



*St. John Community Development Corporation, Inc.*

**Project S.A.Y. – Summer Camp  
2016 Application**

**S.A.Y. Center**

**General Information**

Student Name \_\_\_\_\_  
Last First Middle

Current School \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Circle Child's Tee Shirt Size: **Youth:** S M L **Adult:** S M L XL XXL

ACADEMIC INFORMATION:

<u>SUBJECT</u>	<u>2015-2016 FINAL GRADE</u>	<u>CURRENT YEAR'S TEACHER</u>
MATH	_____	_____
READING	_____	_____
SCIENCE	_____	_____

Parent/Guardian Name(s) and Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

Cellular Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Lunch Status: (Check One)

Free Lunch \_\_\_\_\_ Reduced Lunch \_\_\_\_\_ Full Pay \_\_\_\_\_

Provide Copy of Medicaid card (if applicable)

List any special needs \_\_\_\_\_

\_\_\_\_\_

### Medical Information

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital if any \_\_\_\_\_

Does your child have any special medical needs/concerns? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Is your child on any medications? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please list \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any food allergies or diet restrictions? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contact (when parent can't be reached)

**\*\*\*PLEASE keep your phone numbers updated\*\*\***

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

### Transportation Information

Will your child need transportation provided by the program? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, indicate the address to take your child to \_\_\_\_\_

If you will be providing transportation to and from the center, please list authorized people that may pick up your child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## PERMISSIONS

STUDENT NAME: \_\_\_\_\_

### ***Emergency Medical Care***

In case of emergency medical or first aid care, treatment of illness or accident, I hereby give consent for the assigned site to provide emergency medical care, through a hospital, clinic, and physician or by the certified staff.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

### ***Trips & Excursions***

I hereby give consent to the St. John CDC or assigned site to participate in walking trips in the neighborhood, and special excursions to places of interest, with the understanding that such trips are under supervision of authorized personnel of the program. I understand that all possible precautions will be taken to insure the health and safety of your child. In the event there is a field trip off the premises, you will have prior notice and a separate form will be filled out and transportation provided.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

### ***Internet Use***

I hereby give consent for my child to use the Internet for educational purposes and planned activities in the afterschool program. I understand that precautions are taken to ensure that inappropriate sites are not available to the students, but with daily changes in the Internet, it is not possible to block the use of all inappropriate sites. The site will enforce appropriate use of the Internet and enforce disciplinary action for intentional inappropriate use.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

### ***Photographs and Media***

The St. John 21<sup>st</sup> CCLC program has my permission to use my child's likeness and/or work completed through the program in photographs, film and video for publicity purposes, advertising or for display at the afterschool sites. This includes publication in local and state media and on approved program websites.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

### ***School-Based Data***

I hereby give consent for the St. John CDC-21<sup>st</sup> CCLC Afterschool Program to obtain grades, testing levels, promotion, attendance and behavior data from my child's base school. I will also assist by providing copies of interim progress reports, report cards and final grades. This is necessary to tailor the educational program to meet the needs of your child, as well as to meet state and federal program reporting requirements.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

I understand that my child will be held to the behavior and dress code policies and appropriate consequences as enforced by the Wilson County Schools.

I understand the mission and expectations of the St. John 21<sup>st</sup> CCLC Afterschool Program- Project S.A.Y. and would like for my child to be considered for this program.

Are you willing to join the S.A.Y.? PTO (Parent/Teacher Organization)? \_\_\_\_ Yes \_\_\_\_ No

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Site Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Summer camp weekly fee: \$35.00 and  
\$7.00 per week for transportation.**

**For Office Use Only:**

**Application Acceptance** \_\_\_\_ Yes \_\_\_\_ No

**Comments** \_\_\_\_\_

**Date of Notification of Acceptance Status** \_\_\_\_\_

**Camp Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Program Begin Date for Applicant:** \_\_\_\_\_