



Peaslee Agents of Change

2016-17 School Year Program Registration



| | |
|--------------------|----------------------|
| Office Use | |
| Received by: _____ | |
| Date: _____ | |
| _____ | Application Complete |
| Allergies : Yes/No | |

| Parent/Guardian Information | |
|---|-------|
| Name: | _____ |
| Relationship to student: | _____ |
| Street Address: | _____ |
| City, State & Zip: | _____ |
| Phone (Home): | _____ |
| Phone (Work): | _____ |
| Phone (Cell): | _____ |
| Email: | _____ |
| Where can you be reached while your student is in this program? (Wednesdays, 3:30—5:30 p.m.) | |
| Emergency Contact Name: | _____ |
| Relationship to Student: | _____ |
| Phone (Home): | _____ |
| Phone (Work): | _____ |
| Phone (Cell): | _____ |

| Student Information | |
|---------------------|-------------|
| Name: | _____ |
| Date of Birth: | _____ |
| Age: | Grade: |
| School Attending: | _____ |
| Gender: | Male Female |

| | |
|--|-------|
| Who will be responsible for dropping off and picking up your child each day from the program? | |
| _____ | |
| Please list the names and phone numbers of any additional people who will be picking up your child. They must show ID to program staff upon arrival. | |
| _____ | _____ |
| Name | Name |
| _____ | _____ |
| Phone | Phone |

Health Information

Name of child’s Physician or Clinic/ Hospital _____

Address _____

Phone _____

Does your child have any food, medication or environmental allergies?

____ No

____ Yes

If yes, please list and explain:

Do your child’s allergy/allergies require Peaslee program staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child?

____ No

____ Yes – Complete Medical Physical Care Plan form & Request for Administration of Medication form (see attached)

Does your child have a special health or medical condition?

____ No

____ Yes – please explain _____

Is your child using any medication?

____ No

____ Yes – please explain _____

List any additional information about your student that would be useful for the program staff to know.

Assumption of Risk and Release Agreement

Parent/Guardian agrees and acknowledges that while participating in summer program at Peaslee there are inherent risks of injury in the general participation in class sessions, events, field trips, and programming. I voluntarily assume and accept such risks of personal injury and illnesses arising from my child’s attendance and participation in such activities, class sessions, events, field trips and programming.

I hereby release Peaslee, its trustees, employees and agents from all actions, claims or demands that I and my heirs or representatives now have or may hereafter have for personal injuries or property damage resulting from the child’s attendance and or participation in such activities and events. I/we agree that this release includes personal injury or property damages caused in whole or in part by negligence, active or passive, of Peaslee, its trustees, employees and agents. This release does not apply to liability for willful injury or fraud.

This permission and release shall remain effective through the end of the program in which the child is enrolled, unless and until a written revocation is delivered to the Program Director.

X _____

Parent/ Guardian

Date

Photo Release

Student's name _____

I grant to Peaslee, its representatives and employees, the right to take photographs and audio/video clips of me and/or my child(ren). I authorize Peaslee, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Peaslee may use such photographs of me or my child, with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above.

X _____

Parent/ Guardian

_____ Date

Peaslee Program Policies and Procedures

This packet is designed to familiarize you with Peaslee's policies and procedures, as well as open the doors to consistent communication concerning your student's program experience. Please take time to review the information outlined in the packet and feel free to direct any questions and/or comments to the Program Director, Jenn Arens.

Dates, Hours of Operation & Staff Contacts:

Agents of Change (ages 11 – 15) Wednesdays, 3:30—5:30 p.m.

Agents' weather cancellations and holiday closures will follow the CPS schedule.

There will be no programming on Wednesdays, September 21, October 19, November 23, December 21 & 28, and March 29.

Snack provided

Program Director: Jenn Arens – (513) 621-5514 x15

IMPORTANT NOTE: Please inform the program director or call Peaslee if your student is unable to attend for a particular day.

Location:

Peaslee Neighborhood Center
215 East 14th Street
Cincinnati, Ohio 45202
(513) 621-5514

Registration Forms: Program spaces will be filled on a first come first serve basis (priority given to Over-the-Rhine residents). The Child Enrollment and Health Information forms (above) must be completed, signed and returned with your registration fee to ensure your child's space in the program.

Programs and Expectations

All students should wear loose fitting clothing that will allow them to move freely. Students may NOT wear tight jeans, revealing clothing, and "short shorts", shirts that expose the belly or excessive jewelry. Students may not bring candies, electronic devices, toys, weapons, knives, hazardous or poisonous materials or unapproved medicine. Cell phones are permitted, but will need to be turned off during program time to prevent unnecessary distractions.

Walks:

Supervised walks in the surrounding neighborhood, including downtown will occur. By enrolling your student, parent/guardian hereby gives Peaslee the permission to engage the child in this walk with Peaslee Program Staff.

Illness & Accidents:

If your child is ill, we ask you take adequate measures not to expose them to other children if the illness communicable. If your child is slightly under the weather, please alert the Program Director and we will keep an eye out for them. We ask that you do not bring your child to the program if your child has a temperature of 100 degrees or higher; skin rash or untreated infected skin patches; diarrhea or vomiting; stiff neck; yellowish skin or eyes. If a child has any of these symptoms above, he/she cannot stay at the program. If symptoms develop during the day we will call the parent, and it is the parent's responsibility to see that the child is picked up promptly.

Safety, Student Code of Conduct and Discipline

No child is ever left alone or unsupervised. A telephone for emergency use is available at all times in the office. Students are expected to arrive on time and behave in a respectful and responsible manner. If serious misbehavior occurs, we give the student the opportunity to discuss the matter with an adult. We do not make it a practice to report small misdemeanors. They are a part of growing up and learning to live with each other. If more serious matters, such as aggressive behavior toward other students and/or adults occur, Peaslee will alert parent/guardian to ensure consistency in helping the student. Peaslee, however, reserves the right to remove any student from a class or the entire program without refund, due to conduct, discipline or other reasons at any time during the program.