enrollment form is submitted to your child's school office. Checks should be made out to: Communities In Schools of Aurora.

Thank you in advance for your generous support!