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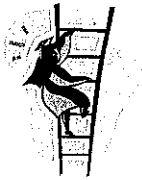
YOUNG ACHIEVERS LEARNING CENTER, INC.

(215) 698-2347 or (267) 679-1213

AGREEMENT FOR SUMMER CAMP SERVICES CONTRACT

June 2019 to August 2019

55 PA CODE CHAPTERS 3270.123 & 181(C); 3280.123 & 181(C); 3290.123 & 181(C)



Admission Date _____ Withdrawal Date _____ Year _____

1. Child: _____ (male/female) SS# _____ D.O.B _____

School Attending _____ Student ID# _____ Grade Completed _____ Age _____

SERVICE HOURS: ___ 7:00am to 3:00pm or ___ 7:00am to 5:45pm **Late Pick-Up Fee:** \$1 Per Minute

Services To Be Provided As Part of Program Weekly Fees:

Direct supervision to youth Monday thru Friday, Educational enrichment, STEM activities & community events and guest speakers, Breakfast, Lunch & daily Snack. Program Weekly Fees **DO NOT** include trip costs.

Please complete below for funding and statistical purposes, thank you. ☺

Gender: ___ Male ___ Female ___ Non-Binary/Third Gender ___ Prefer to self-describe ___ Prefer not to say
Race (please check all that apply): ___ Undeclared ___ Asian ___ Black/African American ___ Amer. Indian or Alaska Native ___ Caucasian ___ Bi-Cultural ___ Hispanic/Latino ___ Native Hawaiian or Other Pacific Islander

Language Spoken: _____

Household Family Size including yourself: Adults _____ Children _____

Is your child a U.S. citizen or qualifying alien? ___ **Child have an IEP?** ___ CUA Agency _____

Is your child/family receiving: ___ TANF ___ SSI ___ Food Stamps ___ Medicaid ___ None **Case Number:** _____

Person(s) Designated by parent/guardian to whom child may be released:

(1) _____
FULL NAME (printed) - relationship to child Home Address - Zip Code Phone No. When child is in care

(2) _____
FULL NAME (printed) - relationship to child Home Address - Zip Code Phone No. When child is in care

(Initial) _____ By signing I give consent, and agree that I have received **and read all of the information** provided in this contract and in the YALC Parent Handbook and Emergency Plan procedure. I agree to update the emergency contact/parental consent form information whenever changes occur.

(Initial) _____ I understand and agree that my child's picture/video/work will be taken during daily activities. They may be used and displayed for multi-media program purposes to include FaceBook, Instagram, YALC website and other social media platforms. I do not give consent for YALC to use my child's image. _____ (See pg.3 Section 5)
(Initial)

(Initial) _____ I agree to submit a current CHILD HEALTH REPORT FORM within 2 weeks of admission date. I understand that without one, my child will not be allowed to continue services and I will be responsible for any remaining fees.

YALC is Licensed and Insured and is not liable for personal injury or loss of property.

I, the parent/guardian;

Received complete written program information at the time of my child(ren) enrollment.(3270.121, 3280.121, 3290.121)

Parent/Guardian Full Name (Print Full Name)

DATE

Parent/Guardian Signature

DATE

YALC SIGNATURE/OPERATOR

DATE

YOUNG ACHIEVERS LEARNING CENTER, INC.

SUMMER 2019 EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

Child's Full Name		Child's Home Address – Zip Code		Date of Birth
Mother's Name – Legal Guardian		Guardian Social Security #	Cell Phone	
Home Address – Zip Code			Home Phone	
Business Name & Address		E-Mail	Business Phone	
Father's Name – Legal Guardian		Guardian Social Security #	Cell Phone	
Home Address			Home Phone	
Business Name & Address		E-Mail	Business Phone	
Name of Emergency Contact Person		Home Phone	Phone No. when child is in care	
Name of Emergency Contact Person		Home Phone	Phone No. when child is in care	
Person To Whom Child may Be Released	Home Address	Zip Code	Phone No. when child is in care	
Person To Whom Child may Be Released	Home Address	Zip Code	Phone No. when child is in care	
Name Of Child's Physician/Medical Care Provider			Phone Number	
Physician Address			Zip Code	
Special Disabilities (if any)		Allergies including medication reaction		
Medical or dietary information necessary in an emergency situation		Medication, special conditions		
Additional information on special needs of child		Behavioral Concerns		
Health Insurance Coverage for Child/Medical Ass. Benefits			Policy No. (required)	

PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

Obtaining Emergency Medical Care	Admin. Of minor First-Aid Procedure
Walks And Trips	Swimming/wading
Transportation By the Facility	Use of Hand Sanitizer
YALC to obtain my child's physical exam screening and shot records from their current school, physician or previous day care provider.	
Signature of parent/guardian	Date

SUMMER PROGRAM SERVICE INFORMATION

Contact Info: 6409 Argyle Street Phila PA 19111 Office & Fax 215-698-2347 Website: YALCPA.org Email: yalc@yalcpa.org

Young Achievers is a licensed non-profit organization that believes children deserve the opportunity to be guided through a learning process while still allowing them to enjoy the pleasures of childhood. As parents & educators we are the facilitators in helping children climb the educational ladder.

1. **OUR PURPOSE:**

In addition to keeping youth safe while families are working YALC provides each child with a fun, safe and supportive environment which includes a wide variety of enrichment activities that traditionally take place in the summer months, between the hours of 7:00 am to 5:45 pm

2. **YALC SCHEDULE & HOURS OF OPERATION:**

Monday thru Friday according to the Philadelphia Public School District Calendar

We have a Warm Welcome policy. We invite you to drop in anytime.

Day Session: 7:00 am to 3:00 pm

Extended Session: 7:00 am to 5:45 pm

3. **YALC ADMISSION AND ENROLLMENT REGULATIONS:**

All school-aged children are eligible to participate. Applications for enrollment are accepted without regard to race, religion, color, sex, or national origin.

Required Forms: All forms are available on site and at yalc.org

- ✓ A completed and signed Agreement for Summer Camp Services Contract
- ✓ Current Child Health Report & Shot Records- Provides information regarding your child's medical background and any special health needs.
- ✓ OST & SDP Consent Forms

4. **YALC ARRIVAL AND DISMISSAL PROCEDURES:**

- **SECURITY-** For security purposes, you must walk your child in & **sign your child out daily** and be prepared to show ID. Your child will not be released to any minor or persons without ID and confirmation by parent/guardian. Unauthorized persons will not be given access to the building.
- **ATTENDENCE-** If your child will be **absent** from camp for either a single day or an extended period for medical, legal, or personal reasons you **MUST** contact Ms. Rachael (267) 679-1213.

5. **SOCIAL MEDIA RELEASE FORM FOR MINORS**

Young achievers has permission to use my child's photograph/video/work to celebrate YALC camp and experiences. I understand that the images/videos/work and child's name may be used in print & online presentations/publications, contests, websites, and other social media such as Facebook and Instagram. I release YALC of any liability associated with the release of the above. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. As a parent/guardian, you may withdrawal your consent at any time in writing.

6. **LATE PICK UP:**

If delayed for any reason, contact Ms. Rachael (267) 679-1213 **immediately** to avoid making any unnecessary emergency contact calls including the local police station. There will be a \$1.00 dollar per minute late fee starting at 3:00 pm (Day Session) or 5:45 pm (Extended Day Session). This fee will be paid immediately upon pick-up to the staff in charge. Habitual late pick-ups may result in suspension or termination of services with no refund.

7. **DISCIPLINARY POLICY:**

No child shall be subject to any form of corporal, emotional punishment, or neglect, abusive language, ridicule or any behavior that shall intimidate, frighten or endanger a child and their self-image. If unacceptable behavior continues: **1.** Verbal communication of behavior will be made to parent/guardian **2.** Written report will follow **3.** Suspension/Termination of services will/may result if behavior does not improve. YALC reserves the right to dismiss any child from the program due to inappropriate behavior, which will result in termination of the contract. Parent/Guardian is still responsible for all fees including scheduled trips. A child may also be suspended from a particular activity and or trip due to inappropriate behavior or required to provide an adult chaperon. Discretion is made by YALC.

8. **REGISTRATION FEES:**

Registration fees are non-refundable fees. Such fees are necessary to confirm and hold your child's space in our program as well as other administrative costs. If you remove your child from the program and then wish to return, you must pay a \$10 re-registration fee. Your child will only be admitted if space is available.

9. **FEE POLICY:**

Parent/Guardian(s) are responsible to adhere to the payment contract policies agreed to and signed. Acceptable forms of payment are **Major Credit Cards** (we don't accept AMEX), or **Money Orders**. A late fee of \$5.00 per day will be charged. **If tuition and fees are unpaid your child will not be admitted until full payment is made.** Please note that YALC is sensitive to unexpected financial hardships, see administration for **subsidy information**. A paid receipt will follow each payment. It is the parent's responsibility to keep all receipts. A \$10 fee will be charged for all Payment Statements. Payments may be made in person or over the phone at 215-698-2347.

10. **TRIPS:**

Trips and special events are subject to change or rescheduling. Money will be reimbursed and or credited upon unavailability of rescheduling or substitution of event. Refunds **will not** be given if your child misses a trip due to absence or suspension. *Campers who have not completed Kindergarten will be required to have their own chaperone on all trips.

11. **REFUND & CREDIT:**

Refunds will not be given for missed days, holidays or in the event of emergency closings mandated by the school district due to weather or other circumstances. There are no exceptions. Partial credit may be given upon a doctor's note for the days missed. If a child is suspended from a particular activity and or trip due to inappropriate behavior refunds will not be given.

12. **WITHDRAWALS:**

Parents may withdrawal a currently attending child from the program at any time. A two (2) week written notice (dated at least two (2) weeks prior to child's last day) is required to ensure any refunds. Parents wishing to withdraw their child but fail to provide a written notice will still be liable for full contracted amount.

13. **CONTRACT CANCELATIONS:**

Pre-paid summer fees (not including registration fees) will be reimbursed **only** if canceled with-in two (2) weeks of contract signature date- **prior** to child's first day of physical attendance to the program.

14. **DRESS CODE POLICY:**

Tops: YALC camp T-shirt is to be worn daily by all youth.

Bottoms: Shorts (of appropriate length) or Capri pants or long pants conducive to play.

All campers are required to wear **modest** swimwear such as tankinis or modest one-piece swimsuits. **Bikinis** are not permitted.

Foot Wear: **Sneakers!** Except for trips, flip-flops and open toes shoes are strongly discouraged as they are a play hazard and lead to many falls and scraped toes.

15. **SOCIAL SECURITY NUMBERS:**

Are held in high regard and kept confidential. S.S. numbers are required for subsidized funding, identity verification and tax purposes.

16. **COLLECTIONS:**

Any account that goes past due will be sent to collections and be reported to the Credit Bureau. Tax Identification number will not be provided to individuals with past due accounts. Any additional collection fees will apply to your account.

17. **CCIS/Subsidized Families**

Families' currently receiving assistance for childcare through a grant or subsidy program are subject to follow policies and procedures set by YALC. If you decide to render services with YALC co-pay must be paid up to date. Please note you will be responsible to pay for all fees if at any point the grant or subsidy program will no longer pay for childcare due to any reason.

YOUNG ACHIEVERS SUMMER CAMP ACTIVITIES 2019

Young Achievers offers a variety of activities on a daily basis! Camp 2019 activities include but are not limited to the following:

1. Creative Expression

All campers will have the opportunity to express themselves! Some campers will do this through writings, others through drawings or paints, some through dance. All campers are encourage to express themselves and try new things!

2. Soccer Lessons!

All campers will have the opportunity to take part in soccer lessons organized by an athletic professional! Soccer usually takes place 2-3 times per week.

3. Music Lessons!

All campers will have the opportunity to take part in musical lessons taught by Independent Rock Philadelphia! Lessons include drums, guitar and piano!

4. Dance Activities!

All campers will have the opportunity to do dance, drill, step or free style dance activities. Some dances will be choreographed by staff or fellow campers while some might just be for fun! We encourage our campers to dance every day!

5. Robotics/Technology Activities!

Our older youth will have the opportunity to tinker, investigate and learn about electronics and how they work!

6. Water Festivals!

All campers will have the opportunity take part in all of our scheduled Water Festival Events! These events take place on site and involve moon bounces, water slides, slip and slide, water balloons and FUN!

YOUNG ACHIEVERS SUMMER CAMP TRIP INFORMATION 2019

- Please be aware that YALC **will not** provide onsite services if you choose for your child **not** to attend a scheduled trip for any reason.
- Chaperones are welcome on all trips and must be 18 years of age or older and must submit PA Child Abuse & Criminal Background clearances in order to ride the bus pending availability.
- Campers who have not completed Kindergarten will be required to have their own chaperone on all trips.
- YALC cannot guarantee transportation for chaperones.
- All trips must be paid by the first day of summer camp. Trips and special events are subject to change or rescheduling. If YALC cancels or reschedules a trip, money may be reimbursed and or credited upon unavailability, rescheduling or substitution of event. See pg. 4 for details on refunds.

I/We are in accord with the purposes of and procedures governing the trip. I/We hereby grant permission for my/our son/daughter to participate. I/We understand that adequate and appropriate supervision will be provided. I/We recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). I/We further agree to release and hold harmless Young Achievers Learning Center, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services. In the event of an injury requiring medical attention, I/We hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my/our son/daughter. If the injury warrants further medical attention, I/we expect every effort will be made to contact me/us to receive my specific authorization before action is taken. If efforts to contact me/us are unsuccessful, I/we grant permission for necessary medical treatment to be given. In addition, I/we hereby give my/our permission to the supervising teacher(s) or staff (including volunteers) to take my/our child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I/we cannot be located. In the event that a student must return to Summer Camp for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., I/We agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

I, _____ parent/guardian give my child permission to attend all trips chosen by me on page 6.

Parent/Guardian Signature

Date

Camp 2019 Payment Contract

Childs Name: _____ Sibling: _____

PRIVATE PAY
 CCIS
 GRANT
 OTHER

Schedule: Monday to Friday 7:00-3:00 PM- \$85per/week or 7:00-5:45 PM- \$115.00 per week

Registration fee (non-refundable) = \$ _____ paid on _____

Summer Kit = \$ 25 t-shirt size _____ (Youth XS, S, M, L Adult S, M)

Select dropdown box per week attending
There is a 5 week minimum for enrollment

Select dropdown box per trip your child will be attending + any chaperones

- | | | | |
|--|----------|---|--------------------------|
| <input type="checkbox"/> Week 1 June 17 th to June 21 st | \$ _____ | <input type="checkbox"/> Week 1 trip - Funplex 6/21/19 | \$ 30 x _____ = \$ _____ |
| <input type="checkbox"/> Week 2 June 24 th to June 28 th | \$ _____ | <input type="checkbox"/> Week 2 trip - Dave & Buster's 6/26/19 | \$ 25 x _____ = \$ _____ |
| <input type="checkbox"/> Week 3 July 1 st to July 5 th | \$ _____ | <input type="checkbox"/> Week 3 trip - Neshaminy Shore 7/3/19 | \$ 25 x _____ = \$ _____ |
| <input type="checkbox"/> Week 4 July 8 th to July 12 th | \$ _____ | <input type="checkbox"/> Week 4 trip - Clementon 7/12/19 | \$ 30 x _____ = \$ _____ |
| <input type="checkbox"/> Week 5 July 15 th to July 19 th | \$ _____ | <input type="checkbox"/> Week 5 trip*- Sesame 7/16/SixFlags 7/18 | \$ 35 x _____ = \$ _____ |
| <input type="checkbox"/> Week 6 July 22 nd to July 26 th | \$ _____ | <input type="checkbox"/> Week 6 trip*- Spirit 7/26/19 Child _____ | \$ 35 x _____ = \$ _____ |
| | | Spirit 7/26/19 Adult _____ | \$ 55 x _____ = \$ _____ |
| <input type="checkbox"/> Week 7 July 29 th to August 2 nd | \$ _____ | <input type="checkbox"/> Week 7 trip - Sahara Sam's 7/31/19 | \$ 30 x _____ = \$ _____ |
| <input type="checkbox"/> Week 8 August 5 th to August 9 th | \$ _____ | <input type="checkbox"/> Week 8 trip - Neshaminy Shore 8/7/19 | \$ 25 x _____ = \$ _____ |

Total Cost: \$ _____

Total Trip Costs: \$ _____

Total Camp Costs: (weeks + trips + \$25 kit) = \$ _____

Payment Arrangement

1st payment due no later than 5/17/19 \$ _____

2nd payment due no later than 5/31/19 \$ _____

3rd payment due no later than 6/14/19 \$ _____

Administration Notes-Agency Use Only

Failure to honor payment arrangement may result in a \$5 per day late fee or termination of services.

**** Bonus!** If full payment of all summer camp fees is paid in full before your child's first day of camp, a courtesy refund of all registration fees paid will be rendered. **Bonus! ****

___ Campers who haven't completed Kindergarten will be required to have their own chaperone on all trips.

___ Sesame Place trip is for campers 8 and younger and the Six Flags Trips is for campers 9 and older.

___ Refund of summer camp fees (excluding registration and The Spirit of Philadelphia) will only be made when a two (2) week written notice of contract changes or cancelation is provided prior to last day.

___ Parents wishing to withdraw their child, but fail to provide a two (2) week written notice will still be liable for full contracted amount.**

I, _____ agree to the above payment arrangement.
(Parent name, Please Print)

With my signature I accept full responsibility for payment of the above total summer fees: \$ _____

Parent Signature: _____ Date: _____

YALC Signature: _____ Date: _____



Young Achievers Summer Camp 2019

Parent Acknowledgment

1. My children and I will join the YALC family in their efforts to demonstrate positive role modeling; Values, Respect, Caring, Honesty, and Responsibility especially while at the YALC facility and engaging with YALC staff and campers.
2. All contract information including emergency medical information, immunization records, a current physical form and both consent forms must be complete in order for your child to begin camp.
3. Deposits are non-refundable 2 weeks after signature of contract with our proper notice.
4. You may make changes to your child's trip schedule up until one week before the schedule trip date. Paid trip fees will be credited toward tuition. The Spirit of Philadelphia is Non-Refundable.
5. Campers who have not completed Kindergarten will be required to have their own chaperone on all trips.
6. Unfortunately, Young Achievers will not provide services on scheduled trip days to youth who are not attending scheduled trips.
7. If payment arrangements are not honored YALC reserves the right to suspend services. Late payments may be subject to a \$5 per day late fee.
8. Any changes to your child's camp schedule must be submitted in writing two weeks prior to the change. Please check bulletin boards for YALC schedule changes.
9. Please become familiar with the YALC Parent Handbook, available online at yalcpa.org.
10. Responsible use of electronic devices is permitted during specific time frames. YALC will not be held liable for any items that are lost or damaged. YALC reserves the right to omit irresponsible use of all electronics.
11. Children will have the opportunity to participate in performances that include a praise, gospel or religious theme.
12. During camp your child may watch age appropriate movies and may also take part in playing age appropriate Video Games provided by YALC.
13. Camp T-Shirts MUST be worn daily. Children are recommended to wear clothing conducive to play. (Ex; sneakers, appropriate length shorts.)
14. All campers are required to wear modest swimwear such as tankinis, or modest one-piece swimsuits. **Bikinis are not permitted.**
15. YALC has permission to use my child's name/photo/video/work in print & online presentation/publications, contests, websites, and other social media such as Facebook & Instagram. Please provide in writing if otherwise.

With my signature I agree that I have read and agree to the above policies set by Young Achievers.

Parents Signature: _____ Date: _____

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME: * Young Achievers		
FACILITY PHONE: 215-698-2347 Fax 215-698-2347		WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)
 YES NO

NOTE BELOW IF THE RESULTS OF VISION/HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

Public Health Management Corporation
Out-of-School Time Project

Consent to Collect Information
July 1, 2018 to June 30, 2019

Agency Name

Program Location and Model

Purpose:

The City of Philadelphia's Department of Human Services (DHS) funds over 200 after-school programs through the Out-of-School Time (OST) program. The City has a contract with Public Health Management Corporation (PHMC). PHMC manages the OST program your child attends. When you enroll your child in OST, PHMC will collect information from you to help manage the program. If you agree, we will also ask you and your children questions about OST to make the program better.

Process:

When you sign-up for an OST program, PHMC will ask you some questions about your child, such as his name, age and address. You will complete this information on the program's registration forms. This information will be entered into a database at PHMC. Staff at PHMC and the City will be able to see this information and use it to improve the OST program. OST staff may also visit the program and talk to your child about being at that program. This is a basic part of OST for every child and every after-school site.

To learn more about your experience with OST, PHMC may ask you and your child to complete short surveys. These surveys will be given at the start and at the end of the school year during regular after-school time. The survey will ask questions about what you and your child think about the program.

Information Privacy and Sharing:

The information that we collect about your child will not be shared with anyone outside of the OST program. All of the information is stored in a database that is protected by a password. Only approved staff at PHMC or the City can see the information.

We will never share any single child's answers. We will only share results from the survey for the OST program as a whole.

Voluntary Surveys:

You can decide if you want your child to participate in the OST surveys. You can decide not to participate. This will not in any way affect your child's chance to enroll in the program.

Questions:

If you have any questions about this form, you may contact: ost@phmc.org.

PLEASE CHECK ONE OF THE BOXES and SIGN BELOW:

- Agreement to Participate:** I have read and understand this form. I agree to allow my child to answer the surveys.
- Refusal to Participate:** I have read and understand this form. I do NOT give permission for my child to answer the surveys.

Child's Name

Parent/Guardian's Name

Parent/Guardian's Signature

Date

The City of Philadelphia
Out-of-School Time Project
CONSENT TO RELEASE EDUCATION RECORDS UNDER FERPA

Student: _____ Student ID #: _____

The Out-of-School Time Project ("OST") is a Philadelphia effort to improve the well-being of children and youth through effective academic support, enrichment and youth development activities during non-school hours. OST programming provides safe, constructive activities to children when they are not in school, and has been demonstrated to improve in-school performance.

In order to assess and improve the quality of OST programs, The City of Philadelphia Department of Human Services (the "City") asks for permission to collect personally identifiable information from education records regarding children's school performance. The City will collect standardized test scores, report cards and school attendance, disciplinary and other relevant school records ("education records"). The City will use these education records to measure the impact of OST programming on children's school performance and to improve the quality of those programs.

I am the parent or guardian of the student named above ("Student"). 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 my Student's OST program ("Recipients").

The School District releases these education records in connection with the Student's participation in an OST 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 (or Student's signature, if
Student is 18 years old or an emancipated minor)

Date

Name of school in which Student is currently enrolled

Student's Grade

Name of Student's OST Provider Agency

Student's Date of Birth

Name of Student's OST Provider Location

Proyecto *Out-of-School Time* de la
Public Health Management Corporation

Permiso para Recopilar Información 1°
de julio de 2018 a 30 de junio de 2019

Nombre de la agencia

Localización y modelo del programa

Objetivo:

El Departamento de Recursos Humanos de la Ciudad de Filadelfia (*DHS*, por sus siglas en inglés) provee fondos a más de 200 programas extra-escolares a través del programa *Out-of-School Time* (*OST*, por sus siglas en inglés). La Ciudad tiene un contrato con la Corporación para la Administración de Salud Pública (*PHMC*, *Public Health Management Corporation*). La *PHMC* dirige el programa *OST*, en el cual su niño participa. Cuando usted inscriba a su niño en el *OST*, la *PHMC* recogerá información sobre usted para ayudar a manejar el programa mejor. Si está de acuerdo, también le pediremos comentarios a usted y a su niño acerca del *OST*, para mejorar el programa.

Proceso:

Al inscribir su niño en un programa *OST*, la *PHMC* le hará algunas preguntas sobre él, como su nombre, su edad y su dirección. Usted registrará estos datos en los formularios de inscripción del programa. Esta información se introducirá en una base de datos en la *PHMC*. Los empleados de la *PHMC* y el gobierno municipal podrán ver y usar esta información para mejorar el programa *OST*. Los empleados del *OST* también podrán visitar el programa y hablar con su niño acerca de su participación. Esto forma una parte fundamental del *OST* para cada niño y cada centro extra-escolar.

Para aprender más acerca de su experiencia con el *OST*, la *PHMC* podría pedirle a usted y su niño que completen breves encuestas. Estas encuestas se repartirán al principio y al final del año escolar durante el tiempo extra-escolar regular. Las encuestas les harán preguntas para saber qué opinan sobre el programa.

Privacidad y reparto de información:

Los datos que recopilamos acerca de su niño no se compartirán con nadie fuera del programa *OST*. Toda la información se mantiene en una base de datos protegida por contraseña. Solo los empleados aprobados de la *PHMC* y el gobierno municipal pueden ver la información.

Jamás revelaremos las respuestas de ningún niño individual. Solo compartiremos los resultados de la encuesta en conjunto, para el programa *OST*.

Encuestas voluntarias:

Usted puede decidir si quiere que su niño participe en las encuestas del *OST*. Puede decidir no participar. Esto no afectará de ninguna manera la oportunidad de su niño para ser inscrito en el programa.

Preguntas:

Si tiene alguna pregunta acerca de este formulario, puede ponerse en contacto con: *OST* por e-mail a ostemail@phmc.org.

POR FAVOR MARQUE UNA DE LAS CASILLAS y FIRME ABAJO:

- Acepto participar:** he leído y comprendo este formulario. Permiso que mi niño complete las encuestas.
- Declino participar:** he leído y comprendo este formulario. **NO** permito que mi niño complete las encuestas.

Nombre del niño

Nombre del padre / tutor

Firma del padre / tutor

Fecha

El Gobierno Municipal de la Ciudad de Filadelfia
Proyecto Out-of-School Time
PERMISO PARA REVELAR LOS EXPEDIENTES ESCOLARES CONFORME
LA LEY DE DERECHOS EDUCATIVOS Y PRIVACIDAD FAMILIAR

Estudiante: _____ Nº de identificación: _____

El Proyecto Out-of-School Time (OST, por sus siglas en inglés) es una iniciativa en Filadelfia para mejorar el bienestar de los niños y jóvenes a través del apoyo académico y las actividades de enriquecimiento y desarrollo juveniles durante las horas extraescolares. La programación del OST les ofrece actividades seguras y constructivas a los niños cuando no están en la escuela, y ha demostrado que mejora el rendimiento académico.

Para poder evaluar y mejorar la calidad de los programas OST, el Departamento de Servicios Humanos de la Ciudad de Filadelfia (denominado de aquí en adelante como “la Ciudad”) solicita permiso para recopilar información personal identificable sobre el rendimiento académico de los niños, archivada en sus expedientes escolares. La Ciudad recopilará los resultados de los exámenes estandarizados, las boletas de calificaciones, los registros de asistencia, los expedientes disciplinarios y otros expedientes relevantes (denominado de aquí en adelante como “expedientes escolares”). La Ciudad usará estos expedientes escolares para medir el impacto de la programación OST sobre el rendimiento académico de los niños y para mejorar la calidad de estos programas.

Yo soy el padre o el tutor del estudiante antes nombrado (denominado de aquí en adelante como “el estudiante”). Según autoriza la ley aplicable, que incluye pero no se limita a la Ley de Derechos Educativos y Privacidad Familiar, 20 U.S.C. 1232g, y 34 C.F.R. parte 99 (FERPA, por sus siglas en inglés), yo consiento y autorizo al Distrito Escolar de Filadelfia (denominado de aquí en adelante como “el Distrito Escolar”) a revelar los expedientes escolares del estudiante, incluso los expedientes confidenciales del Distrito Escolar, al Departamento de Servicios Humanos de la Ciudad, a la Corporación para la Administración de Salud Pública y al programa OST del estudiante (denominados de aquí en adelante como “los receptores”).

El Distrito Escolar revela estos expedientes escolares en coordinación con la participación del estudiante en un programa OST. El Distrito Escolar puede divulgar estos expedientes escolares solo a los receptores; y los receptores pueden compartir esta información solo con otros receptores identificados, y con los oficiales, empleados, administradores y contratistas independientes bajo el control de los receptores. Los receptores pueden usar estos expedientes escolares para investigar, estudiar o evaluar los programas OST.

Si yo lo solicito, el Distrito Escolar me entregará una copia de los expedientes divulgados.

La ley FERPA y otras leyes pertinentes protegen la confidencialidad de y su derecho a la privacidad con respecto a los expedientes escolares del estudiante. El receptor calificará toda la información acerca del estudiante como confidencial y privada hasta donde las leyes aplicables lo permitan, incluso la ley FERPA. Ni el Distrito Escolar ni los receptores exigen que yo renuncie ningunos derechos bajo estas leyes, y doy mi permiso por voluntad propia.

Firma del padre / tutor (o la firma del estudiante,
si tiene 18 años de edad o es un menor emancipado)

Fecha

Nombre de la escuela actual donde el estudiante está matriculado

Grado del estudiante

Nombre de la agencia proveedora del OST

Fecha de nacimiento del estudiante

Nombre del local de la agencia proveedora

Dear Parents,

If your child is bringing food from home, please make sure it is:

- In a labeled bag or container
- Does not contain glass
- Does not contain sugary beverages
- Does not include any peanuts or peanut products

Please make staff aware of any special dietary needs or restrictions as well as any allergies.

Thank You!

~YALC Team~

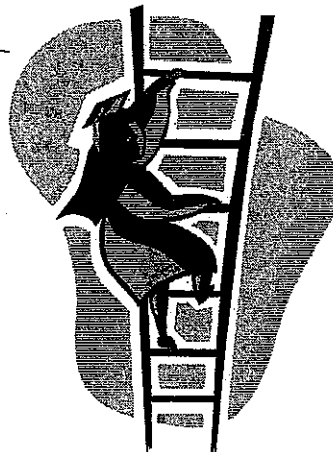


SUPPLIES NEEDED FOR CAMP

Spring Water- Remember YALC does not recommend sugary drinks, so if each camper brought a case of water or a few gallons of water to share with their group there will plenty of fresh, cold drinking water for the campers daily.

THE FOLLOWING ITEMS CAN BE KEPT ON SITE IN A LABELED BACK-PACK OR DUFFEL BAG

- **A Change of Clothes** (These come in handy whenever there is an unexpected water activity or overly messy craft activity.)
- **Water Shoes** Recommended- not required (Great for water games outside so that sneakers and socks don't get wet, also great for trips when youth will be walking from one water attraction to another.)
- **Hygiene Products** such as baby wipes, powder, hair brush/comb, a wash cloth, lotion, deodorant etc. to keep yourself fresh in the hot summer weather.
- **A Sweater or Sweatshirt** (Sometimes the AC can make it a little chilly in the building, especially on rainy days.)
- **A White T-Shirt** To be Tie-Dyed



Donation Requests

Bottled Water

Ice Pops

**Snacks (Pretzels, Cookies, Crackers, Fruit
Cups etc.)**

Water Balloons

Tissues

Baby Wipes

Paper Towels

Small Plastic Cups

Band Aids



**Thank you in advance
for your generosity!**



YALC Campers & Staff