

The Carpenter's Shop Center Summer Program

June 13th, 2011 to July 15th, 2011

Registration Information

- The camp is open to students 5 years old and entering 1st grade - 15 years old.
- The hours of camp are 8:30 am. – 4:30 pm.
 - ❖ Additional Extended Hours (7:00 am or 6:00 pm) are available for an additional \$15.00 per week. If both morning and afternoon hours are needed the cost is \$30 per week.
 - ❖ This fee is in addition to regular weekly camp fees. Students must be picked up by 4:30 pm, **NO EXCEPTIONS!**
 - ❖ \$10.00 late fee for every 15 minutes late. Failure to pay will result in dismissal from program. No refunds.
- The camp will run from June 13th through July 15th (Monday through Friday). ***Summer camp will be CLOSED Monday, July 4th.***
- The cost is as follows: \$60 per week per child and a one-time field trip fee of \$25 per child and summer t-shirt fee-\$10.
- Field trip fee and one week of camp fees are due in advance and **must be paid by Friday, June 3rd, 2011. Field trip fees are non-refundable.**
- Self-pay families with more than one child are eligible for a 10% camp discount.
- The camp is limited to 100 campers.
- Camp Registration is first come, first served.
- Lunch and snacks will be served daily.
- If your child has to attend summer school, please notify us as soon as possible.
- Only applications that are turned in on time and completed will secure a seat. Please make sure a staff member signs and dates your application.
- There is a NO REFUND POLICY!
- **Campers may qualify for a JCC funded seat and have their fees reduced:**
 1. JCC has partnered with The Carpenter's Shop Center, Inc. to provide seats for camp to eligible youth who live in Duval County.
 2. If you are eligible for a JCC funded seat, the application fee is waived and you will only be required to pay \$10 per week for your child to attend, plus the one-time \$25 field trip fee and \$10. t-shirt fee. (\$85 for total camp due June 3rd unless arrangements are made)
 3. To be eligible, campers must meet **one** of the following criteria:
 - Be on "Free" or "Reduced" lunch for the current school year.
 - Have an Individual Education Plan (IEP) at their school.
 - Family income is at or below 185% of the Federal Poverty Level (see other side)
 - You must provide proof that you meet **one** of these requirements. Usually the school can provide a letter for a "Free" or "Reduced" lunch status or if your child has an IEP. Pay stubs will be required to verify income.
 4. If you have more than one sibling: fees are due: 1 child - \$85.00 by June 3rd.
2nd child- \$85.00 by June 24th.
3rd child- \$85.00 July 8th.

**THE CARPENTER'S SHOP CENTER
SUMMER CAMP 2011
MEMBERSHIP RULES AND RESPONSIBILITIES**

1. I agree to attend The Carpenter's Shop Center Camp each day in a positive and active way.
2. **I understand that if I engage in physical "fighting" with another youth during Summer Camp activities, on or off site, I may be automatically terminated from The Carpenter's Shop Summer Camp.**
3. I will show respect and care for myself and all others at The Carpenter's Shop Summer Camp using appropriate language and behavior.
4. I will contribute to The Carpenter's Shop Summer Camp by participating in camp activities and helping out where needed.
5. I will encourage other campers to follow these agreements.
6. I will sign in & out daily.
7. I will not insult, hurt or threaten anyone at The Carpenter's Shop Camp.
8. I will not give out confidential information about other campers.
9. I will not take, misuse or damage the property of The Carpenter's Shop Center, its Members, Volunteers or Staff.
10. No hoodies, pants down low, or any inappropriate images on wording on clothing.

I understand that if I break this agreement I may: (1) lose certain privileges, (2) not be able to come to The Carpenter's Shop Summer camp for a period of time, (3) or lose my membership indefinitely.

Student's Name Printed _____

Student's Signature _____

Parent/Guardian Signature _____

Date _____

THE CARPENTER'S SHOP CENTER, INC.

1601 University Blvd. North
Jacksonville, Florida 32211

Dear Parents,

Please provide the name(s) and relationship of the person(s) authorized to pick up your youth from The Carpenter's Shop Summer Camp 2011 Program.

*Please note: A picture I.D. will be required to be presented to our Staff before youth will be allowed to leave.

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

3. Name: _____ Relationship: _____

4. Name: _____ Relationship: _____

Parent Signature

Date

The Carpenter's Shop Center Inc. Summer Camp

How is your child getting to and from Summer Camp?

<input type="checkbox"/> WALK	<input type="checkbox"/> CITY BUS	<input type="checkbox"/> PARENT PICK-UP
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Pickup Policy:

When it's time to go home our number one concern is the safety of your child. We ask that you understand that the staff should not have to stay late waiting for a child to be picked up after the program.

1. Person picking up a student must be at least 18 years old, show identification and their name **MUST BE** on the authorized pick-up list. *(We will not let a child leave with any person whose name is not on the list.)*
2. All youth will be signed out on the sign-out sheet
3. All children must be picked up no later than 5pm.
4. **If you have authorized your child to walk home or take the city bus, your child will be released daily no earlier than 4pm, unless we have alternate instructions from you.**

Summer Camp is over at 4:30pm. \$10.00 late fee will apply for every 15 minutes late. Failure to pay late fees will result in dismissal from program.

Parent Signature

Date: _____

The Carpenter's Shop Center Director

Date: _____

The Carpenter's Shop Center, Inc.

1601 University Blvd. North
Jacksonville, Florida 32211

MEDICAL RELEASE FORM

It is my understanding that The Carpenter's Shop Center Inc. will attempt to notify me in case of a medical emergency involving my child. In the event that The Carpenter's Shop cannot reach me, I then authorize The Carpenter's Shop to take my child to a health-care facility for a doctor or a health-care professional to provide the medical services deemed necessary. I will be responsible for any medical expenses incurred. I will notify The Carpenter's Shop if I feel there are any health conditions that would prevent my child's participation in any of the summer camp activities.

Authorization for examination and treatment of a minor.

In the interest of _____, a minor, I have read the above request for medical care and as a parent or legal guardian of this child, I hereby authorize medical examination and/or treatment as deemed necessary by the doctor(s) and whom ever he or she may designate as assistants.

Parent or Legal Guardian's Signature **The Carpenter's Shop Summer Camp Director**

Date _____ Phone # _____ Date _____

Medicaid number: _____ Insurance Company: _____

Policy: _____ Group: _____

Insurance company verification Telephone number: (____) _____

Allergies or other health considerations: _____

Is your child currently taking any medication? YES NO

If so, please list the medication below:

Name:	Dose	Time	A.M./P.M.
_____	_____	_____	A.M./P.M.
_____	_____	_____	A.M./P.M.
_____	_____	_____	A.M./P.M.
_____	_____	_____	A.M./P.M.

I acknowledge all information provided above is correct and accurate.

Parent or Legal Guardian's Signature

The Carpenter's Shop Center, Director

Date _____

Date _____

THE CARPENTER'S SHOP CENTER, INC.

1601 University Blvd. North
Jacksonville, Florida 32211

Initials 1. General Release of Liability:

(Application is not considered complete unless signed below and each point initialed) In consideration of being allowed to participate in any way in The Carpenter's Shop Center, Inc. Summer Camp Program, related events, field trips and activities the undersigned agrees to:

I acknowledge and fully understand that each participant will be engaging in activities that may involve risk or serious injury, including permanent disability and severe social and economic losses, which might result not only from their actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises, or of any equipment used. Further, that there may be risks not known to us or not reasonably foreseeable at this time. To the best of my knowledge, my daughter/son is physically fit to engage in the Summer Camp activities. The Carpenter's Shop Center Inc. and their employees and agents will exercise reasonable care while my daughter/son is in their custody and care engaging in activities. The Carpenter's Shop Center, Inc. and their employees and agents are held harmless from any and all liability, which may arise while exercising their duty of care, relating to my daughter/son for personal injury or illness that may be suffered or any loss of property that may occur to my daughter/son while participating in the Program.

Initials 2. Authorization for Emergency care:

In case of accidental injury or serious illness, and The Carpenter's Shop is unable to reach me, The Carpenter's Shop may make whatever arrangements necessary to provide medical care and treatment for my child.

Initials 3. Photo/Media Release:

I acknowledge and understand that publicity activities such as interviews, photos and videotaping may occur. I consent and permit my child, as a participant in The Carpenter's Shop Summer Camp Program and events to be photographed, videotaped, and/or interviewed for publicity activities.

Initials 4. Permission to participate in scheduled activities and field trips:

I give my consent for my child to participate in The Carpenter's Shop activities and field trips and release and forever discharge The Carpenter's Shop Center or its officers, agents, servants and employees, exercising reasonable care within the scope of their employment, from liability (all claims, demands, rights and cause of action) that the undersigned now has or hereafter may have on account of or in any way arising from personal injuries known or unknown to the undersigned at the present time, and property damages resulting or that results from any occurrence which may happen to the child named below, while attending or in transit to and from The Carpenter's Shop Summer Camp 2011 field trips or events.

Initials 5. Swimming Release:

I give my consent for my child to participate in swimming during The Carpenter's Shop Summer Camp 2011 program. I agree to release and discharge The Carpenter's Shop Center, Inc. its officers, agents and employees, exercising reasonable care within the scope of their employment, from liability (all claims, demands, rights and cause of action) growing out of personal injuries and property damage in the aforementioned activity or in transit to and from said activity.

I have read, understand and consent to the above 5 release statements.

Youth's Name (Print Full Name)

Parent/Guardian Name (Print)

Signature

Date

FAMILY INCOME VERIFICATION STATEMENT
Jacksonville, Florida

1. Below please circle the number of people, including yourself in your family (persons related to you by birth, marriage or adoption) who reside in your household. Then your income must be below the amount listed for that number of persons. You must be able to provide a copy of your 2010 income tax page that shows your TAXABLE income.

185% of Federal Poverty Guidelines	
Number of People in Household	Family's Income must be below:
1	\$20,036.00
2	\$26,955.00
3	\$33,874.00
4	\$40,793.00
5	\$47,712.00
6	\$54,631.00
7	\$61,550.00
8	\$68,469.00

For Family units exceeding 8 persons add \$3,740 for each person

2. Are you head of household? Yes ___ No ___ Sex: Male ___ Female ___
3. Check Ethnic Background:

Check One:	Ethnicity	Check if Plus Hispanic
	Black-African American	
	White	
	Asian	
	American Indian-Alaskan Native	
	Native Hawaiian-Other Island Pacific	
	American Indian- Alaskan & White	
	Asian & White	
	Black African-American & White	
	Hispanic	
	American Indian-Alaskan Native & Black African American	
	Other Multi-Racial	

This statement is made pursuant to Section 570.506 (b), 24 CFR Ch. V., Part 570, and other applicable provisions of the Regulations under Title 1 of the Housing Community Development Act of 1974, as amended, in connection with an activity benefiting low and moderate-income families. The information and supporting documentation herein is subject to verification by authorized government officials.

Name (type or print) _____

Address _____

Telephone No. _____

Signed _____

Date _____

SAMIS Data Input

For
The Carpenter's Shop Center

Completion of this form provides the required information to set up the client case in SAMIS so that Units of Service can be entered and tracked by Jacksonville Children's Commission. All information must be completed as SAMIS will not accept the case if there are blanks. Please print all information.

Child's Information			
Last Name: _____	First: _____	Middle: _____	
Date of Birth: _____	Sex: M or F	New Student: Y or N	Returning Student: Y or N
School ID #: _____	Grade: _____		
Address: _____			
City <u>Jacksonville</u>	State <u>Florida</u>	Zip Code: _____	
Race: Circle one:	African American Hispanic/Latino Other Pacific Islander	Asian Native American Indian Other	Asian Indian Asian/Pacific Islander White/Caucasian
Is your child eligible for Free or Reduced Lunch: F or R			

Household Information			
Grade Completed-Caregiver : _____			
Household Arrangement:	Circle one	Marital Status: Circle one	
Both Parents Grandparent Foster Care	Single Mother Other Relative	Single Father Other Non-Relative	Married Single Other Arrangement
Total persons in Household: _____	# Adults _____	# Children _____	
Household Income: Circle one	\$1 to \$9,999.99	\$10,000.00 to \$12,999.99	
	\$13,000.00 to \$14,999.99	\$15,000.00 to \$24,999.99	
	\$25,000.00 to \$34,999.99	\$35,000.00 to \$49,999.99	
	\$50,000.00 to \$74,999.99	\$75,000.00 to \$99,999.99	
	\$100,000.00 to \$149,999.99	\$150,000.00 to \$200,000.00	

Date: _____ **Parent/Guardian (Please print):** _____

Signature _____

WE ALSO OFFER
FREE SUMMER VPK
FOR CHILDREN 4YEARS OLD

IF YOU , OR SOMEONE YOU KNOW

NEEDS VPK

PLEASE CALL

904-677-2375

OR

904-226-2058