



PTDID# _____ \$20 Activity Paid



Summer 2016 Registration Form
Chapel Hill United Methodist Church
(Please complete one form per camper.)

CAMPER INFORMATION

CAMPER FIRST NAME _____ CAMPER LAST NAME _____
Sex: M _____ F _____ Date of Birth (MM/DD/YYYY) ____/____/____ GRADE _____ (As of FALL 2016)
CAMPER AGE GROUP (circle one): 5-11 (Elementary) 12-15 (Youth) 16-18 (High School)
STREET ADDRESS _____ STATE _____ ZIP _____
SCHOOL _____
ETHNICITY: _____ RACE: _____ PRIMARY LANGUAGE: _____

Has this child/youth attended a Project Transformation Program in the past? If so, what site location? _____
Yes No (circle one)
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/GUARDIAN INFORMATION

PARENT/GUARDIAN FIRST NAME _____ PARENT/GUARDIAN LAST NAME _____
EMAIL: _____ CELL # _____ WORK # _____

EMERGENCY INFORMATION

CHECK ONE: _____ My child/youth has permission to walk home _____ An adult will pick up my child/youth everyday

List names of adults, other than parent/guardian, who have permission to pick up this child/youth:

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# work#

My child/youth 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/guardian is welcome to come and give their child/youth medicine)

PARENT SIGNATURE _____ DATE _____

Children/youth who participate in the program will not be discriminated against because of race, color, national origin, sex, age, disability, religion, or political belief.



Consents & Waivers

GENERAL PROGRAM POLICIES and ACTIVITIES

- I understand that my child/youth should attend the program on a daily basis from start to finish. He/she should arrive at the program Monday through Thursday at 9:00am and stay until 3:00pm every day. I understand that picking up my child/youth early on a regular basis does not allow my child/youth to experience all the important aspects of the program.
- I understand that my child/youth will be expected to participate in reading assessments, educational activities, healthy living lessons, physical activities, and art enrichment.
- I understand that Bible lesson/TAG/Devotionals are optional for my child/youth.
- I understand Project Transformation is not able to give my child/youth medication. However, my child/youth may bring his/her inhaler for asthma if I write a note to the program. I will be called if my child/youth becomes ill.
- I understand Project Transformation is committed to providing a safe and positive learning environment. My child/youth is expected to act respectfully towards others and site property. I understand that disrespect, inappropriate language, fighting, bullying, or damaging property will not be tolerated. If my child/youth does not follow the discipline policies of Project Transformation he/she will be suspended or expelled from the program.
- I agree to provide current working phone numbers where I can be reached during program hours. I will also provide two other emergency contact numbers. I understand that a parent/guardian or emergency contact must be available for my child/youth at all times.

TRANSPORTATION POLICY

- If my child/youth chooses to willfully leave the premises during program hours or to not attend the program, Project Transformation and/or the site church cannot be and are not responsible for my child/youth's safety, well-being, or behavior.
- I will not hold Project Transformation, the site church, or any and all employees, owners, members, officers, agents, representatives, or subsidiaries of any of them, responsible for the actions, safety, or well-being of my child/youth before he/she checks into the program or after he/she has checked out of the program each day.
- I hereby take full responsibility for my child/youth's whereabouts and actions before and after he/she checks into the program. Thereby, I release and discharge Project Transformation, the site church, or any and all employees, owners, members, officers, agents, representatives, or subsidiaries of any and all claims arising in any way from actions, events, or omissions occurring before my child/youth is checked in and after my child/youth is checked out of the program each day.
- I understand that Project Transformation does not provide transportation to or from program. This is the sole responsibility of the parent/guardian. Please choose from the following options:
 - I will drop off and pick up my child/youth every day.
 - I have arranged for someone else to drop off and pick up my child/youth every day.
 - I have instructed my child/youth to walk to and from the program every day. I will make arrangements for my child/youth to be picked up in case of emergency or inclement weather.

Respond yes or no:

- ___ Emergency Treatment: I hereby give consent for Project Transformation to seek medical treatment for child/youth in an emergency.
- ___ Reading Program: I hereby give consent for Project Transformation to track my child/youth's reading progress during the summer.
- ___ Healthy Habits Program: I hereby give consent for my child/youth to participate in daily recreation and physical activity.
- ___ Water Activities: I hereby give consent for my child/youth to participate in water activities, including swimming and water games.
- ___ Field Trips: I hereby give my consent for my child/youth to participate in field trips and to be transported/supervised by staff or volunteers during.
- ___ Picture/Name Release: I hereby give consent for my child/youth's picture and name to be used for Project Transformation program and its partner organizations/churches promotional purposes.
- ___ Church Contact: I hereby give consent for the site church to use the address on this form to send correspondence regarding church events.
- ___ I understand that Project Transformation programs are located on the premises of partner churches. Project Transformation sites are not licensed by the state as day care or child care facilities.

As the parent/guardian of _____, I agree to support the purposes and policies of Project Transformation.

Parent/Guardian Signature

Date

Elementary and Youth Program Information for Parents

June 8 thru July 27

Monday thru Thursday; 9AM to 3PM; 1st thru 9th Grades

TEN Locations

Call 214-946-3600

for the location nearest you!

Who is Project Transformation?

- A faith-based, 501 C3 nonprofit organization founded in 1998
- Provides summer and afterschool camps focused 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. All curriculum and activities each week are related to at least one of four learning areas.

Who qualifies for the program?

Children who qualify for free or reduced school lunches, have a proximate zip code to the site church location, and will attend 1st – 9th grades as of the fall. We DO NOT accept Kindergartners 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 8 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. Participants who attend 75% of program days will be able to pre-register for next summer's camp!
- To follow Project Transformation's discipline policy and be respectful towards others and site property
- To participate in program components:
 - **Reading Time**
 - **Educational and Academic Enrichment Activities**
 - **Healthy Living Lessons & Physical Activities (if able)**
 - **Bible Lesson**
 - **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 an additional 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.**

How do I enroll my child?

Obtain a registration form from the site church office or call 214-946-3600. If space is not available you will be put on a waiting list.

