

# West Bourbon Elementary KRR Summer Camp

## STUDENT(S) INFORMATION

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_  
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Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Family Email: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Name: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Student lives with (check all that apply):  Father  Mother  Guardian

## EMERGENCY CONTACTS

In the event that parents/guardians cannot be reached in an emergency, the staff will call a person listed below to 1) give permission to administer health care 2) pick up your child if your child is ill or 3) give advice about caring for your child.

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

## HEALTH INFORMATION

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medication(s) being taken by student: \_\_\_\_\_  
Physical conditions (food or medicine allergies, diabetes, etc.): \_\_\_\_\_

My camper has no known allergies: \_\_\_\_\_ (initial if accurate)

Over The Counter Medications: (cross off and initial if your child should not receive the below items)

Tylenol Sterile Wipes Throat Lozenges Sunscreen Anti-itch cream Tums Triple antibiotic

## TRANSPORTATION

\_\_\_\_ My kids will be picked up by the bus at this address \_\_\_\_\_ in the morning.  
\_\_\_\_ My kids will ride the bus to this address \_\_\_\_\_ in the afternoon.  
\_\_\_\_ I will drop off and pick up my kids from summer camp.  
\_\_\_\_ My kids will walk to and from summer camp.

## AUTHORIZED PICK UP

Safety is top priority in the program, therefore NO child enrolled will be released from the program without parent/guardian or one of the individuals listed below. Names listed below must be someone 16 years or older.

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

## VOLUNTEERING

\_\_\_\_ I would like to assist or attend the Fun Friday events. Please contact me if you need extra adults.

*If my child's emergency contacts listed above, or the physician listed above, cannot be reached in an emergency, I authorize a summer boost employee or legal representatives to obtain emergency medical care for my child while under the summer boost program's care including transporting or sending my child to an available hospital or physician.*

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

## West Bourbon Elementary KRR Summer Program

### Parent Agreement

I have read the Summer Program packet and understand the conditions of my child's participation in the Summer Program. My signature below is an indication of my intent to have my child participate in the program.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I will go over all rules with my child to make sure that they are understood. I agree to the following:

- I will make sure that my child attends the program regularly. I understand that excessive absences may result in dismissal from the program.
- I give permission for my child to be photographed or videotaped during the program, and for the photo or videotape to be used for newsletters, bulletin boards, or other promotional items for the program.
- I will notify the Program Coordinator of absences in advance.
- I understand that this is a voluntary program and that disruptive and disrespectful behavior will not be tolerated and will be reason for dismissal from the program. As well as the NO Tolerance Policy with fighting.
- I understand that school suspension of a child will also mean program suspension.
- I will notify the Program Coordinator of any changes in our contact information, especially emergency phone numbers.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# West Bourbon Elementary KRR Summer Program

## Basic Information and Rules

The West Bourbon Elementary Summer Program is a safe, academically enriching environment for students. The program focuses on educational, recreational, and enrichment activities. It is not a daycare program, but an opportunity for students to engage in positive experiences.

Our program will provide reinforcement for reading, writing, and math skills; fun educational games that are curriculum related; and enrichment activities that will develop and increase students' self-confidence, self-esteem and social skills.

**1. ENROLLMENT:** Enrollment is based on academic need first, and then, if there is room, on a first-come first-serve basis. Upon receiving all of the completed forms for your child, the Program Coordinator will notify you in May of your child's enrollment in the program and the date he or she may begin.

**2. ATTENDANCE:** Regular attendance is extremely important. Students are expected to participate in the KRR Summer Program 5 days per week and are expected to stay for the entirety of the program each day. **Parents should notify the coordinator of absences in advance.** Excessive absences will result in dismissal from the summer program, to make room for students on the waiting list.

**3. STUDENT PICK-UP:** All children are expected to stay at least 5 hours per day. Children attending must ride the bus or be picked-up daily by their parent. If your child has not been picked up by the end of the program, staff will try to contact you. After three late pick-ups the student may lose the opportunity to participate in the summer program.

For safety reasons, we discourage allowing students to walk home unattended. However, if it is necessary to have your child walk home alone please be advised that the summer program staff are NOT responsible for students who walk home unattended after they have been dismissed by staff.

**4. DISCIPLINE:** Participation in the summer program is a privilege. All children must follow the rules of the program and regular school rules at all times. Disruptive or disrespectful behavior toward others or summer staff is not tolerated and is reason for dismissal from the program.

**We have a NO tolerance policy with regard to fighting and the student will be removed from the summer program immediately.**

**6. EARLY RELEASE POLICY:** The summer program will operate five days a week until dismissal time. However, flexible scheduling is required in order to meet the needs of students, their families, and the objectives of the summer program. Students enrolled in the summer program shall attend the program at least five hours on each regularly scheduled day, except in the following cases:

- Medical appointments
- Family emergencies or hardships
- Adverse weather conditions
- Other approved conditions – please see Program Coordinator

**7. PHOTO AND VIDEO RELEASE:** We are proud of the summer program and our students. During the summer activities and events, we will occasionally take pictures and/or videotape of program participants.

These photos and/or videos may be used in newsletters, brochures, or other summer school promotional materials.

**8. EMERGENCY PROCEDURES:** Enrollment forms **MUST** be filled out and returned to the program coordinator before your child can attend the program. Reasonable measures will be taken to safeguard the health and safety of all summer participants. If, however, an accident does occur, the parent or guardian will be notified. For this reason it is imperative that the summer staff always have a current emergency contact information. **If your contact information changes, you must notify the program coordinator immediately.** Please be aware that there is no nurse or health aid on duty during summer program hours. If a medical emergency occurs, emergency medical help will be called.

**9. SCHOOL RULES:** In addition to the above rules, all regular school rules apply during summer program hours. Please see the school's student handbook.