



# Keystone Community Services Summer Day Camp 2026 Attendance and Behavior Requirements

Dear Parents and Guardians,

Welcome to Community Kids Summer Day Camp! The program starts on Monday June 22<sup>nd</sup> and goes through August 14<sup>th</sup>. The hours are from 12:00 to 5:00pm Monday through Friday. We will be closed for holiday on July 3<sup>rd</sup>.

**This program is for youth entering grades K-5 in September 2026.**

Summer Day Camp will include literacy and math instruction as well as enrichment activities such as arts, science, gardening, and sports. Lunch and afternoon snack will be provided daily.

Van transportation is limited and may be arranged **if you cannot arrange any other transportation** to and from program, if you live in the West 7<sup>th</sup> neighborhood, and if there is space remaining. Please fill out this application and return it as soon as possible.

***Please read and agree to the following attendance and behavior requirements:***

- Regular attendance is required. Please do not register your child unless they intend to come to the program on a regular basis. **We do not do part-time or drop-in enrollment.**
- Please call or text your child’s teacher if your child will be absent.
- Children entering grades 1-5 need to be dropped off by a parent/guardian to a staff person. They may not arrive before 12:00 and they may not enter the building alone.
- Youth must wear tennis shoes (shoes that cover toes and heels). Flip-flops and sandals are not allowed.
- Please leave toys and personal items at home. Keystone assumes no responsibility for personal items such as cell phones and electronics that a child may bring.
- Students need to cooperate with one another and with staff and volunteers. Keystone does not allow any kind of physical violence or verbal threats (kicking, hitting, shoving, etc.) If your child uses physical aggression, a parent will be contacted and the student will be suspended from the program for at least one day. Parents are expected to work with staff to resolve any issues.
- Keystone reserves the right to discontinue enrollment of any student who causes disciplinary problems during Summer Day Camp.
- If you have an issue to discuss, please contact the Lead Youth Program Facilitator, Dominic Cobb.
- We look forward to a safe, fun, productive summer with your children!

Thank you,  
Dominic Cobb, Lead Youth Program Facilitator  
[dcobb@keystoneservices.org](mailto:dcobb@keystoneservices.org)

**I consent to my child’s participation in all activities of the Keystone Summer Day Camp including all field trips listed on the summer calendar. I understand and agree to the rules and expectations for the program and I will support staff in their work with my child(ren).**

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_



## Community Kids Emergency Form - Part A

Student First Name:		Middle Name:		Last Name:	
Home Address:			City:		Zip Code:
Home Phone:		Email Address:			Birth Date:
Name of School in Sept 2026:			Grade in Sept. 2026:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<b><u>PARENT/GUARDIAN CONTACT INFORMATION</u></b>					
Person(s) student lives with (list below) - <input type="checkbox"/> Two Parents/Guardians <input type="checkbox"/> One Parent/Guardian					
Name		Relationship to Child		Work Phone	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			
		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			

**If unable to contact Parent(s)/Guardian listed above, in an emergency situation, please contact:  
MUST LIST 2 EMERGENCY CONTACTS OTHER THAN PARENT(S)/GUARDIAN(S) LISTED ABOVE**

<b>(1) EMERGENCY CONTACT - Other than listed above</b>					
Name and relation to child:					
Address:					
Home Phone:		Cell Phone:	Work Phone:		
<b>(2) EMERGENCY CONTACT - Other than listed above</b>					
Name and relation to child:					
Address:					
Home Phone:		Cell Phone:	Work Phone:		

**AUTHORIZATION TO PICK-UP STUDENTS: PLEASE LIST 2 AUTHORIZED PERSONS (can be same as emergency contacts)**

<b>(1) Authorized Person for Pick Up</b>					
Name and relation to child:					
Phone:					
<b>(2) Authorized Person for Pick Up</b>					
Name and relation to child:					
Phone:					

Are there any individuals who **DO NOT** have permission to pick up your child from program?    Yes    No

If yes, list name(s): \_\_\_\_\_.



# Community Kids Emergency Form - Part B

**Student's Name:** \_\_\_\_\_

Please complete all of the following questions.

1. Does your child have any physical conditions requiring attention (allergies, hearing, speech, epilepsy, heart, vision, diabetes, other)? Yes No

If yes, please list: \_\_\_\_\_.

Are there any behaviors or reactions we should look for because of the conditions listed above?

Yes No If yes, please list: \_\_\_\_\_.

2. Does your child have any special needs (i.e. physical disability, learning disability, autism, ADHD, behavior challenges)? Yes No

If yes, please list: \_\_\_\_\_.

3. Does your child have an Individual Education Plan (I.E.P) at school? Yes No  
\*\*If yes, we will need a copy for our records.

4. Is your child on a medication that our staff may need to give them? Yes No  
\*\*If yes, please request a "Medicine Permission Form" from staff.

5. In case of an emergency, what is your preferred hospital? \_\_\_\_\_

6. Does your child have a dentist? Yes No

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

Does your child have dental insurance? Yes No

Dental Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

7. Does your family have medical insurance? Yes No

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I/We hereby release Keystone Community Services and its staff members and volunteers from any responsibility of liability for personal injury sustained by my child. I/We also understand that, in the event of a medical emergency while under the care and supervision of the Community Kids Program, every effort will be made to reach me/us or the designated emergency contact persons. However, if the emergency contact persons or I/we cannot be reached, I/we do hereby give permission for Keystone staff to perform first aid and or CPR and/or to secure the services of licensed medical personnel to provide the care necessary for my child's safety.

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

\_\_\_\_\_  
Date



# Community Kids Summer Day Camp Transportation and Demographic Form

Child's Name: \_\_\_\_\_

**Transportation to and from the program:**

Yes  No My child needs agency van transportation to and from the program. **This is only for families that cannot arrange other transportation and live in the West 7<sup>th</sup> neighborhood and if van space remains.**

Yes  No I will bring my child to Summer Day Camp at 12:00pm and will pick my child up before 5:00 pm daily.

**Demographics:** This information is required by our program funders. Individual information will not be shared.

**A. Race**

Is your child(ren):  African American  American Indian  Multiracial  
 Asian/SE Asian/Pacific Islander  White/European American  Other: \_\_\_\_\_

**B. Ethnicity**

Is your child(ren):  Hispanic/ Latino  Not Hispanic/ Latino

**C. Language**

Is English the second language in your home?  Yes  No  
Language(s) spoken at home: \_\_\_\_\_

**D. Income**

- How many people live in your household? \_\_\_\_\_
- About how much is the **monthly** income for your household? Please circle one:  
 \$0 -----\$3400  
 \$3400 – \$4300  
 \$4300 – \$5200  
 \$5200 – \$6100  
 \$6100 – \$7900

E. What would you most like us to focus on with your child this summer? (Examples: Reading, math, enrichment activities, physical activity, socialization) Please list below.

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



## Community Kids Summer Day Camp Media Release Consent Form

Keystone Community Services is making a concentrated effort to promote the positive activities and work of our staff and students in Summer Day Camp. This includes working with local newspapers, radio, and television stations and also developing our own publications. Student images may appear on the center’s web site and Facebook page as well as in other publications.

Periodically, we also get requests from partner organizations requesting images from our Summer Day Camp program to promote out of school time activities on various media outlets.

Please fill out the form below to inform us of your wishes regarding publicity.

<b>Child’s Name:</b>	
<b>Parent/Guardian Name:</b>	

**Please check one box:**

- I grant permission to **Keystone Community Services and their partners (St. Paul Public Schools, SPROCKETS, Literacy MN, Americorps, etc.)** to use my child’s image in official Keystone Community Services and partner publications including, but not limited to, printed materials such as brochures and newsletters publication via web site or other technological/internet publications, videos, newspapers, radio, or television without further consideration.

I will make no monetary or other claim against Keystone Community Services or their partners for the use of the photograph(s)/video. I also acknowledge that Keystone Community Services or their partners may choose not to use my child’s image at this time, but may do so at its own discretion at a later date. Both Keystone Community Services and its partners reserve the right to discontinue use of photos without notice.

- I grant permission **ONLY** to **Keystone Community Services** to use my child’s image in official Keystone Community Services publications including, but not limited to, printed materials such as brochures and newsletters publication via web site or other technological/internet publications, videos, newspapers, radio, or television without further consideration.

I will make no monetary or other claim against Keystone Community Services for the use of the photograph(s)/video. I also acknowledge that Keystone Community Services may choose not to use my child’s image at this time, but may do so at its own discretion at a later date. Keystone Community Services reserves the right to discontinue use of photos without notice.

- I **do not want** pictures taken of my child.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Community Kids Summer Day Camp Summer Learning Program (SLP)

---

Community Kids partners with Saint Paul Public Schools to provide Summer Learning Program (SLP) Instruction. We plan to include students that are currently in grades 1-6 (2025-26 school year) if we are able to enroll enough students. SLP is funded by the state of Minnesota and Saint Paul Public Schools (SPPS). Community Kids teachers provide support in math, reading, science and applied academics. The teachers plan creative, engaging activities that reinforce concepts learned during the school year. Students may not attend another SPPS school during summer if they are enrolled in Community Kids.

As part of your student's participation in Summer Learning Programs, they will have a Continual Learning Plan (CLP) that works toward the following three goals:

1. Improve academic skills.
2. Gain college & career skills including critical thinking, problem-solving, creativity, social responsibility, initiative and flexibility.
3. Gain social emotional skills including, communication, collaboration, leadership, positive relationships with adults and peers.

By submitting this form, I give my child permission to participate in Summer Learning Program (SLP) and agree with the three CLP Summer Learning goals listed above. I have discussed these goals with my student.

---

Parent or Guardian Signature

---

Date