

PTID#	\$20 Paid

Summer 2018 Registration Form Cumberland United Methodist Church (Please complete one form per camper.)

CAMPER INFORMATION

CAMPER FIRST NAMEC	AMPER LAST NAME		
Sex: M F Date of Birth (MM/DD/YYYY)	/GRADE	(As of FALL 2018)
STREET ADDRESS	STATE	ZIP	_;
SCHOOL		=	
ETHNICITY:RACE:	PRIMARY LANGUAGE: _		
Child/youth qualifies for government assistance, including food stamps, Medicaid, or free or reduced meal program. Yes No (circle one)			
Number of members in household	Household Monthly Income \$ _		
PARENT/GU	UARDIAN INFORMATION		
PARENT/GUARDIAN FIRST NAME	PARENT/GUARDIAN LAST NA	AME	
EMAIL:CELL#	WORK#		
EMERG	ENCY INFORMATION		
CHECK ONE: My child has permission to walk home An adult will pick up my child everyday			
List names of adults, other than parent/guardian, who have permission to pick up this child:			
List two adults other than parent/guardian to contact in case of emergency:			
Emergency Contact #1 relationship	email	cell#	work#
Emergency Contact #2 relationship	email	cell# v	work#
My child has a health problem: NO YES If yes, please explain and list any medication information or food/medicine allergy details:			
(The staff will not administer medication, but a parent/gu	ardian is welcome to come and g	give their child medicine)	
PARENT SIGNATURE	DA	ATE	



Consents & Waivers

GENERAL PROGRAM POLICIES and ACTIVITIES

		a daily basis from start to finish. He/she should arrive at the program Monday day. I understand that picking up my child early on a regular basis does not allow ogram.
	I understand that my child will be expected to participate i activities, and art enrichment.	n reading assessments, educational activities, healthy living lessons, physical
	I understand Project Transformation is not able to give my a note to the program. I will be called if my child becomes	child medication. However, my child may bring his/her inhaler for asthma if I write ill.
	respectfully towards others and site property. I understand	ding a safe and positive learning environment. My child is expected to act d that disrespect, inappropriate language, fighting, bullying, or damaging property ine policies of Project Transformation he/she will be suspended or expelled from
		I can be reached during program hours. I will also provide two other emergency emergency contact must be available for my child at all times.
TRANS	NSPORTATION POLICY	
		program hours or to not attend the program, Project Transformation and/or the site afety, well-being, or behavior.
		iny and all employees, owners, members, officers, agents, representatives, or afety, or well-being of my child before he/she checks into the program or after
	and discharge Project Transformation, the site church, or	and actions before and after he/she checks into the program. Thereby, I release any and all employees, owners, members, officers, agents, representatives, or actions, events, or omissions occurring before my child is checked in and after my
	I understand that Project Transformation does not provide parent/guardian. Please choose from the following option	transportation to or from program. This is the sole responsibility of the s:
	☐ I will drop off and pick up my child every day.	
	☐ I have arranged for someone else to drop off an	d pick up my child/youth every day.
		e program every day. I will make arrangements for my child to be picked up in
Respond	ond yes or no:	
		formation to seek medical treatment for child in an emergency.
		nation to track my child's reading progress during the summer.
	Healthy Habits Program: I hereby give consent for my child to	
	Vater Activities: I hereby give consent for my child to participa	
		in field trips and to be transported/supervised by staff or volunteers during.
Pict	Picture/Name Release: I hereby give consent for my child's pic	ture and name to be used for Project Transformation program and its partner
	rganizations/churches promotional purposes.	
Chu	Church Contact: I hereby give consent for the site church to us	e the address on this form to send correspondence regarding church events.
I un	understand that Project Transformation programs are located	on the premises of partnering churches. Project Transformation sites are not
licensed	ed by the state as day care or child care facilities.	
As the pa	e parent/guardian of	, I agree to support the purposes and policies of Project Transformation.
Parent/G	t/Guardian Signature Date	



Program Information for Parents

June 11 thru July 31 Monday through Thursday; 9AM to 3PM; entering 1st thru 6th Grades

Who is Project Transformation?

- A faith-based, 501 C3 nonprofit organization
- Provides summer camps focused on literacy, fun enrichment activities, and Christian teachings
- Trains college-age young adults to work directly with the children and youth
- Helps connect churches to their surrounding communities

What is the purpose of the Summer Program?

To provide holistic programming in Project Transformation's four pillar areas of: 1) Developing Literacy, 2) Cultivating Leadership, 3) Celebrating Diversity, and 4) Serving Community. Curriculum and activities are related to at least 1 of these 4 learning areas.

Who qualifies for the program?

Children who qualify for free/reduced school lunches, have a proximate zip code to the site church location, and will attend 1st – 6th grades as of the fall. We DO NOT accept kids starting Kindergarten in the fall as our reading program is not designed for this age group.

What are the expectations of my child?

- To attend the entire program day from 9am-3pm, all weeks of camp! If your child misses the program for three consecutive
 days, without prior communication with the Site Coordinator, Project Transformation reserves the right to give your child's slot
 to someone on the waiting list. Project Transformation will excuse up to one week (4 days) of absences due to vacation.
- To follow Project Transformation's discipline policy and be respectful towards others and site property.
 - To participate in program components: Reading Program, Educational and Academic Enrichment Activities, Healthy Living Lessons & Physical Activities (if able), Bible Lessons, Art Enrichment Activities

How does my child get to and from the program?

Parents/guardians are responsible for transportation and may instruct his/her child to walk to and from the program. Children must be picked up promptly @ 3 PM. After two pick-up tardies, Project Transformation reserves the right to fine parents \$1.00 per every five minutes they are late and/or require a service hour for the parent. If tardiness in child pick up is a continued issue, Project Transformation reserves the right to suspend or expel your child from the program.

Medication

We are not able to give a child medication and children should not bring medication to the site. Children with asthma are allowed to bring their inhalers, but must provide a note from the parent/guardian. Parent/guardian will be called if a child becomes ill.

Discipline Policies and Consequences

Children are expected to act with respect towards others and site property. Disrespect, inappropriate language, fighting, bullying, or damaging property will not be tolerated. In order to maintain a safe and positive environment, any child unwilling to follow Project Transformation's discipline policies will be suspended or dismissed from the program.

Emergency Contact Numbers

Parents/guardians must provide a current working phone number and two other emergency phone numbers. **We must be able to reach parents/guardians or emergency contacts at all times.**

Family Fun Nights

Parents are invited and encouraged to attend Family Fun Nights on Thursdays, June 21 and July 26 at 6pm. These will be fun nights with dinner and games for the whole family. Put these dates on your calendar now so you don't miss them!