

Office Use Only

Control # _____ Student ID# _____ Review _____

All programs contingent upon funding.



2019 Summer Enrichment Program Registration Form

Site: Renaissance

**Program takes place at Renaissance School/Van Sickle,
1170 Carew St., Springfield, MA 01104****Participants must be Springfield Resident age 6-13.****Important:** Completion of this form does not secure a spot in the Summer Enrichment Program. Parents/Guardians must attend designated registration dates. Space is limited. First come, first served.

Child's Information

Last Name:	First Name:	Middle Name:		
Address: (street)		Springfield, MA <i>Must be Springfield resident</i>	Zip Code:	
Date of birth:	Age: <i>(Must be age 6-13 as of July 1, 2019)</i>	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Grade entering fall 2019:	School:			

Parent/Guardian Information

Parents/guardians are required to have working phone numbers on file with the Summer Enrichment Program. If your phone number changes, notify the Summer Enrichment Program immediately so we can update our records.

Parent/ Guardian 1 Name:	Parent/ Guardian 1 Phone Number: <i>(and alternate number if applicable)</i>
Parent/ Guardian 2 Name:	Parent/ Guardian 2 Phone Number: <i>(and alternate number if applicable)</i>

Emergency Contact Information

List an emergency contact, other than the parents, to be used if the parents/guardians cannot be reached. If necessary, this individual could provide transportation home. Must be 18 years or older.

Emergency Contact Name:	Phone Number:	Relationship to child:
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Authorized Pick-up Information

List individuals, age 18 or older, that you authorize to pick up your child from the Summer Enrichment Program. Children will only be released to the individuals on this form, including parents/guardians and emergency contact. Individuals in the Authorized Pick-up section will be contacted for pick-up purposes only. Children must be picked up by 3:00 PM or late fees will apply. If a child is not picked up by 3:30 PM it is our policy to contact DCF. All individuals picking-up a child must present a photo ID.

Name:	Phone Number:	Relationship to child:
Name:	Phone Number:	Relationship to child:
Name:	Phone Number:	Relationship to child:
Name:	Phone Number:	Relationship to child:
Name:	Phone Number:	Relationship to child:

My child (age 10 or older, or under 10 with an older sibling that is a program participant) will walk to/from the Summer Enrichment Program. <i>Additional waiver required.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Medical Information

List any medical information that program staff need to be aware of in order to care for your child this summer. This includes medical conditions, illnesses and disorders, allergies, medication, dietary modifications, etc. **Additional forms may be required.**

Please note we are a separate entity from Springfield Public Schools and do not have access to any medical or behavioral records.

Parents/guardians should share any information that will be helpful in providing programming for your child.

Medical Information:		Allergies (list all):	
Medications:		Dietary modifications:	
Other:			

Check here if your child does not have any medical information that the Summer Enrichment Program staff need to be aware of.

Does your child have an IEP at school or other school-based accommodations we should be aware of? If so, what?	
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Swimming

All Summer Programs have designated swimming sites and schedule. Children who choose to participate in swimming will be required to complete a swim test with the lifeguard on duty on the first day of swimming.

Does your child require a life vest? <i>Other flotation devices such as arm floats or "swimmies" are not permitted. Only Coast Guard certified life vest will be permitted in the pool. Children may bring a certified life vest or one will be provided to them by the Aquatics staff. Life vest must fit properly.</i>	<input type="checkbox"/> Yes - to be provided by Aquatics <input type="checkbox"/> Yes - child will bring their own certified vest <input type="checkbox"/> No <input type="checkbox"/> Unsure
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Ethnicity (optional):

<input type="checkbox"/> Asian	<input type="checkbox"/> White/Caucasian (Non Hispanic)	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> African American	<input type="checkbox"/> African American & Hispanic
<input type="checkbox"/> Caucasian & Hispanic		<input type="checkbox"/> Other _____		

Home Language:		Family / Household Size:	
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List any date that the child will miss from the program: <i>For family vacations, appointments etc.</i>	
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How did you hear about our program?	Photos
<input type="checkbox"/> Flyer <input type="checkbox"/> Friend <input type="checkbox"/> School <input type="checkbox"/> Past Participant <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Summer Guide <input type="checkbox"/> Other _____	I am aware that pictures of my child may be used for publicity purposes by one or more agencies and I consent to the use of such pictures. Choose One: <input type="checkbox"/> Yes <input type="checkbox"/> No

Permission to Participate

My child has permission to participate in activities provided by agencies participating in the Recreation/Enrichment Programs. I acknowledge that my child must follow all of the rules in order to participate. In the event that I cannot be reached in an emergency, I hereby authorize that medical/surgical treatment be administered to my child at my expense. I assume all risks and hazards incidental to and inherent in participation in this program. I hereby waive and release the City of Springfield and its officials, employees and officers from any claims that arise out of a decision to authorize medical/surgical treatment, as well as claims arising out of any personal injury or property damage related in any way to my child's participation in the program. I hereby indemnify and hold harmless those agencies or organizations providing activities for the Recreation/Enrichment Program from claims of third parties arising out of the decision to authorize medical/surgical treatment, or my child's participation in the program. My signature authorizes program staff to discuss my child's progress with school staff in order to best support my child's needs. My signature authorizes the Springfield School Department to release my child's SASI, State ID numbers, and necessary school documents to the REACH and or CDBG partner program network. The information gathered will be used to apply for and report in grants the city receives. My signature certifies that I have read and understood this disclaimer, and all the program rules and regulations.

Parent/Guardian Signature

Parent/Guardian Name: <i>Print Clearly</i>			
Parent/Guardian Signature:		Date:	



FERPA Consent

Springfield Public Schools Community Data Warehouse Initiative

Springfield Public Schools Data Sharing Consent

By signing below I, _____ **[PARENT/GUARDIAN NAME]**,

the authorized parent/guardian of _____ **[STUDENT NAME]**,
authorize the Springfield Parks and Recreation Department to share written information on my child's participation and performance in the Parks and Recreation Enrichment Programs with the Springfield Public Schools. Further, I authorize the Springfield Public Schools to disclose information in my child's student record, including but not limited to my child's enrollment, attendance, behavior, and academic performance with Springfield Parks and Recreation Department.

I understand that the purpose of allowing this information to be between Springfield Public Schools and the Springfield Parks and Recreation Department is to enable both Springfield Parks and Recreation Department and the Springfield Public Schools to improve the quality and alignment of services and education for my child. I also understand that the shared information will be stored in a secure, password-protected electronic database maintained by the Springfield Public Schools and accessible only to those with authorized access.

I understand that the Springfield Parks and Recreation Department may disclose non-identifiable aggregate student data that may include information regarding my child.

I understand that in the event my child is no longer enrolled in the Springfield Public Schools or ceases participation in the Parks and Recreation Enrichment Programs, within a reasonable period of time, both organizations will terminate all information sharing about my child. Both organizations will also terminate any information sharing about my child if I revoke this authorization in writing and delivered to the Springfield Parks and Recreation Department and Springfield Public Schools.

Student Name

Student ID Number (lunch number)

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

Community Development Block Grant Required Information

As of April, 2019

The Summer Enrichment Program received grant funds from the Community Development Block Grant and we are required to provide a self-declaration of the following. **The information is used to secure funds to keep our registration fee affordable. Complete all sections.** Thank you for your cooperation.

1. Number of family members (parents and children) _____

2. Income of participant household (updated as of April 2019)

Mark the correct **number in household** that corresponds with the **correct income level**.

Income Guidelines 2019 (Updated 4/24/2019)				
	Extremely Low	Very Low	Low	Not Low
# In Family	(30%) Income Limits	(50%) Income Limits	(80%) Income Limits	Income
1	<=\$18,650 __	\$18,651-31,050 __	\$31,051-49,700 __	>\$49,700 __
2	<=\$21,300 __	\$21,301-35,500 __	\$35,501-56,800 __	>\$56,800 __
3	<=\$23,950 __	\$23,951-39,950 __	\$39,951-63,900 __	>\$63,900 __
4	<=\$26,600 __	\$26,601-44,350 __	\$44,351-70,950 __	>\$70,950 __
5	<=\$30,170 __	\$30,171-47,900 __	\$47,901-76,650 __	>\$76,650 __
6	<=\$34,590 __	\$34,591-51,450 __	\$51,451-82,350 __	>\$82,350 __
7	<=\$39,010 __	\$39,011-55,000 __	\$55,001-88,000 __	>\$88,000 __
8	<=\$43,430 __	\$43,431-58,550 __	\$58,551-93,700 __	>\$93,700 __

Please note: Income is based on number of persons that are in the households. Each line is according to # of persons in the household. If the income is for a household of 4 is \$30,000, they would fall under Very Low Income category; \$26,601-44,350.

3. Ethnicity:

Check One

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
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4. Race:

Check One

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native/Black/African American	<input type="checkbox"/> American Indian/Alaskan Native/White	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian/ White
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American/White	<input type="checkbox"/> Hispanic Black	<input type="checkbox"/> Hispanic White
<input type="checkbox"/> Native Hawaiian/other Pacific Islander		<input type="checkbox"/> Other Multi-Racial		<input type="checkbox"/> White

5. Head of Household:

Check One

<input type="checkbox"/> Female Head of Household	<input type="checkbox"/> Male Head of Household	<input type="checkbox"/> Two Parent Household
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6. Household Resides in:

Check One

<input type="checkbox"/> North End	<input type="checkbox"/> Old Hill/Six Corners	<input type="checkbox"/> South End	<input type="checkbox"/> Other: _____
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Signature:		Date:	
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REACH (Date) _____



Thank you for registering your child(ren) for the Summer Enrichment Program. We are looking forward to providing them with a fun, safe and enriching program in which they can try new things and make new friends.

*As part of your registration packet you are receiving a **Family Handbook**. It is the responsibility of the parent/guardian to read the Family Handbook and become familiar with the policies and procedures of the Parks and Recreation Summer Enrichment Program. If you have any questions please contact the Recreation Office.*

Review of the Family Handbook

By registering my child:

(print child's name)

in the Parks and Recreation Summer Enrichment Program, the Parks and Recreation Division has provided me with a copy of the Family Handbook. I have read, understood, and agreed to abide by the program requirements included in the Handbook.

I have also read, understood and agree to abide by the Summer Enrichment Program Attendance Policy. My child(ren) will attend the Parks and Recreation Summer Enrichment Program at least 75% of the time during the six week summer program.

Parent/Guardian Name – **Print Clearly**

Parent/Guardian Signature

Date



Office Use Only

REACH (Date) _____

Other _____

PERMISSION TO SELF-ADMINISTER MEDICATION

Name of participant: _____

Summer Enrichment Program Site:

Pottenger ECOS/Forest Park Liberty Renaissance Central HS

MEDICATION INFORMATION

Complete one form for each medication

Name of medication: _____

Dose to be taken at program: _____

Frequency: _____ Route of Administration: _____

Special Storage Requirements: _____

Specific Directions (e.g.: on empty stomach, with water, etc.) _____

Specific Precautions: _____

Possible Side effects/Adverse Reactions: _____

Other medications currently prescribed :(optional) _____

AUTHORIZATION

I, _____, parent/guardian
(PRINT PARENT/GUARDIAN NAME)

of _____,
(PRINT CHILD'S NAME)

authorize the Parks and Recreation Summer Enrichment Program to allow my child to self-administer the medication listed above.

Parent/Guardian Name – **Print Clearly**

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

105 CMR 430.160(A)

Medication prescribed for children/students shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for the use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for children/students shall be kept in the original containers containing the original label, which shall include the directions for use.

**IMPORTANT
PLEASE READ CAREFULLY**



SUMMER MEAL PROGRAM, FOOD ALLERGIES & DIET MODIFICATIONS

The Parks and Recreation Summer Enrichment Program is committed to ensuring that all participants get a nutritious breakfast and lunch daily. The Parks and Recreation Department has partnered with Sodexo provide breakfast and lunch at no cost to participants each day.

The food service staff is able to make some modifications based on your child’s needs; for example if they cannot have tuna fish due to an allergy, then on the day tuna is served an alternate lunch will be provided for the child. Additionally, if your child has food allergies or special dietary modifications they will be permitted to bring food to the program to be eaten during breakfast and lunch time.

Food brought from home: IMPORTANT PLEASE READ CAREFULLY

- Must meet the program standards of being a healthy and nutritious meal
- **Foods with peanuts or any other type of nuts are not permitted. No exceptions. Some participants have life threatening allergies.**
- Can only be eaten during designated breakfast and lunch periods
- **Must either bring meals every day, or get meals from the food service, there is no switching back and forth.**
- **Can choose to bring both breakfast and lunch or bring one and get the other from the food service**
- Due to the length of the day there is no additional food breaks or snack time
- **The Summer Enrichment Program is not able to provide food storage for meals brought from home** (including on field trip days when meals may be eaten offsite)

Participants will only be permitted to bring food if a parent or guardian has completed this form.

SUMMER MEAL INFORMATION

Name of Participant:					
Summer Enrichment Program Site:	<input type="checkbox"/> Pottenger	<input type="checkbox"/> Renaissance	<input type="checkbox"/> Central HS	<input type="checkbox"/> ECOS/Forest Park	<input type="checkbox"/> Liberty
My Child has a known food allergy or cannot eat certain foods (such as for religious reason):	<input type="checkbox"/> Yes (List all)			<input type="checkbox"/> No Known Allergies	
Please register your child for one of the following summer meal options:					
<input type="checkbox"/> My child will eat the Breakfast and Lunch Provided by Sodexo with no modification <input type="checkbox"/> My child will get breakfast from Sodexo (with modifications due to allergy or diet as noted above) <input type="checkbox"/> My child will get lunch from Sodexo (with modifications due to allergy or diet as noted above) <input type="checkbox"/> My child will bring breakfast from home <input type="checkbox"/> My child will bring lunch from home					
ACKNOWLEDGEMENT					
<i>By signing this form I acknowledge I have read the Parks and Recreation Summer Enrichment Food Allergy and Diet Modifications Policies and agree to abide by these policies.</i>					
Parent/Guardian Name (print):					
Signature of Parent/Guardian:				Date:	

Office Use Only

REACH (Date) _____

Other _____



Office Use Only

REACH (Date) _____

Other _____

SUMMER ENRICHMENT WALKING POLICY

Children, **age 10 and older**, are permitted walk to the Summer Enrichment Program each morning and home from the program at dismissal.

Children, **age 10 and older**, are permitted walk to the Summer Enrichment Program each morning and home from the program at dismissal if a parent or guardian signs this waiver releasing the City of Springfield and the Department of Parks, Buildings and Recreation Management of all liability. Participants of the program, age 10 and older, may also accompany a younger sibling walking if the parent/guardian has signed a waiver for that child as well. Children who walk to the program must check in with staff during the designated drop off time (8:30 AM – 8:40 AM) and must sign-out during dismissal time (2:45 PM – 3:00 PM) before leaving the program. **There are no exceptions to this age requirement.**

Participants that are signed up as a walker will be dismissed each day with the walkers unless the parent/guardian provides written documentation in advance, or in extenuating circumstances the parent or guardian calls the site cell phone and speaks to the Site Supervisor to notify them that the child will be picked up that day. In this case, the child will not be dismissed as a walker, and regular pick-up policies apply. Pick-up policies include being picked up during dismissal time, 2:45 PM – 3:00 PM and late fees for late pick-up.

WALKING WAIVER

I _____ parent/guardian of
(Print Name of Parent/Guardian)

Name of Child

Age

Name of Child

Age

Name of Child

Age

Name of Child

Age

hereby release the City of Springfield and the Department of Parks, Buildings and Recreation Management from any claims that arise out of my decision to authorize my child to walk home from the Summer Enrichment Program at:

Pottenger ECOS/Forest Park Liberty Central HS Renaissance

and indemnify and hold harmless the City and said department providing activities for the Summer Enrichment Program.

Parent/Guardian Name (printed): _____

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



Walking Trip Permission Form

As part of our program some sites have the opportunity to participate in field trips, swimming, spray parks and other activities. Some of this trips and activities require participants and staff to walk to and from the destination.

Walking trips (including to swimming pool) are considered field trips and all of our field trip policies, as outlined in the Family Handbook, apply, including, if the Enrichment Program does not have a signed permission slip permitting the child to walk to the destination, they will not be able to attend program that day.

If you have any questions or concerns about our field trip walking policy please speak to the site's Program Coordinator, their name and contact information is listed in the family handbook.

**City of Springfield Parks and Recreation Walking Permission Form
Summer Enrichment Program at Renaissance**

I, _____ the parent/guardian of
(PLEASE PRINT NAME)

[PRINT NAME(S) OF SUMMER ENRICHMENT PARTICIPANT]

agree to allow the above mentioned Summer Enrichment participants to attend the following field trip and participate in activities:

Walk to Marshall Roy Field and Pottenger School for activities/splash pad

Location: 1435 Carew Street, Springfield, MA

Any day during Summer Enrichment Program, July 1, 2019-August 9, 2019

I hereby waive and release any claims that arise out of any decision to attend said field trip, except in the case of gross negligence.

Parent/Guardian Signature:

Date:

Parent/Guardian Working Phone
Number: