



*Carver Community Organization  
400 S.E. 8<sup>th</sup> Street  
Evansville, Indiana 47713  
(812) 423-2612*

Before your child or children can begin the program, make sure the following forms are completed:

- Completed Summer Camp Program Application
- One-time activity fee of \$60.00 per child to reserve your child's spot \*(Non-Refundable) \*
- Parent/Guardian's Pay Stubs (a month's worth of income)
- CCDF Voucher (if on program)
- Case Number (if any member of your household receives Food Stamps or State TANF assistance)

**Return all completed applications to Mr. Der'rik at Carver Community Organization  
Monday through Friday from 8:30 am – 5:30 pm.**

**Contact information is (812) 423-2612 ext. 2201 and [dhardin@carverorg.org](mailto:dhardin@carverorg.org)**

Carver Community Organization, Inc.  
400 S. E. 8<sup>th</sup> Street  
Evansville, IN 47713  
Phone: (812) 423-2612 Fax: (812) 423-6941  
E-Mail: [carverorg@carverorg.org](mailto:carverorg@carverorg.org)



To whom it May Concern:

I hereby authorize and request that Carver Community Organization to be given the information specified, which is necessary to determine my family's income range based on CBDG (Community Development Block Grant) guidelines. This is without liability to me whatsoever and I may retain a copy of this authorization for my records.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\*\*Please Complete all Sections that apply to the applicant on the attached pages of this form and return to:

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## Youth Program Summer Camp Application

\*A one-time activity fee of \$60.00 is due with application (\*\*Non-refundable)

\*\$76.00 a week per child

Dates of Operation: Monday-Friday 6:00am—5:30pm

Pick up promptly at 5:30

May 26, 2019 through July 31, 2019

Child's Name: \_\_\_\_\_ Nickname(?): \_\_\_\_\_

Male  Female Age \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

School Name: \_\_\_\_\_

### Family Information

Mother/Guardian's Name: \_\_\_\_\_ Legal custody of child:  YES  NO

Address & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address & Zip code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Legal custody of child:  YES  NO

Address & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address & Zip code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

List names of other children who attend Carver Day Care and Preschool (if applicable)

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**Hours of Operation**

6:00 am—5:30 pm

*\*\*LATE FEES APPLY AFTER 5:30 pm*

**\*Authorization for Pick-Up**

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

The following individuals have my authorization to pick up my child from childcare.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*If you wish to add or delete any of the individuals listed above, please complete another Authorization for Pick-Up Form.*

**\*Non-Authorized Pick-Up**

The following individuals are specifically DENIED permission to pick up my child (if applicable):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Date

*\*To add or remove any of the individuals listed above, please contact Carver Community Organization at (812)423-2612*

**Emergency Contacts**

Please list three (3) responsible adult persons to be contacted in case parent/guardian cannot be reached in the case of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

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## Emergency Medical Authorization

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, and if necessary, transported by ambulance. 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.

Physician's Name: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Dentist's Phone Number: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone # 1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

My child is insured:     Yes         No

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

\_\_\_\_\_  
Date

## Behavior and Habits Form

1. How does your child react to other children? \_\_\_\_\_  
\_\_\_\_\_
2. How does your child react to adults? \_\_\_\_\_  
\_\_\_\_\_
3. How does your child react to new situations? \_\_\_\_\_  
\_\_\_\_\_
4. Is he/she insecure? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Does he/she show independence? \_\_\_\_\_  
\_\_\_\_\_
6. What is your child's attitude toward discipline? \_\_\_\_\_  
\_\_\_\_\_
7. How does your child show fear? \_\_\_\_\_
8. What are some of the things that make your child afraid? (i.e.: the dark, heights, dogs, cats, etc.)  
\_\_\_\_\_
9. Does he/she share things willingly? \_\_\_\_\_
10. Is he/she destructive? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
11. How does your child react to adults? \_\_\_\_\_
12. Is he/she friendly in most situations? Yes  No  Shy? Yes  No   
Aggressive? Yes  No  Withdrawn? Yes  No
13. How does your child reveal his/her feelings? \_\_\_\_\_  
\_\_\_\_\_
14. What makes your child upset? \_\_\_\_\_  
\_\_\_\_\_
15. Is there a pet in the household? Yes  No   
If yes, how does your child react with the pet? \_\_\_\_\_  
If no, how does your child react to animals and pets? \_\_\_\_\_

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## Eating Habits

1. Does your child have any type of eating disorders? Yes  No   
If so, please explain:

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2. Does your child have any allergies or food sensitivities? Yes  No   
If so, please fill out the following chart

### **Allergens and Sensitivities**

If your child is allergic or sensitive to certain foods, please specify along with reactions:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

\*\*Physician should provide information on the attached Health Record Form

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Signature of Parent or Guardian

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Date

### **Water Activities**

1. Does your child know how to swim? Yes  No
2. Is your child able to swim more the 12.5 yards without assistance? Yes  No
3. Do you want your child to participate in swimming activities (including Swim Lessons)?  
Yes  No

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Signature of Parent or Guardian

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Date

## DISCIPLINE AND GUIDANCE POLICY

Brief supervised separation from the group may be used if necessary, which is referred to as "reflection period". Most 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

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

\_\_\_\_\_  
Date

## 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 be 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 due at arrival.

If attempts have been made to contact you as well as the listed responsible adults and your child has not been picked up 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 (pg 2) or authorized (pg 3)  
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

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

\_\_\_\_\_  
Date



## **MEDIA RELEASE FORM**

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,

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

- Yes, I give my permission for \_\_\_\_\_'s picture to be**  
Child(ren)'s name  
**taken and released for publicity.**
- No, I do not give my permission for \_\_\_\_\_'s picture to be**  
Child(ren)'s name  
**taken and released for publicity.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

**Parent - Provider Transportation Agreement**

Child Care Program: **Carver Community Organization Summer Camp**

I, \_\_\_\_\_, give permission for my child care provider, or any approved  
(Name of parent)

employee of the above program, to transport my child(ren) \_\_\_\_\_  
(Name(s) of child(ren))

for the following reasons (check all that apply):

- \_\_\_\_\_ Field trips
- \_\_\_\_\_ Shopping
- \_\_\_\_\_ Play dates
- \_\_\_\_\_ Excursions to the park
- \_\_\_\_\_ Emergency purposes
- \_\_\_\_\_ Any reason deemed necessary by the program

It is agreed that:

1. The caregiver will never leave my child(ren) unattended in any motor vehicle or other form of transportation.
2. Each child will board or leave a vehicle from the curb side of the street.
3. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law.
4. Any motor vehicle used to transport my child(ren) will have current registration and inspection stickers and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.
5. The caregiver will notify me in advance of any instance where my child(ren) will be transported while in care.
6. The driver(s) is considered my employee or volunteer and therefore has met ALL CCDF Provider Eligibility Standards

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Provider/Director)

\_\_\_\_\_  
(Date)

**FINANCIAL RESPONSIBILITY FORM**

All fees are due and payable at the time of service. Fees for the current week are due no later than Friday by 5:30 p.m. If full payment on your account isn't received by the following Monday by noon, your account will be suspended, and Carver will not be able to accept your child for care the next day. All accrued fees must be paid before service can resume. You will be contacted by a Carver Staff Member to request payment of your account. You will have 30 days to respond. If you do not respond within the 30-day timeframe after being contacted for payment, your account will be turned over to a collection agency. We will set up a payment plan for clients who contact us to pay their past due fees if contacted before your account is turned over to a collection agency. However, you will be turned over to a collection agency if you do not keep your agreed payment arrangement. By signing below, you acknowledge your understanding and agreement of the terms for payment for services received from Carver Community Organization, Inc., and the collection procedure required for services received. By signing below, you also acknowledge that you are the person responsible for payment(s) to be made to Carver Community Organization, Inc.

I also understand that I am responsible for any attorney fees and court costs incurred in collecting and unpaid balances for services I received. I agree that this statement applies to all current and future claims.

\_\_\_\_\_  
**Printed Name of person Financially responsible for child**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of person financially responsible**

\_\_\_\_\_  
**Date**

**ATTESTATION**

To the best of my knowledge, all the information provided herein is true and factual.

\_\_\_\_\_  
**Signature of official completing form**

\_\_\_\_\_  
**Date**

**Relationship to Child:** \_\_\_\_\_

