

Booker T. Washington Youth Day Camp Application

*In addition to completing this application
please provide :*

A copy of participant most recent report card

A copy of the front and back of your child's medical insurance card

A copy of the participant reading level

BTWCSC YOUTH Day Camp Application

Place an X next to the program(s) that apply:

___ Winter Day Camp (SFUSD Winter Recess) ___ Spring Day Camp (SFUSD Spring Recess)
___ Summer Day Camp (SFUSD Summer Recess)

Today's Date: _____ Child's Name: _____ Age _____

Birth date (Mo/Day/Yr) _____ Male ___ Female ___

Address & Zip Code: _____ Home Language _____

Name of School: _____ Grade (Current) ___ HO # _____ Reading Level _____

Race/Ethnicity of Participant (Please list all that apply): _____


Parents / Guardians Name(s): _____

Address: _____

Contact Information: HM #: _____ Cell #: _____ Wk # _____

Email: _____

The following person(s) are authorized to transport my child:

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |



MEDICAL INFORMATION: In case of emergency, staff is responsible for the care and supervision of children participating in programs administered at Booker Washington CSC. The staff may need to seek medical help or attention for your child. Medical help may include the use of a licensed health care physician and/or ambulatory, and hospital services.

Emergency Contact: _____ Emergency Phone Number: _____

Regular care physician: _____ Medical Facility Address: _____

Phone number: _____ Insurance Carrier: _____ Policy number: _____

What pre-existing medical conditions or allergies does the child have? (Example: asthma, allergies to penicillin, nuts.)

Medication: _____ Times: _____

Your signature below indicates that you have read, understand, and agree to allow your child to participate in the After School Program/Teen Program or Seasonal Camps at Booker T. Washington CSC. Your signature authorizes your child to participate in all activities and field trips offered. In addition, your child's image may be used now or in the future on websites and/or any literature used to advertise and/or promote Booker T. Washington CSC.

Parent/Guardian Signature

Date

BENEFICIARY FORM (PARENT INFORMATION)

NAME _____	Male ___ Female ___	Age _____
STREET ADDRESS _____ <small>(City, State & Zip Code)</small>		Tel# _____
EMAIL ADDRESS _____		

Race & Ethnicity Preference: Please select race and ethnicity as appropriate.

- African American
 American Indian/Alaskan Native
 Chinese
 Japanese
 Korean
 Hispanic/Latino
 Vietnamese
 Caucasian
 Filipino
 Samoan
 Am Indian/ Alaskan Native & Caucasian
 Asian & Caucasian
 African American & Caucasian
 Am Indian/Alaskan Native & African American
 Asian & African American
 Arab
 Russian
 Gay/Lesbian/Transgender/Transsexual
 Other

How many persons are living in your home/household? _____
 Total annual income of all persons in household \$ _____

Single Head of Household? ___ Yes ___ No
 Dual head of Household? ___ Yes ___ No
 Female Head of Household? ___ Yes ___ No

Household of	Annual Income Level by Household Size							
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Extremely Low if under	\$0-25,850	\$0-29,550	\$0-33,250	\$0-36,900	\$0-39,900	\$0-42,850	\$0-45,800	\$0-48,750
Very Low if under	\$25,851-43,050	\$29,551-49,200	\$33,251-55,350	\$36,901-61,500	\$39,901-66,450	\$42,851-71,350	\$45,801-76,300	\$48,751-81,200
Low income if under	\$43,051-68,950	\$49,201-78,800	\$55,351-88,650	\$61,501-98,500	\$66,451-106,400	\$71,351-114,300	\$76,301-122,150	\$81,201-130,050
Above Moderate Income	\$68,951 or greater	\$78,801 or greater	\$88,651 or greater	\$98,501 or greater	\$106,401 or greater	\$114,301 or greater	\$122,151 or greater	\$130,051 or greater

Please certify the income level of the client in the box below, and indicate the source of information used to verify this information. A copy of this source document must be attached to this form.

This applicant is certified as **low/** **very low/** **extremely low income as verified by following:**
TANF ___ **FOOD STAMPS** ___ ***TAX RETURN** ___ **MEDI-CAL** ___ **JTPA** ___ ****PAYROLL STUB** ___
(*most recent Return ** current-within 2 months)

GENERAL RELEASE LIABILITY

****SSI** ___ ****OTHER (i.e. public housing/foster care)** _____

IN CONSIDERATION FOR BEING ALLOWED MEMBERSHIP PRIVILEGES IN ANY PROGRAM PROVIDED IN WHOLE OR PART BY THE BOOKER T. WASHINGTON COMMUNITY SERVICE CENTER, THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR OF PROPERTY DAMAGE DUE TO THE NEGLIGENCE OF THE BOOKER T. WASHINGTON COMMUNITY SERVICE CENTER. I FURTHER AGREE TO HOLD HARMLESS THE BOOKER T. WASHINGTON COMMUNITY SERVICE CENTER, ITS DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND VOLUNTEERS FROM ANY AND ALL CLAIMS, SUITS, LOSSES, OR RELATED CAUSES OF ACTION FOR DAMAGES, INCLUDING BUT NOT LIMITED TO SUCH CLAIMS THAT MAY RESULT FROM ANY INJURY OR DEATH, ACCIDENT OF OTHERWISE, DURING OR ARISING IN ANY WAY FROM SAID ACTIVITY. FUTUREMORE, I ACKNOWLEDGE THAT THIS GENERAL RELEASE OF LIABILITY OF BOOKER T. WASHINGTON COMMUNITY SERVICE CENTER IS BINDING ON ME PERSONALLY AND ON MY HEIRS, PERSONAL REPRESENTATIVES, SUCCESSORS AND ASSIGNS. I UNDERSTAND AND AGREE TO THE POLICIES STATED ABOVE. **INITIAL.**

PERMISSION FOR MEDICAL TREATMENT

I AUTHORIZE THE BOOKER T. WASHINGTON COMMUNITY SERVICE CENTER TO ARRANGE TRANSPORTATION IN CASE OF ACCIDENT OR ACUTE ILLNESS OF MY CHILD IN THE EVENT IT IS IMPOSSIBLE TO RECEIVE INSTRUCTION FROM ME FOR MY CHILDS CARE, CONSENT IS GIVEN TO ANY LICENSED PHYSICIAN AND/OR SURGEON CALLED OR TO WHOM MY CHILD IS TAKEN FOR TREATMENT BY HIM/HER TO ADMINISTER DRUGS AND MEDICATION, AND TO PERFORM SUCH SURGICAL TREATMENT AS HE/SHE SHALL THINK THE EXISTING EMERGENCY REQUIRES FOR PAIN RELIEF AND/OR PERSERVATION OF MY CHILD'S LIFE, AND/OR HEALTH AND WELL BEING. COST INCURRED FOR TREATMENT OF SUDDEN ILLNESS OR ACCIDENT WILL BE PROCESSED INITIALLY THROUGH MY INSURANCE PRIOR TO SUBMITTING CLAIM TO THE BOOKER T. WASHINGTON COMMUNITY SERVICE CENTER. THIS AUTHORIZATION AND CONSENT FOR TREATMENT IS GIVEN TO THE BOOKER T. WASHINGTON COMMUNITY SERVICE IN CONJUNCTION WITH ANY AUTHORIZED EVENT. **INITIAL**

Your signature below indicates that you have read, understand, and agree to allow your child to participate in the After School Program/Spring Camp/Summer Camp at Booker T. Washington CSC. Your signature authorizes your child to participate in all activities and field trips offered. In addition, your child's image may be used now or in the future on websites and/or any literature used to advertise and/or promote Booker T. Washington CSC.

PARENT/GUARDIAN SIGNATURE	RELATIONSHIP OF CHILD	DATE

Signature (staff): _____ **Print Name:** _____ **Date:** _____

Behavior Expectations and Discipline Policy

It is important that staff maintain good order and discipline in all programs. The top objective in all Booker T. Washington CSC Youth programs is safety and a positive atmosphere for learning and developing social skills. The BTWCSC makes every effort to help children understand acceptable and unacceptable behavior.

The Booker T. Washington CSC Youth Program does not condone and will not permit:

1. Corporal punishment
2. Ridiculing, threatening, using an inappropriate loud voice
3. Leaving children unsupervised
4. Use of profanity

Behavior Expectations: Your child's behavior is expected to be consistent with the following:

1. Use of appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Stay in program areas— running away is not acceptable.
5. Display appropriate behavior in all areas of the program.
6. Maintain a positive attitude.
7. Try Everything and Have Fun!

Discipline Policy

MINOR OFFENSES: Lack of respect shown to a fellow camper, instructor of staff member

1st Offense: Verbal warning (may not be reported to Parent/Guardian)

2nd Offense: Written warning describing the behavior will be issued to the Parent/Guardian

3rd Offense: Removal from the activity-Camper and staff member will report to Director for discussion of behavior. Parent/Guardian will be notified with Behavior Write-Up **Possible 1- Day Suspension.**

4th Offense: Parent/Guardian will be contacted immediately and the camper will receive a **3 - day suspension** from camp.

5th Offense: Camper will be dismissed from the Day Camp Program

SERIOUS OFFENSES: Endangering another persons well-being

1st Offense: Camper will be removed from activity and a written warning describing the incident will be issued to the Parent/Guardian.

2nd Offense: Parent/Guardian will be contacted immediately and the camper will receive a **(3-day suspension)**

3rd Offense: Camper will be dismissed from the Day Camp Program.

The Day Camp Director reserves the right to suspend any camper whose disruptive behavior adversely affects the operation of the center at any stage in the discipline process.

IF ANY SUSPENSION SHOULD OCCUR, NO REDUCTION OR RETURN OF FEES WILL BE MADE.

Behaviors, which may result in immediate dismissal, include but are not limited to:

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff
2. Fighting
3. Possession of a weapon of any kind
4. Vandalism or destruction of program or facility property or property of others
5. Sexual misconduct
6. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor
7. Running away
8. Biting

Special Circumstances

Parents or guardians are required to inform Youth Department in writing, prior to a child's acceptance in a program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions. Upon being informed of such circumstances, the swim team director (or his or her designee, i.e., senior program director) may require a conference with the parent(s)/guardian to discuss issues created by these circumstances.

I understand and acknowledge that: (i) it is the responsibility of the parent(s)/guardian to make full disclosure to the Youth Program office of any special circumstances which may affect the ability of my child/ward to participate, as described above; (ii) it is the responsibility of the parent(s)/guardian to inform the BTWCSC Youth Program Office of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participation; and (iii) full disclosure of any special circumstances is material to the BTWCSC Youth Program evaluation of the child's/ward's ability to participate and the Program's consideration of any requested accommodation.

Please sign, indicating you have read and understand the above:

I have read, understand and agree with the policies as stated in this document and have discussed the expectations of behavior with my child/ward.

Child Name(s) _____

Parent/legal guardian signature _____ **Date:** _____