

# Summer Enrichment Registration Form

## My child(ren) will be attending:

- SLICK (Summer School Afternoon Enrichment) June 6-24, July 25 – August 12.
- In Your Neighborhood @ Fairview (June 27- July 22).

**SLICK.** SLICK is an afternoon enrichment program offered for those children enrolled in the K-3 morning summer school program at Fairview. The program is hosted by Fairview School and supported by AmeriCorps Summer Learning Corps members.

- **Dates:** June 6-24, July 25 – August 12
- **Hours:** SLICK hours are 11:30 am to 5:00 pm. A bus will transport SLICK students to the high school for lunch at 11:30 am and returning to Fairview at 12:05 p.m. Students may elect to stay at Fairview if a brownbag lunch is provided.
- **Transportation:** To make it easier for families to participate in the morning summer school program, school bus transportation is available for children participating in the summer school program including those staying for the SLICK afternoon enrichment program. Bus schedule and stops is available at the Fairview office.

**In Your Neighborhood @ Fairview.** In Your Neighborhood @ Fairview is a drop-in program for kids in grades K-6. The program is hosted by Drake Community Library and supported by AmeriCorps Summer Learning Corps members.

- **Dates:** June 27- July 22
- **Hours:** In Your Neighborhood @ Fairview hours are 10am to 3pm at Fairview, with transportation to the high school for lunch at 11:40 am and returning to Fairview at 12:35 pm. Children may attend morning sessions, afternoon sessions, or both. Children may elect to stay at Fairview if a brownbag lunch is provided, or return home for lunch between sessions. Field trips for In Your Neighborhood are scheduled throughout the program. Check the weekly schedule for field trip schedules.
- **Registration and Sign-In Requirement:** Parents/Guardians are required to complete this registration form before their children may participate. Parent, guardian, caregivers are welcome to stay with child during programming. If a caregiver is under 18, that caregiver will require a registration form signed by their parent or guardian. If no registration form has been completed, child/caregiver will not be considered a participant in the program. All registered participants will be required to sign-in and sign-out for each session they attend.
- **Pick-Up/Drop-Off Times:** Designated time for In Your Neighborhood drop off is not earlier than 9:50 am, or for children attending only afternoon session: 12:35 pm. Designated time for In Your Neighborhood pick up is no later than 11:30 for children attending only the morning session, or 3pm for children in the afternoon session. Children who will be arriving or departing independently walking or by bicycle will need your permission to do so. Designated location for drop off and pick up is the student loading/unloading area at Fairview.

## CHILDREN ENROLLING

Child's Name \_\_\_\_\_ 2015-16 Grade \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Name \_\_\_\_\_ 2015-16 Grade \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

**PARENT/GUARDIAN** \_\_\_\_\_ { } Mother { } Father { } Other

Address \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell/Home \_\_\_\_\_

## HEALTH CONCERNS/MEDICATIONS

Does your child have allergies, dietary needs, or special health concerns we should be aware of? { } Yes- please explain { } No

My child has \_\_\_\_\_

Please list all medications your child is currently taking, if any:

\_\_\_\_\_

**Administering Medications.** SLICK and In Your Neighborhood will not dispense any form of medication, prescription, over the counter, or otherwise. If needed, arrangements can be made for you or your designee to administer medication to your child at Fairview. Additionally, medications cannot be brought into the program. If your child is found to have a substance in their possession, you will be contacted immediately to collect your child and the substance they possess. Prescription inhalers and epinephrine pens may be brought to the program and given to a program staff at check-in. They will be kept by program staff in a designated location and returned to your child at the end of the day at check out. A host site supervisor or AmeriCorps member trained in First Aid will be able to activate an epi-pen in the case of a life threatening allergic reaction.

**Physician and Insurance Information**

Child's Primary Physician

Physician Phone Number

Name of Your Insurance Provider

Insurance Policy #

**EMERGENCY INFORMATION**

AmeriCorps members are trained in first aid and able to handle everyday bumps and bruises. Should an emergency arise where medical attention is required, parents will be notified immediately. If parents cannot be reached, the person(s) listed as the emergency contacts will be called. All efforts will be made to contact you prior to taking medical action. If we need to contact either parent/guardian at work or home, but are unable to reach you, please provide 2 people who would be authorized to talk with our staff about your child (children). Your child will not be released to anyone who is not listed/authorized in the Transportation section below without written permission from the parent/guardian.

Emergency Contact Name

Address

Phone Number

**TRANSPORTATION**

**Pick-Up/Drop Off:** The designated location for drop off and pick up is the student loading/unloading area at Fairview.

\_\_\_\_ My child will be dropped off by: \_\_\_\_\_.

\_\_\_\_ My child is authorized to bike/walk independently to/from the program either by walking or by bicycle

Please list those who are authorized to pick up the child. Your child will not be released to anyone who is not listed/authorized:

Authorized Driver's Name

Phone Number

**Bus To/From Fairview (for SLICK only):** School bus transportation will be available to and from Fairview School for the SLICK program each day. Any such travel does subject the student to various hazards and dangers that are not present in a classroom. Of course the program will endeavor to prevent such accidents from occurring, but you should be aware of the additional risks involved in such travel. If you wish for your child to be able to ride the bus to and from Fairview school, please sign below:

{ } YES - I give my permission for my child/children to ride the bus to/from Fairview.

{ } NO - I do not give my permission for my child to ride the bus to/from Fairview.

**Bus To/From High School Lunch:** School bus transportation will be provided to and from the high school each day for lunch for both the SLICK and In Your Neighborhood programs. If you wish for your child to be able to ride the bus to and from the High School to eat lunch provided by the school district at no charge, please sign below:

{ } YES - I give my permission for my child/children to ride the bus to/from the high school lunch program.

{ } NO - I do not give my permission for my child to ride the bus to lunch and will provide a lunch from home.

**Fieldtrip Permission:** As part of the educational programming, students in the SLICK and In Your Neighborhood programs will be transported by bus or other school approved vehicles both within and out of the school district. Any such travel does subject the student to various hazards and dangers that are not present in a classroom. Of course the program will endeavor to prevent such accidents from occurring, but you should be aware of the additional risks involved in such travel.

{ } YES – my child has permission to attend field trips included in the program. Field trips may include walking and taking the bus.

{ } NO – my child does not have permission to attend any field trips included in the program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**LIABILITY RELEASE AND MEDICAL AUTHORIZATION**

I understand and agree that any injuries or illness my child/children may encounter at SLICK/In Your Neighborhood program are solely my responsibility and not the responsibility of the Grinnell AmeriCorps Partnership, city of Grinnell, Grinnell College or Grinnell-Newburg School District. In Your Neighborhood is open to the public with the understanding that for children who attend, a parent, legal guardian, or other designated caregiver remains responsible for their care and protection.

I hereby assume all risks of the SLICK and In Your Neighborhood programs including property loss or damage, personal injury and death—resulting from any Program activity (including transportation). I understand and acknowledge that the Program activities may include some risk or danger to the student and/or property. I agree to release, indemnify, defend, hold harmless, discharge, and covenant not to sue Grinnell-Newburg School District, the City of Grinnell, Grinnell College, their officers, employees, and agents, and all participants of the Program (collectively, the “Releasees”) from and against all liability, damage, or cost, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage arising out of or related to the student’s participation in the Program and Program activities, whether caused by the negligence of the Releasees or otherwise. I further agree that this Release and Medical Authorization shall be construed in accordance with the laws of the State of Iowa.

In the event of injury or illness, I give my consent for medical treatment, and permission to Program personnel to supervise or perform on-site first aid for minor injuries and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the student. I agree to assume all costs related to any such treatment. I authorize my insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand each student must provide his/her own medical insurance. I also understand that I am responsible for any medical or other charges related to the student’s participation in the Program.

I certify that the student is physically capable of participating in the Program activities. I have disclosed any physical limitations or medical problems which might limit the student’s capability to perform Program activities. The SLICK and In Your Neighborhood programs reserve the right to deny anyone the opportunity to participate where a question exists regarding a student’s physical capability to safely participate in any Program activity

I HAVE CAREFULLY READ THIS ENTIRE RELEASE AND MEDICAL AUTHORIZATION, FULLY UNDERSTAND IT, AND VOLUNTARILY AGREE TO BE LEGALLY BOUND BY IT.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDIA RELEASE AUTHORIZATION**

{  } YES - I give my permission for my child/children to be photographed or videotaped by staff and other program approved representatives and those photos may be used in publications, news releases or for use on the internet.  
{  } NO - I do not give my permission for any photos, videotaping or interviews.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL INFORMATION FOR SLICK AND IN YOUR NEIGHBORHOOD @ FAIRVIEW**

**Weather Policy**

Students will have Fairview Elementary as shelter. Students will be shown what to do during a tornado / fire drill during the first week. Students will be dismissed as weather permits. If the heat index rises to concerning levels, students will receive programming inside in an air conditioned classroom.

**Protocol for a child who has not been picked up.**

Students need to be picked up from the **SLICK** program by **5:00 p.m.** If students are not picked up by 5:05 p.m. the contact numbers provided will start being called.

Students need to be picked up from the **In Your Neighborhood** program by **3:00 p.m.** If students are not picked up by 3:05 p.m., the contact numbers provided will start being called.