

YOUTH PROGRAM SUMMER CAMP APPLICATION

\*\*\*\*A one-time activity fee of \$50.00 is due with application  
\$75.00 a week per camper  
Vouchers Accepted  
Dates of operation: Monday -Friday 6:00am - 5:30pm  
Pick up promptly at 5:30  
June 1, 2010 through July 31, 2010

CHILD'S NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

SEX \_\_\_\_\_ CURRENT AGE \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_ D.O.B. \_\_\_\_\_

NAME OF SCHOOL LAST ATTENDED \_\_\_\_\_

FAMILY INFORMATION

MOTHER'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

NAMES OF ANY OTHER CHILDREN WHO ATTEND CARVER CHILD CARE \_\_\_\_\_

Please list three (3) responsible adults who can be reached in case parent(s)/guardian cannot be reached in case of emergency

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Pager# \_\_\_\_\_

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Relationship: \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Pager# \_\_\_\_\_

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Relationship: \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Pager# \_\_\_\_\_

\*(Entire Application must be completed for enrollment)

## DISCIPLINE AND GUIDANCE POLICY

Brief supervised separation from the group may be used if necessary, which is referred to as "reflection period". The majority of children are old enough to understand consequence both negative and positive.

Children shall not be humiliated or subjected to abusive or profane language. Punishment shall not be associated with food.

## CAUSES OF DISMISSAL

1. Violent or threatening behavior (profane language, spitting, wild temper tantrums, etc...)
2. Child causing physical harm to themselves, other children or staff (fighting, kicking, biting, etc...)
3. Child refusing to participate or cooperate in every segment of Summer Camp.
4. Non-payment of required fees.

I understand the discipline guidance policy, with the understanding all camp proceedings are at the discretion of the Carver Community Organization Leadership staff.

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

## INTAKE AGREEMENT

**LATE POLICY:** A Carver staff member will attempt to call all persons/numbers listed on application in cases where the child has not been picked up by the end of the day's program (5:30). Parents will be charged \$10.00 for each ½ hour the child remains at the daycare. Payment is due at arrival.

If your child has not been picked up and attempts have been made to contact the parent or responsible person Child by 6:30 pm Child Protective Services (425-2124) will be notified.

1. I understand that my child will only be released to the parent(s) named above or the persons listed by the parent(s) on page 2.

Yes  No

2. In case of serious injury or illness, I grant permission for emergency medical treatment. Yes  No

3. I give the Carver Community organization and its designees to transport my child to and from field trips and other activities outside camp Facilities.

Yes  No

4. I understand that payment for Summer Camp is due each Monday

Yes  No

5. I understand I must supply the Summer Camp with my child's current Immunization Record prior to admission

6. I understand that the Summer Camp staff will notify parent(s) of any issues pertaining to their child's performance

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

## Water Activities

Does your child know how to swim?

(Is your child able to swim more the 12.5 yards without assistance?)

Yes  No

Do you want your child to participate in swimming activities (including Swim Lessons)?

Yes  No

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

(Signature is required)

Does your child have any allergies?  Yes  No

(If you checked yes physician should provide information on the attached Health Record Form).

Parent(s) or Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

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Parent(s) or Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION – Local Telephones Numbers Required**

I agree, and by my signature give consent that in case of an accident or illness of a serious nature my child will be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given with this application.

Signature of Parent or Guardian: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Emergency# \_\_\_\_\_

Does your child have insurance?  Yes  No

Which hospital you prefer your child to be transported to in case of emergency? \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Emergency contact: \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_ Phone# \_\_\_\_\_

**HOURS OF OPERATION:**

Youth Summer Camp Operates Between 6:00am-5:30 pm. **Late fees apply after 5:30pm.**

**AUTHORIZATION FOR PICK UP – Local Telephone Numbers Required**

We will not release your child to anyone without your authorization.

The individuals listed have my authorization to pick up my child from daycare:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**NON-AUTHORIZED PICK-UP**

The following \*individual(s) are specifically denied permission to pick up my child.

\*(If any individual listed is another parent of the child a court signed document is required.)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_

**CARVER COMMUNITY ORGANIZATION, INC.  
400 S E EIGHTH ST  
EVANSVILLE IN 47713**

Dear Parent(s):

The United Way of Southwestern Indiana and various other funding sources, local newspapers, and other organizations occasionally request photographs of the activities provided by Carver Community Organization, Inc.

We need a release from you, the parent/guardian, before releasing any photographs of your child to one of these funding sources or news media.

Thank you,  
David Wagner  
Executive Director

**Please check one of the following statements.**

**Yes, I give my permission** for \_\_\_\_\_'s picture to be  
(Child's name)  
Taken and released for publicity.

**No, I do not give my permission** for \_\_\_\_\_'s picture to be  
(Child's Name)  
Taken and released for publicity.

Parent/Guardian's signature \_\_\_\_\_

Date: \_\_\_\_\_

**Carver Community Organization**  
**Summer Camp Financial Responsibility**

**Payments:** All fees are due and payable on Monday for the current week of service. Charges will not be prorated for absences. Payments should be made in full and on time. We accept cash, check, money order, and credit card.

**Late Payment Fees:** Payments that are not made by the end of day on Monday for the current week of service is considered late. If your payment is not made by Friday, for that week of service, a late fee of \$5 will be assessed. If your account falls two weeks behind, your child will be suspended from camp until the balance is brought current.

**Late Pick-Up Fees:** Carver charges \$10 per ½ hour that you are late picking up your child. Late payment fees must be made before your child returns to camp.

**Vacations:** If your child will not be attending camp due to a vacation, please complete a Vacation Request form one week in advance of the intended absence. Vacations can only be taken in weekly increments for a maximum of two weeks. Charges will not be applied for vacations.

**Swipe Card Policy:** Participants of the Hoosier Works for Child Care Program are required to swipe their voucher card daily to record your child's attendance. The full-time attendance minimum is 25 hours per week. If your child is absent due to illness or vacation, you must use a personal day claim.

**Failure to Swipe Your Voucher Card:** When your card is not swiped for the minimum amount of hours (25), Carver does not receive the full tuition rate of \$75. As a result, you will be responsible for paying the balance.

**By signing below, you acknowledge your understanding and agreement of the terms for payment for services received from Carver Community Organization, Inc. You also acknowledge that you are the person responsible for payment(s) to be made to Carver Community Organization, Inc.**

\_\_\_\_\_  
Printed Name of the Person Financially Responsible

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Signature of Person Financially Responsible as indicated above

\_\_\_\_\_  
Date

# Computing Annual Income Worksheet

Name:		Identification No:				
<b>ANTICIPATED ANNUAL INCOME</b>						
	Family Member					Subtotal (add a-e)
	a.	b.	c.	d.	e.	
1. Wages/Salaries						
2. Business Income						
3. Interest/Dividends						
4. Benefits/Pension						
5. Social Security						
6. SSI						
7. SSDI						
8. Unemployment Benefits						
9. TANF						
10. Veterans Benefits						
11. Medicaid						
12. Other (please specify)						
<b>Total of last column. This is Annual Household Income:</b>						

Household size: \_\_\_\_\_

This household income is within the income range for HUD Income guidelines:  
 (circle one)    0-30%        31-50%        51-80%        81% and over

