

Arts for Our Children, Inc.

"iThings 2 Collard Greens"

Summer Camp for Girls Ages 5-13



June 26 - July 28

The Davis Center
6218 Third St. NW
Washington, DC

Health and Welfare - hygiene, etiquette, yoga, meditation, nutrition and gardening

Handcrafts - sewing, knitting, quilting, and arts and crafts

Arts - dance, visual arts, drama, sculpture, literature, music and poetry

Registration (nonrefundable):

\$50.00

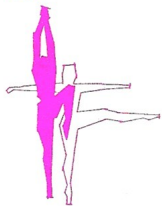
Insurance: \$10.00

Tuition : \$50.00

Information: 202-368-8721 or 301-455-2607

Email: arts4ourchildren@gmail.com

the Davis Center



the Davis Center

Before and Aftercare Program

Provided by the Davis Center

Before Care

8 AM – 9 AM

\$25/week

Aftercare

4 PM – 6 PM

\$70/week

Before and Aftercare: \$90/week

**Please make checks or money orders
payable to: the Davis Center**

REGISTER NOW!

202-277-6110

ATTACHMENT G: Student Registration Form

STUDENT REGISTRATION FORM – SUMMER 2017

Program and Location: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Ward _____

DCPS Student ID #: _____ Date of Birth: _____

Student Gender: _____ Language Spoken at Home: _____ Race/Ethnicity: _____

Current School Attending: _____ Current Grade: _____

Parent's Last Name: _____ Parent's First Name: _____

Parent's Address (if different) _____

Home Phone: _____ Work Phone: _____

Emergency Contact Person: _____ Phone: _____

Adult(s) authorized to pick your child up from the program: _____

List any of your child's medical, physical or mental health needs that require special attention: _____

List any medications your child takes regularly: _____

List any food allergies: _____

Do you consent for your child to receive medical attention in the event of an emergency? Yes _____ No _____

PARENT/GUARDIAN STATEMENT

I hereby give permission for my child to participate in all activities conducted by the program, including educational activities at the local site, performing and visual arts activities at the local (school) site, field trips to arts and educational activities away from the local (school) site, and sports activities conducted in DCPS and/or DC Dept. of Parks and Recreation facilities. I further grant permission for my child: 1) to appear in person or in voice, video or photographic presentation for non-commercial radio, television, internet or print media reports and/or media campaign(s) resulting from participation in this program and its activities, 2) to complete confidential or anonymous surveys, and 3) to participate in interviews for evaluation purposes. **I understand that if my child is not picked up from the local site by _____ p.m., he/she may be taken to the Office of Child Protective/Emergency Family Services located at 400 Sixth Street, SW; (202) 671-SAFE.**

Signature: _____
Parent/Guardian

Relationship to Student: _____

Date: _____

ATTACHMENT F: Evaluation Consent Forms

Program: _____

Dear Parent/Guardian,

Your child is enrolled in _____, a summer program supported by United Way of the National Capital Area (United Way NCA). In order to monitor the effectiveness and progress of _____ and United Way NCA towards citywide youth outcomes, the United Way NCA is conducting an ongoing evaluation study. It is the intention of this evaluation to learn how the provided services and activities benefit students, how the program can be continuously improved, and whether participation in summer programs in general helps keep students on a trajectory to graduate from high school and reach other goals.

Specifically the United Way NCA asks permission from you, as parent/guardian, for a period of up to seven years, until your **Child's** projected date of college graduation to:

- Contact your child's school and obtain records showing their progress, including information about demographics, enrollment, grades, citywide test scores, and attendance.
- Track youth participation and services provided by United Way NCA programming and participating district agencies.
- Talk to teachers and after-school staff about your child's progress and participation in the OST program, and review program records on participation in the program.
- Survey and/or interview you and your child about the summer program, United Way NCA, and its effects.

This is an evaluation of the youth progress in the city and the summer program funded by the United Way NCA and is NOT an evaluation of your child. Any information we collect will be used ONLY to assess the summer program and citywide youth outcomes to track general group trends regarding progress toward graduation and other youth goals. Individual responses will not be made public. Participating in the evaluation will not affect your child in school, in the summer program, or in any other way. We will not use your name or your child's name in any report. At the end of the evaluation, the United Way NCA and/or _____ will destroy all records that include personal information.

We expect that no harm will come to you or your child from participation in this study and it may benefit your child by providing opportunities, supports, and services that may enhance development. Participation in the evaluation is completely voluntary and participants may withdraw at any time with no consequences.

If you have any questions about the study, you may contact the United Way NCA at grants@uwnca.org

Child Name: _____ Date of Birth: _____

Please select one of the options below and return this form to the program director. Thank you.

☐ Yes, I give permission for my child to participate in the evaluation activities of _____ and the United Way NCA.

Signature of Parent/Guardian

Date

☐ No, I do not want my child to participate in the evaluation activities.

Signature of Parent/Guardian

Date

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Summer Camp for Girls

WAIVER AND CONSENT FORM



I, the undersigned, hereby certify that I am the parent or legal guardian of

Name of Camper

I hereby give permission for the “iThings 2 Collard Greens Camp” staff to seek during the period of the Camp appropriate medical attention for my child, and for my child to receive the medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment.

I hereby acknowledge that my child is physically fit and mentally capable of participating in all camp activities.

I the undersigned, hereby acknowledge and understand that “iThings 2 Collard Greens Camp” is a privately run camp.

I waive, release and forever discharge the Davis Center, Arts for Our Children and “iThings 2 Collard Greens Camp” and the aforementioned staffs, officers, agents, employees, representatives, successors and assigns from any and all liability claims, demands, actions, and cause of action whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during the participation in camp activities or while at Camp.

I give permission for the “iThings 2 Collard Greens Camp” to take photographs of my child while engaged in Camp activities for the sole purpose of advertising and publicity, and I understand that my child’s identity will remain anonymous in conjunction with any photograph used in marketing.

My signature below indicated that I have provided true information and have read, understand and agree to all statements on this entire form and on any other form required by the Camp.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

EMERGENCY CONTACT INFORMATION

Home Phone #: () _____

Work Phone #: () _____

Emergency Phone #: () _____

Contact Name: _____

Cell Phone #: () _____

Contact Name: _____

*Special instructions regarding the care of your child while at camp:

INSURANCE INFORMATION

Insurance Company Name: _____

Policy #: _____ Group #: _____

Policy Holder's Name: _____

Relationship to Camper: _____

*Special instructions regarding Submission of Insurance:

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SUPPLEMENTAL HEALTH FORM



The Health History and Examination Form must be completed by parents/guardians of minors or by an adult.

Camper's Name _____ Date of Birth _____
Last First Initial

Sex _____ Age _____

Home Address _____
Street & Number, City, State, Zip

Has this camper been on any medication within the last six months? _____

If yes, please explain. _____

Has this camper ever required any psychiatric counseling or hospitalization?

Explain _____

Operations or serious injuries (dates) _____

Disability or chronic or recurring illness _____

Activities encouraged or limited by physician _____

Dietary modifications _____

Other diseases or details of above _____

Name of dentist / orthodontist _____

Name of family physician _____

Date of last physical examination _____

Do you carry family medical/hospital insurance? _____

If so, indicate: Carrier _____ Policy or Group # _____

Health History:

(Check, give appropriate dates.)

- ☐ Frequent Ear Infections
- ☐ Heart Defect/Disease
- ☐ Convulsions
- ☐ Diabetes
- ☐ Bleeding/Clotting Disorders
- ☐ Hypertension
- ☐ Mononucleosis
- ☐ Psychiatric Treatment

Diseases

- ☐ Chicken Pox
- ☐ Measles
- ☐ German Measles
- ☐ Mumps

Allergies (dates not needed)

- ☐ Hay Fever
- ☐ Ivy poisoning, etc.
- ☐ Penicillin
- ☐ Other Drugs
- ☐ Asthma

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine test, treatment and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Signature of parent or guardian

Date

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MEDIA RELEASE FORM



Authorization for Release of Photographs, Videotape or Film

I (we) hereby consent, authorize and assign any and all rights to Arts for Our Children, Inc., its agents, officers, employees and all other persons or entities to whom release or circulation may be made including news and media organizations to use, reproduce, distribute, exhibit or broadcast photos, videos, film and audio recordings (whether or not edited, retouched, altered or otherwise changed or modified) of me and/or my child, children, products(s), group or organization which I represent, which were taken during the period June 27 – August 11, 2016 at the iThings 2 Collard Greens Summer Camp for use in publicity releases.

I (we) further consent and authorize the above and others to release or circulate the same in any manner for any and all purposes in any form with or without my name or the name of my family, products (s), group or organization or other identification or the names of others covered by this release. I (we) understand the photos, videos, film and/or audio recordings will be viewed by the general public and that other use may be made of them.

I (we) further agree and consent that and others are not responsible for any misappropriation of the photos, videos, film and /or audio recordings by any member of the general public or anyone else.

I (we) have read the foregoing release, authorization and agreement before signing below and I warrant that I (we) fully understand the contents thereof.

Print Name: _____

Signature: _____

Date: _____

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6218 Third Street NW
Washington, DC 20011
202-368-8731 or 301-455-2607

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STUDENT PICK-UP FORM

STUDENT'S NAME _____

PARENT'S NAME (Mother) _____

(Father) _____

TELEPHONE (home) _____

(Work) _____

(Cell) _____

PLEASE INDICATE INDIVIDUALS YOU ARE GIVING PERMISSION TO PICK UP YOUR CHILD.

Designated Person(s)

Name _____

Relationship _____

Address _____

Telephone (home) _____

(work) _____

(cell) _____

Name _____

Relationship _____

Address _____

Telephone (home) _____

(work) _____

(cell) _____

Name _____

Relationship _____

Address _____

Telephone (home) _____

(work) _____

(cell) _____