



2017 Peaslee Summer Program Registration

Registration Deadline: Monday, May 15th



Office Use:	Received by:		Registration Fee Paid?		Allergies : Yes/No
	Date:		Application Complete?		

Camper Information		Parent/Guardian Information	
--------------------	--	-----------------------------	--

Name:		Name:	
Date of Birth:		Relationship to student:	
Age:		Grade:	
School Attending:		Street Address:	
Gender:	·Male ·Female	City, State & Zip:	
		Phone (Home):	

Non-Refundable Registration Fee:

- One time registration fee, \$25 per child, \$10 each additional child.
- Payable prior to camp start date with completed registration forms.

Total number of people in your household: _____

Household Income (please check one):

Less than \$20,000 \$20,000—\$30,000

\$30,000—\$40,000 \$40,000—\$50,000 \$50,000+

Phone (Work):	
Phone (Cell):	
Email:	
Where can you be reached while your student is in this program?	

Note: Parent/guardian above cannot be listed as an emergency contact. Any person listed should be at least 18 years of age and be able to assist in contacting you in the case of an emergency.

Emergency Contact Name:		Emergency Contact Name:	
Relationship to child:		Relationship to child:	
Phone (Home):		Phone (Home):	
Phone (Work):		Phone (Work):	
Phone (Cell):		Phone (Cell):	

Authorized Pick-ups (must be at least 18 years of age)

Who will be responsible for dropping off and picking up your child each day from camp?

Please list the names and phone numbers of any additional people who are authorized to pick up your child. They must show ID to program staff upon arrival.

Name: _____ Phone: _____

Name: _____ Phone: _____

Peaslee Summer 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 child’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 Peaslee staff at (513) 621.5514.

Dates, Hours of Operation & Staff Contacts:

Agents of Change (ages 11 – 15): June 6th – July 27th (Tues., Wed., Thurs.) 10:00am – 2:00pm
Breakfast and lunch provided

Program Director: Jenn Arens – (513) 621.5514 x15

Peaslee Kids Summer Camp (ages 6-10): June 6th – July 28th (Tues.—Fri.) 9:00am – 4:00pm
Breakfast, lunch, and snack provided

Program Contact: Jennifer Summers – (513) 621.5514 x24

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

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. Youth 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 a parent/guardian to ensure consistency in helping the student. Peaslee, however, reserves the right to remove any youth from a class or the entire program without refund, due to conduct, discipline or other reasons at any time during the program.

Photo Release	
Child’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 Enrollment Agreement

Name of Child: _____ Date of Birth: _____

Parent/ Guardian Name: _____

Please initial on the line next to each policy/procedure:

SECTION 1: REGISTRATION AND FEES

_____ **REGISTRATION FEE AND FORMS:** I understand that Peaslee's Summer Programs have a **ONE TIME** registration fee of \$25 per child and \$10 for each additional child, payable in advance of program start date. Registration deadline is **Monday, May 15th**. I understand that **all forms** must be completed, signed and returned with my registration fee by **May 15th** to ensure my child's space in the program(s). I understand that I may not guarantee my child's enrollment until the registration fee is paid in full and spaces will be filled on a first come first serve basis (priority given to Over-the-Rhine residents). I understand that the registration fee is non-refundable and non-transferable.

_____ **CHARGES AND PROCEDURES FOR LATE PICK-UP:** I understand that if I fail to pick up my child by the program end time, I will be charged a late fee of \$1 per minute per child. Late pick up payments will be due by the next day of programming.

SECTION 2: DAILY PROCEDURES

_____ **DAILY SIGN-IN AND SIGN OUT:** I agree to sign my child in and out every day. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the program to drop off and pick up my child, and that I must escort my child to and from the designated classroom/area and staff member each day.

_____ **SELF SIGN-IN AND SIGN-OUT:** I understand that only children who are 11 years or older **AND** have an official permission form on file may sign themselves in and out of the program.

_____ **PROGRAM START TIME:** I understand that if I arrive more than 15 minutes after the program start time, I will have to walk my child to his/her group location.

_____ **PROGRAM END TIME:** I understand that my child may not be picked up before program end time unless prior arrangements have been made with the director. If I pick up earlier than this, I will be responsible for finding my child's group and signing my child out of the program.

_____ **ILLNESS AND ACCIDENTS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact to pick up upon notification. I understand that I am not to bring my child to the program if he/she 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 my child is exposed to or contracts a communicable disease, I agree to notify Peaslee Neighborhood Center. If my child is slightly under the weather, I agree to alert the Program Director so he/she can be monitored by staff.

_____ **MEDICATION:** I understand that my child may not carry any type of medication on his/her person or belongings (this includes inhalers). If my child needs medication, I understand that I must complete an Administration of Medication form and submit it to the program coordinator with the medication.

_____ **SUNSCREEN:** I understand that if my child brings sunscreen and/or bug spray to the program, he/she will be permitted to apply it during program hours.

SECTION 3: PARTICIPATION

_____ **APPROPRIATE DRESS:** I understand that all youth should wear loose fitting clothing (shorts and t-shirts) that will allow them to move freely. I understand that youth may NOT wear tight jeans, revealing clothing, and "short shorts," shirts that expose the belly or excessive jewelry.

_____ **ITEMS FROM HOME:** I understand that youth may not bring electronics or toys from home. These items include, but are not limited to: candies, electronic devices, toys, weapons, knives, card games, iPods, 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. I understand that if my child brings these items, the staff will confiscate the item(s) and return to the parent at the end of the day.

_____ **ACTIVITIES:** I give permission for my child to use all equipment and participate in all activities of the program. I understand that many activities are based outdoors and my child may be outside, even if there is light rain.

_____ **FIELD TRIPS:** I give permission for my child to participate in any trips or excursions away from the program site. I understand that transportation for these trips or excursions may be made by walking, riding in a leased bus, or riding in a Peaslee staff vehicle.

_____ **BEHAVIOR MANAGEMENT:** I understand that my child will be expected to follow and be held accountable for all program rules. I understand that physical violence and bullying are not tolerated. If my child is involved in these behaviors, I understand that I will be called to pick my child up immediately and he/she may be suspended from the program.

_____ **SWIMMING:** I give permission for my child to go swimming or otherwise participate in water activities in and near bodies of water two or more feet in depth. I understand that during any scheduled swim activity a certified lifeguard will be on duty at all times. I give permission for my child to walk to and participate in all swimming activities during the summer program (June 6-July 28, 2017). I will complete any additional required paperwork for swim activities at local pools.

My child is a non-swimmer swimmer.

SECTION 4: HOLIDAYS, ABSENCES AND CLOSURES

_____ **HOLIDAYS/CLOSURES:** I understand that camp is closed on Independence Day (July 4). I also understand that Agents of Change ends July 27, 2017 and Peaslee Kids ends July 28, 2017.

SECTION 5: STATE LICENSING AND OUR POLICIES

_____ PEASLEE NEIGHBORHOOD CENTER POLICY:

- I understand that Peaslee is not responsible for personal property lost, stolen or broken while participating in the program. My child is responsible for all of his/her belongings.
- I understand that Peaslee is not responsible for anything that occurs as a result of false or incomplete information given by parent/guardian.
- I understand that any medical expenses resulting from any illness or injury incurred while attending any Peaslee program is my responsibility. Peaslee assumes no responsibility for injuries or illnesses which may occur as a result of a child's physical condition or resulting from his/her participation in any athletics, use of equipment, exercise, games or any other activities.
- I understand that while attending a 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. I understand that this release does not apply to liability for willful injury or fraud.
- I understand that permission and release shall remain effective through the end of the summer camp in which my child is enrolled, unless and until I deliver a written revocation to the Program Director.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN NAME (PRINTED): _____

Health Information

Name of child's Physician or Clinic/ Hospital _____

Address _____

Phone _____

Does your child have any food, medication or environmental allergies? (*check one*)

_____ 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? (*check one*)

_____ 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? (*check one*)

_____ No

_____ Yes – please explain _____

Is your child using any medication, food supplement or medical food (such as electrolyte solution)? (*check one*)

_____ No

_____ Yes – please explain _____

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

_____ No

_____ Yes – please explain _____

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

List any additional information about your child that would be useful for staff to know, such as fears, eating/sleeping habits, or special routines. This should not be medical or health related, as that information should be included on previous sections.

