CORA

YOUTHCOR A NEW CAMP SUMMER 2018

21st Century Community Learning Center

Kindergarten – 8th grade

Important concerns regarding (circle)	
Health	Developmental Abilities
Allergies	Release (custody)

Today's Date: _____

INFORMATION ABOUT STUDENT

Student's Name: _____

T-Shirt Size: ❑ Child ❑ Adult Small Medium Large XL (adult only)

Circle One

Date of Birth: ____/_____/_____

Student's Gender: ❑Male ❑Female Student I.D. Number_____

Home Address_____

City: Philadelphia Zip Code: _____ Phone: (____) _____

Email (to receive YouthCOR updates): _____

Student's School: _____ Current Grade: _____

Child's Race: ❑ African-American/Black
❑ White
❑ Asian
❑ Native American/Pacific Islander
❑ Multi Racial
❑ Other _____

Latino: ❑Yes ❑ No

Preferred Language: _____

Program Site:

☐ **Gilbert Spruance**

☐ **Thurgood Marshall**

☐ **A New Camp**

June 25th – August 3rd, 2018

8:30 AM – 4:30 PM

FREE – 21st CCLC

***Enrollment must be completed by May 18, 2018**

Program includes: breakfast, lunch, snack, academic activities, arts & crafts, sports, trips & more

Pennsylvania 21st Century Community Learning Centers

Soaring Beyond Expectations

Funded in full or in part with a grant by the Pennsylvania Department of Education

FAMILY INFORMATION

Mother's Name: _____ Cell Phone _____-_____-_____

Work Place _____ Work Phone _____-_____-_____

Work Address _____City/Zip _____

Father's Name: _____ Cell Phone _____-_____-_____

Work Place _____ Work Phone _____-_____-_____

Work Address _____City/Zip _____

In order for CORA to receive increased opportunities for funding, subsidies and materials please provide the following information:

Is Child a US Citizen? ❑Yes ❑ No Family size (including self and child)? _____

Is child/family receiving ❑TANF ❑ SSI ❑Food Stamps ❑ Medicaid Case # _____

Is child/family currently receiving services from DHS? ❑Yes ❑ No

Has child/family received services from DHS in the past 5 years? ❑Yes ❑ No

Do you receive a CCIS subsidy to assist in the payment of after school/child care costs? ❑Yes ❑ No

Family Income: (please check closest)

❑ less than $24,400 ❑$24,500 - $32,900 ❑ $33,000 - $41,360 ❑ $41,370 - $49,820

❑ $49,830 - $58,280 ❑ $58,290 - $70,400 ❑ $70,500 - $84,800 ❑ More than $84,900

EMERGENCY INFORMATION/AUTHORIZATION FOR PICK UP

People, *other than parents*, to contact in case of emergency:

Name: _____ Relation to Child: _____

Address: _____ City: _____

Home Phone: ____-____-____ Work/Cell Phone: ____-____-____

❑ Contact in case of emergency ❑ Person is authorized to pick up this child

Name: _____ Relation to Child: _____

Address: _____ City: _____

Home Phone: ____-____-____ Work/Cell Phone: ____-____-____

❑ Contact in case of emergency ❑ Person is authorized to pick up this child

Name: _____ Relation to Child: _____

Address: _____ City: _____

Home Phone: ____-____-____ Work/Cell Phone: ____-____-____

❑ Contact in case of emergency ❑ Person is authorized to pick up this child

Anyone specifically NOT allowed to pick up this child? (In case of divorce/separation, we will need a copy of divorce decree/custody court order)

Name: _____

Relation to Child: _____

Description: _____

IMPORTANT:

All children enrolled in YouthCOR must submit a record of a medical examination performed **within one year of the current enrollment date, <u>including immunization record.</u>**

Health Assessment form is included in application.

Health Information – Required by State Law

Child's physician of source of medical care:

Name: _____

Address: _____

Phone: ____-____-____

Health Insurance Coverage:

Insured: _____

Company: _____

Policy Number: _____

Please indicate any general health concerns (give details)

❑ Physical limitations/disabilities (description) _____

❑ Taking medication (description) _____

❑ History of convulsions (description) _____

❑ Asthma (description) _____

❑ Diabetes (description) _____

❑ Other _____

❑ **None of the Above**

Please indicate any **allergies** that your child has:

❑ Milk ❑ Stings/bites (which?) _____ ❑ Medications (list) _____

❑ Chocolate ❑ Foods (which?) _____ ❑ Other _____

❑ Juices (which?) _____ ❑ Animals (which?) _____ ❑ **No Known Allergies**

Additional information on any special needs? ❑No ❑Yes (Specify)_____

Medical or dietary information necessary in an emergency? _____

CONSENT AND RELEASE:

In consideration of the enrollment of my child, _____

(birth date _____/_____/_____) in CORA Services' YouthCOR Summer Camp 2018, I/we hereby consent to the following:

I. I give permission for my child to participate fully in all YouthCOR on-site program activities and special events without restriction, unless otherwise stated.

II. I agree that in case of accident or injury, emergency medical care may be given, a parent will be contacted as soon as possible, and the staff may act on my behalf.

III. I give consent for my child to receive minor first aid care from trained CORA YouthCOR staff. I also agree to pick up my sick child immediately.

IV. I consent for my child to take part in field trips or excursions involving those as listed in the YouthCOR calendar, or to take walks in the neighborhood under proper supervision, including possible trips to the local library or park. I understand that I will be asked to sign consent/permission forms for my child to participate in any off-site activities and to be transported in Agency or other approved vehicles.

V. If YouthCOR participates in water activities, I give consent for my child to swim and wade as part of these activities, understanding that all swimming activities will be under the supervision of a trained and certified lifeguard.

VI. I give consent for CORA Services to display in the news media, or electronically via the internet or in other displays, the artwork created by my child in connection with the YouthCOR. I also consent to have my child's artwork, including name, grade level and school displayed by CORA Services for the viewing of the general public.

VII. I grant CORA Services permission to display in the news media or electronically via the internet and in other displays, photographs and or video footage of my child taken in connection with his or her participation in the YouthCOR program.

VIII. I give consent for my child to participate in OST surveys, administered by both CORA Services and Public Health Management Corporation (PHMC) on behalf of the City of Philadelphia's Department of Human Service OST Project. (see parent packet for complete description)

IX. The information written on this form is accurate and true to the best of my knowledge, I understand that CORA Services staff will consult this form regarding important information about my child's health and safety. I further understand that I must update this form every 6 months (as required by law) or when information changes, whichever comes first.

_____ _____

Signature of Parent or Guardian Date

SIX MONTH REAPPROVAL: I have reviewed this form and made all necessary updates.
(do not sign at time of enrollment)

_____ _____

Signature of Parent or Guardian Date

Thank you for completing this form in its entirety; specific information is required by Pennsylvania State regulations.

OFFICE USE

Date of Child's Admission: _____ **Director's Initials:** _____

CONSENT TO WALK HOME

May your child be released to walk home?

- ❑ **Yes, I would like my child to be released to walk home** and give consent for my child to be released by YouthCOR at 4:30 PM I grant my permission effective until further written notification is given by me. I release CORA Services from any liability for my child, once s/he leaves the program.
- ❑ **No, I do not authorize my child to be released to walk home.**

_____ _____

Signature of Parent or Guardian Date

DEVELOPMENTAL AND BEHAVIORAL ASSESSMENT

Does your child have an IEP? ❑Yes ❑ No

Does your child receive supplemental support services? ❑Yes ❑ No

If yes, please indicate in which areas he/she receives supplemental services:

❑ Academic/Learning ❑ Social/Emotional ❑ Speech/Language ❑ Health/Physical

Consent to Release Education Records under FERPA

I am the parent or guardian of the student listed on the application. As authorized by applicable law, including but not limited to the Family Education Rights and Privacy Act, 20 U.S.C., 1232g, and 34 C.F.R. Part 99 ("FERPA"), I consent and authorize The School District of Philadelphia (the "School District") to release education records concerning the Student, including confidential records of the School District to the City's Department of Human Services, the Public Health Management Corporation, and CORA Services YouthCOR program ("Recipients")

The School District releases these education records in connection with the Student's participation in YouthCOR program. The School District may disclose these education records only to the Recipients, and the Recipients may share this information only with other named Recipients, and with the Recipients' officers, staff, administrators and independent contractors under the Recipients' control. The Recipients may use these education records to research, study or evaluate OST programs.

If I ask, the School District will provide me with a copy of the records disclosed.

FERPA and other applicable laws protect the confidentiality of and your right to privacy concerning the Student's education records. The Recipients shall keep all information concerning the Student confidential and private to the fullest extent provided by applicable laws, including FERPA. Neither The School District nor the Recipients require me to waive any rights under these laws, and I give my consent voluntarily.

_____ _____

Parent/Guardian Signature Date

GETTING TO KNOW YOU - ADDITIONAL INFORMATION:

Is there anything you would like to share about your child with the staff? (personality, strengths, fears, etc.)

_____

_____

Child Health Assessment

Parents & Child Care Providers fill-in this part.

Child's Name: (Last)	(First)	Parent/Guardian:
Date of Birth:	Home Phone:	Address:
Child Care Facility Name:		
Facility Phone:	County:	Work Phone:

To Parents: Submission of this form to the child care provider implies consent for the child care provider to discuss the child's health with the child's clinician.

PA child care providers must document that enrolled children have received age appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village, IL 60007. The schedule is available at <www.aap.org> or Faxback 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.

Health history and medical information pertinent to routine child care and emergencies (describe, if any): ☐ NONE	Date of most recent well-child exam:
Allergies to food or medicine (describe, if any): ☐ NONE	Do not omit any information. This form may be updated by health professional. (Initial and date new data.) Child care facility needs 2 copies.

LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE
_____IN/CM % ILE _____	_____LB/KG % ILE _____	(Birth to Age 2) _____IN/CM % ILE _____	(Beginning at age 3) _____/_____

PHYSICAL EXAMINATION	☑ = NORMAL	If ABNORMAL - COMMENTS
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardiorespiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic & Developmental		

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTa/DTP/Td						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
PNEUMOCOCCAL						
OTHER						

SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL
LEAD		
ANEMIA (HGB/HCT)		
URINALYSIS (UA) (at age 5)		
HEARING (subjective until age 4)		
VISION (subjective until age 3)		
PROFESSIONAL DENTAL EXAM		

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (attach additional sheets if necessary)

☐ NONE

NEXT APPOINTMENT - MONTH/YEAR:

Medical care Provider:		Signature of Physician or CPNP:	
Address:			
	Phone:	License Number:	Date Form Signed:

Parents may write immunization dates, health professionals should verify and complete all data.