



KNOWLEDGE, INTEGRITY
NURTURING, GROWTH

THE KING COMMUNITY CENTER GIRLS' SUMMER ENRICHMENT PROGRAM 2018 APPLICATION

The 2018 Girls' Summer Enrichment Program
Thursday, June 7th – Friday, July 20th
Monday – Friday; 8 AM – 3 PM

This application must be completely filled and properly returned along with the **Application Fee (\$75)** to: **The KING Community Center 1243 S. 18th St., Ste. #1, Harrisburg, PA, 17104** Spaces are filled on a 'first come, first served' basis. Incomplete applications will not be accepted.

YOUTH'S INFORMATION (Please Print Legibly)

THE APPLICATION FEE IS ABSOLUTELY AND POSITIVELY NOT REFUNDABLE UNDER ANY CIRCUMSTANCES

Name:			School attended last school year:
Birth Date:	Age at start of Program:	Last Grade Completed:	Is Child in Foster Care: <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:		City:	State/Zip:
Home Phone:	Cell Phone:	Email:	
Parent/Guardian:		Address:	
Phone#:	Cell Phone:	Email:	
In the event parent/guardian cannot be reached please call: _____ Relationship: _____			
Phone #: _____ Cell Phone: _____ Address: _____			
<p>I would like my Child to attend the Girl's Summer Enrichment Program at the following location:</p> <p style="text-align: center;"><u>Zion Lutheran Church</u> 15 South 4th Street Harrisburg Pa 17101</p> <p>(For girls only; entering 1st grade up to 6th grade)</p>			

PLEASE INITIAL ONE OF THE FOLLOWING RELEASE STATEMENTS:

____ I hereby give permission for the Girl's Summer Enrichment Program to use my child's photograph/video for public/marketing for the Summer Youth Program.

____ I hereby **DO NOT** give permission to the Girl's Summer Enrichment Program to use my child's photograph/videos for public/marketing for the Summer Youth Program.

Signature of Parent/Guardian: _____ **Date:** _____

It is important for the Summer Enrichment Program to maintain measurable outcomes therefore we would like for all parents and guardians to be informed that all youth participating in our program will be given a pre- and post-testing to meet this goal.

Your signature acknowledges that you are informed that these tests will be done with your child, and give us your permission.

Signature: _____ **Date:** _____

Scholarships

This year the Girl's Summer Enrichment Program has partnered with the Triple P Program of Harrisburg in offering qualifying households, scholarships. Triple P will conduct two orientations for the Summer Program. In order for each household to be considered for a scholarship, a parent/guardian must attend one of the two orientations: **ENTER DATES HERE**

Please RSVP at (717) 745-8666, leaving your name, name and age of child/children, and day you will be attending.

YOUTH HISTORY FORM

Agency Referred By:	Telephone of Agency:
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Does your child have any physical, social or emotional problems? YES NO
 If Yes, explain:

Has your child been on a Behavior Modification plan or formal disciplinary plan? YES NO
 If Yes, explain:

In order for us to make sure your child has an enjoyable experience with Summer Enrichment programs, please tell us about any special needs that your child may have:

Does your child have any **ALLERGIES**: YES NO
 If Yes, please list:

**Does your child have or have they had any of the following medical conditions?
 If Yes, please explain and indicate treatment.**

Medical Condition	Treatment (i.e. Medication)	Explain (i.e. when diagnosed, severe/moderate)
Diabetes <input type="checkbox"/> YES <input type="checkbox"/> NO		
Nose Bleeds <input type="checkbox"/> YES <input type="checkbox"/> NO		
Asthma <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADD/ADHD <input type="checkbox"/> YES <input type="checkbox"/> NO		
Seizure Disorder <input type="checkbox"/> YES <input type="checkbox"/> NO		
Cardiac <input type="checkbox"/> YES <input type="checkbox"/> NO		
High Blood Pressure <input type="checkbox"/> YES <input type="checkbox"/> NO		
Low Blood Pressure <input type="checkbox"/> YES <input type="checkbox"/> NO		
Depression <input type="checkbox"/> YES <input type="checkbox"/> NO		
Incontinence <input type="checkbox"/> YES <input type="checkbox"/> NO		
Bowel Problems <input type="checkbox"/> YES <input type="checkbox"/> NO		

Has your child been hospitalized in the past year? YES NO
 If Yes, please explain:

Is your child involved with any of the following Child Serving Agencies?

SERVICE	NAME OF AGENCY	WORKER
Mental Health		
Juvenile Probation		
Drug & Alcohol Treatment		
Children & Youth		

Have you ever participated in Family Group Conferencing? YES NO If yes, when?

Name Primary Physician: _____ Phone Number: _____

Health Insurance: _____ Insurance ID #: _____

I understand that the Summer Youth Enrichment Program staff reserve the right to dismiss a participant from any of its programs for any behavior they deem to be inappropriate, including, but not limited to, the use or the participation in, the possession of, or retention of knowledge about, illegal drug use, drinking, smoking, weapons, teasing, hazing, sexual misconduct, defiance of program policies, and/or emotional instability. I further understand that putting staff or other youths at risk through, but not limited to, physical violence or threats of physical violence will result in immediate dismissal. Dismissed participants will not be allowed to return.

By signing this I acknowledge that I have received a copy of, read and understand the Summer Enrichment Behavior Policy & Procedures.

Please sign in the presence of Designated Staff

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Designated Staff: _____ **Date:** _____

THE GIRL'S SUMMER ENRICHMENT PROGRAM

A Faith-Based & Community Based Initiative

(utilizing the Systems of Care Principles)

WAIVER & RELEASE FROM LIABILITY

I _____, on behalf of _____
(Parent/guardian) (Youth's name)

(Hereinafter referred to as "Child") HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge ,all participating Summer Enrichment Programs of which I, the parent/guardian registered my child/children in, and all its agents; employees, volunteers, officers, directors, affiliates and successors, from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature.

Whether known or unknown, in law or equity, that I or CHILD may have arising from, or in any way related to said CHILD'S participation in any of the events or activities conducted by, on the premises or, for the benefit of, the GIRL'S SUMMER ENRICHMENT PROGRAM (Held AT; Zion Lutheran Church , located at 15 South 4th Street Harrisburg PA 17101, or any other location affiliated with the Summer Enrichment program connected with the KING Community Center, AND ANY TRANSPORTATION VEHICLES USED FOR OR DURING THE SUMMER PROGRAMS OF 2018 for this Summer Enrichment program.

I understand that the activities that said Child would participate in appear not to present any danger that may cause grievous injuries, including bodily injury, damage to personal property and/or death. However, should CHILD experience any such danger, grievous injuries, bodily injury or damage or loss of personal property and/or death, I and said CHILD, waive all claims, and will not execute any type of claim and/or action against the aforementioned parties and or businesses.

The CHILD has the necessary and requisite skills to participate in the activities of the Summer Enrichment Programs and does not require any special attention, with participation in the following; (Running, Jumping, Climbing, swimming, outside in the sun/heat activities, walking, structured sports in/outdoors, arts & crafts, dancing, singing, hiking, and any other physically activity affiliated with Summer Enrichment Programs.

MEDICAL CONDITIONS: Child is subject to the following allergies and or medical conditions, and I authorize participating Summer Enrichment programs to disclose these conditions to a physician or other medical professionals in the event said CHILD should require emergency medical care:

By the WAIVER & RELEASE, I, on behalf of the CHILD, release aforementioned parties of any risks and/or responsibilities of any claims of personal injury, death or any other liability.

This waiver is signed by me, the parent/guardian of said CHILD, and is intended to release all individuals and/or businesses from liability for injuries which may be incurred while on the premises, while in a transportation vehicle/bus/van/ or taking part in activities of the Summer Enrichment Programs.

I have read, understand and agree to the terms of this WAIVER and RELEASE. I understand and confirm that by signing this WAIVER and RELEASE that said CHILD and I have given up considerable future legal actions. I sign this document freely, voluntarily, under no duress, without any promises or guarantees being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER and RELEASE of all liability to the full extent of the law.

Printed Name of Youth: _____ Date: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Witness: _____

Signature of Witness: _____ Date: _____