



# YOUTHCOR SUMMER SAFARI 2019

Kindergarten – 5<sup>th</sup> Grade (all Sites)

6<sup>th</sup> – 8<sup>th</sup> grade (Northwood)

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 CORA OST updates): \_\_\_\_\_

Student's School: \_\_\_\_\_    Current Grade: \_\_\_\_\_

Child's Race: ☐ Latino of any race

☐ African-American/Black

☐ White/Caucasian

☐ American Indian/Alaskan Native

☐ Native Hawaiian/Pacific Islander

☐ Asian

☐ Two or more races

☐ Other

Language spoken at home: \_\_\_\_\_

Is child designated as ELL

☐ Yes    ☐ No

## Program Site:

☐ Loesche Elementary\*

☐ Northwood Academy\*

☐ Pollock Elementary

☐ Summer Safari

July 1<sup>st</sup> – August 9<sup>th</sup>, 2019

8:30 AM – 4:30 PM

(Program closed July 4<sup>th</sup> and 5<sup>th</sup>)

**\$295/summer + \$25.00**

**mon-refundable enrollment fee**  
(due by May 26<sup>th</sup>, 2019)

☐ Early Bird Special

-\$50.00 for enrollment if payment  
received by April, 27, 2019

☐ Extended Day\*

(8:10 AM – 5:30 PM)

**\$80/summer** (due by May 26<sup>th</sup>)

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

## 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

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 - \$48,560

☐ \$48,570 - \$65,830

☐ \$65,840 - \$83,110

☐ \$83,120 - \$100,300

☐ \$100,400 - \$117,670

☐ \$117,680 - \$134,950

☐ More than \$134,960

**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, including immunization record.**

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 AbovePlease indicate any **allergies** that your child has:☐ Milk ☐ Stings/bites (which?) \_\_\_\_\_☐ Chocolate ☐ Foods (which?) \_\_\_\_\_☐ Juices (which?) \_\_\_\_\_ ☐ Animals (which?) \_\_\_\_\_☐ Medications (list) \_\_\_\_\_☐ Other \_\_\_\_\_☐ No Known AllergiesAdditional 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' Summer Camp 2019, 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 CORA's external evaluator - Research for Action, and CORA Services' 21<sup>st</sup> CCLC ("Recipients")

The School District releases these education records in connection with the Student's participation in the CORA 21<sup>st</sup> CCLC 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 21<sup>st</sup> CCLC 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, goals, 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): <input type="checkbox"/> NONE	Date of most recent well-child exam:
Allergies to food or medicine (describe, if any): <input type="checkbox"/> 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	<input checked="" type="checkbox"/> = 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
DTaP/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)

<input type="checkbox"/> 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.