



Keystone Community Services Summer Day Camp 2023 Attendance and Behavior Requirements

Dear Parents and Guardians,

Welcome to Community Kids Summer Day Camp! The program starts on Tuesday June 20th (June 19th is a holiday) and goes through August 11th. The hours are from 12:00 to 6:00pm Monday through Friday.

This program is for youth entering grades 1-10 in September 2023.

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 7th 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 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 Program Director, Julie Murphy.
- We look forward to a safe, fun, productive summer with your children!

Thank you,
Julie Murphy, Program Director
jmurphy@keystoneservices.org; 651-504-2246

I consent to my child's participation in all activities of the Keystone Summer Day Camp. I understand and agree to the rules and expectations for the program and I will support staff members 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 2023:		Grade in Sept. 2023:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<u>PARENT/GUARDIAN CONTACT INFORMATION</u>				
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	Cell 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

(1) EMERGENCY CONTACT - Other than listed above				
Name:				
Address:				
Home Phone:	Cell Phone:	Work Phone:		
(2) EMERGENCY CONTACT - Other than listed above				
Name:				
Address:				
Home Phone:	Cell Phone:	Work Phone:		

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

(1) Authorized Person for Pick Up	
Name:	
Phone:	
(2) Authorized Person for Pick Up	
Name:	
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 7th 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 6:00 pm daily.

Yes No I give permission for my child to walk or ride a bicycle to and from the program. (Allowed for 5th grade and older students.) Keystone Community Services assumes no responsibility for students before they arrive or after they sign out to go home.

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. Is this a single parent household? Yes No

E. Is your child eligible for free or reduced lunch at school? Yes No

F. **GPA required for students going into 7th-12 grades only:** What was your child's GPA (grade point average) at the end of the school year? _____

G. 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.

Child's Name:	
Parent/Guardian Name:	

Please check one box:

- I grant permission to **Keystone Community Services and their partners (St. Paul Public Schools, SPROCKETS, 21st Century Community Learning Centers, Literacy MN, Ignite MN, 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: _____