



Mt. Hope Learning Center
 140 CYPRESS STREET
 PROVIDENCE * RHODE ISLAND * 02906
 PHONE: 401-455-8875
 www.mthopelearningcenter.org

Summer Camp Application 2009

Monday-Friday 9a-5p

Extended care available 8:15a-9a - \$5 per day / 5p-5:45p - \$5 per day

Camp will be held at King Elementary or Hope High School

 First Name

 Last Name

Sex (**circle one**): Female Male

Date of birth: _____

Grade (**circle one**): 1st 2nd 3rd 4th 5th 6th School: _____

Race/Ethnicity (**circle all that apply**):

American Indian/Alaskan Native

Asian/Pacific Islander

White

Black/African American

Hispanic/Latino

Other _____

Do you want your child to attend for all five weeks? YES NO

\$240 total for 5 weeks (pay by June 12th and receive 10% off)

If not, please circle the session(s) that you would like your child to attend:

June 29 - July 2
 (no camp July 3rd)
 \$40

July 6 - 10
 \$50

July 13 - 17
 \$50

July 20 - 24
 \$50

July 27 - 31
 \$50

Contact Information

 Guardian's Name

 Home number

 Work / cell number

 Guardian's Name

 Home number

 Work / cell number

Address: _____

City, State, and Zip code: _____

Health Form

Camper's Name: _____

This form is designed to give Mt. Hope Learning Center the information we need to ensure a safe, high-quality program for your child, and to ensure that your child has the opportunity to participate in all Camp activities. This is a release that authorizes Mt. Hope Learning Center staff and volunteers to engage professional or hospital services necessary for the protection or health of your child in the event of an emergency. This release is designed to make sure that your child receives prompt, professional medical care if an injury occurs. Additionally, you agree to be responsible for any charges incurred in the rendering of such care and treatment. Should you have any questions about any portion of this form, please call Elizabeth Winangun, Deputy Executive Director (401) 455-8875.

Staff will not administer non-prescription medication. Mt. Hope Learning Center Safety point person will only administer an inhaler to children who are prescribed one and have indicated the use of it on this form.

The following information on your Child's Health (Circle all that apply)

Physical Limitations	Yes	No	Special Diet	Yes	No
Vision Problem/Glasses	Yes	No	Seizures	Yes	No
Ear Problem/Hearing	Yes	No	Allergies	Yes	No
Asthma (note if inhaler)	Yes	No	Regular Medication	Yes	No

If the answer is yes to any question, please explain:

Is there any other information Mount Hope Learning Center should know about your child's health or social behaviors?

Is there documentation of a recent physical exam, immunization record, and lead screening on file at your child's school? **(Circle one)** Yes No

Doctor's Name: _____ Doctor's Number: _____

Insurance Company: _____ Identification Number: _____

In case of medical emergency, every effort will be made to contact parents or guardians. In case of an emergency when parents cannot be reached, Mt. Hope Learning Center should contact:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Yes, my child is covered by medical insurance/ Medicaid in the event of an accident or illness.

Transportation Form

Parents/Guardians are responsible for the drop-off and pick-up of their children daily. Parents are responsible for their children before they arrive at Camp and after their daily departure. Mt. Hope Learning Center is responsible for the children while they are at the Camp, or involved in an off-site activity, during regular program hours.

Pick-up and drop-off only.

Arrival:

We will only allow Parent/Guardian or designee(s) drop-off and pick-up. If your child lives within walking distance of the Learning Center and you give your child permission to walk, we are not responsible for them until their arrival. If you would like your child to walk home, we will dismiss s/he from the camp location at 5:00p
Children MAY NOT arrive at camp before 9:00am unless you have paid for extended care and must be picked up by 5p (unless you have paid for extended care). Mt. Hope Learning Center staff will expect every camper to be picked up or to walk home (with permission) by 5:00pm. If a child is not picked up by then, we will make every effort to reach you, and if we cannot, we will call the police.

Child Release information

Please indicate below whom (including yourself) is authorized to pick up your child from the program.

** Note: for safety purposes, individuals listed below must show a picture ID to pick up child.

Name: _____	Relation to child / phone #: _____
Name: _____	Relation to child / phone #: _____
Name: _____	Relation to child / phone #: _____
Name: _____	Relation to child / phone #: _____
Name: _____	Relation to child / phone #: _____
Name: _____	Relation to child / phone #: _____

My child has permission to walk to and from the program everyday. I understand that my child will be dismissed from the camp location at 5:00p.m.

(Parent / guardian initials)

Consent Form

Please Print Child's Name: _____

I hereby give permission for my child to participate in all activities of Camp. This includes group activities, service projects, games, creative projects, and field trips that may involve walking and travel by public transportation and/or private car or bus. I understand that Mt. Hope Learning Center will provide appropriate supervision for such trips and activities. I will not hold the program responsible for accident or injuries, which may occur.

I hereby give permission for my child's photograph to be taken in connection with the activities of Camp and to be used in newspaper and magazine articles, or on television and other presentations concerning the program.

Parent or Guardian's Signature

Date

Participant Signature

Date

Behavior Contract

I, _____ (child's name), understand that with my signature

I am committing to do my very best to live up to the following expectations:

- I will come to Camp on time everyday.
- I will promote safety for myself and for others.
- I will work with others on teams.
- I will treat others the way I want to be treated.
- I will try to communicate well with others.
- I will do my best to make Camp a positive place to be.

I also understand that my status as a Camp participant means I must respect the following rules:

- ✓ I will NOT fight with fellow participants or be violent in any way while at Camp.
- ✓ I will not take or damage any property.
- ✓ I will not call fellow participants names or swear at them.
- ✓ I will respect Camp staff and property.
- ✓ I will not behave in a way that disrupts learning during Camp.
- ✓ I will not bring or use any drugs, alcohol, or weapons.
- ✓ I will not say mean or hurtful things about fellow participants, volunteers or staff at Camp.

I understand that if I do not follow the above rules, the staff will speak to me and we will discuss a plan of action. Parents will be notified of all behavior issues. I will write a letter to the Camp staff describing my behavior and how I plan to improve my behavior in the future. If I do not hold up to the commitments I made in the letter and continue to disregard the rules of the program, I will be choosing to deal with the consequences which were presented to me and my parent/guardians at the beginning of the program, which may include dismissal.

Camper signature _____ Date _____

Parent/Guardian _____ Date _____