



Center for Community Impact Summer Learning Academy 2021

Student Name	Birth Date	Age	Grade	Student ID#
Ethnicity				Lunch Status
<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____				<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Full Price
Student Home Information				
Street		City		Zip Code
Home Phone		Parent Email Address:		
Language spoken at home:				
Special Conditions				
Please describe any special conditions or situations that apply to the participant listed above. Specify any <u>allergies</u> to food, medication, or insects; medical conditions (ADHD, ADD, Asthma), relevant custody concerns; medication; etc.				
Contact Information				
Parent/Guardian Name(s)				
Work Phone		Cell Phone		
Emergency Contact (available from 2:45pm-5:00pm)		Relationship		Phone
Transportation Information				
Community Learning Center Summer Academy activities/programs end at 1:30 pm. Parents/Guardians are responsible for making arrangements for their student to get home safely. Please describe the end of the day arrangements you have made with your child/children by marking the appropriate boxes. After leaving Community Center Summer Academy:				
<input type="checkbox"/>	My student will take the activity bus			
<input type="checkbox"/>	My student may take the city bus			
<input type="checkbox"/>	My student will walk home			
<input type="checkbox"/>	My student will be picked up from the site by an authorized person by 1:30 pm			
	Names of people allowed to pick up my child:			Phone



Center for Community Impact Summer Learning Academy 2021

PROGRAM GUIDELINES

Each student wishing to participate in Center for Community Impact (CCI) -Summer Academy must agree to adhere to the following program guidelines:

- I will sign in and check in with staff upon arriving to snack, academic and enrichment time, and will participate in all aspects of BCCL-Summer Academy until 1:30 pm.
- I agree to wear a mask and follow all COVID safety protocols.
- I will come ready to work and will bring the appropriate materials with me when participating in CCI-summer Academy activities.
- I will receive permission from staff I need to leave the program space (restroom, lockers, etc...).
- I will receive permission before using school computers and understand that they are only to be used for academic purposes *NO GAMES, NO FACEBOOK, NO VIDEOS*
- I will demonstrate respect for all persons, property and environment.
 - I will respect the personal space and belongings of other students and staff.
 - I will respect the program space and clean up after myself.
 - I will treat all program staff/volunteers with respect and will adhere to their direction during the time I am participating in CCI Summer Academy.
- I will avoid inappropriate conversations, verbal language i.e. cursing, swearing, racial remarks and/or any form of verbal abuse, negative sign or body language, gossip and/or sarcasm (this reflects negatively on myself and can hurt others).
- I will respect the BMS campus and adhere to the rule and expectations set forth by the school's leadership.
- I will not use my cell phone, MP3 player, or any other electronic devices during CCI-Summer Academy. I understand that if I do not adhere to this rule my cell phone/electronic device will be confiscated and my parent/guardian will have to pick it up at the school.

I have read the above mentioned rules and understand that I if do not comply with them, I may be asked to leave the program for a designated period of time or asked to end participation in BCCL indefinitely.

Participant Signature

Date

Center for Community Impact -Summer Academy reserves the right to terminate your child's participation in the program on the basis that the needs of your child cannot be met by the services provided and /or when the program guidelines listed above are not adhered to and/or the safety of others and the program are compromised.

Parent/Guardian Signature

Date

Consent for Release of Information/Emergency Medical Treatment/Photo Release(REQUIRED)

I hereby grant the Center for Community Impact -Summer Academy to share the information included on this form with its program partners. I also give my permission for staff from the CCI programs to talk with my student's teachers and school staff about his/her performance in school, including grades, behavior, test results, and any other information that will allow CCI partners to more effectively serve my child. I understand that BCCL will hold all information received about my child in the strictest confidence from all except myself as the legal guardian.

In the event of an emergency involving any of the students listed above, I understand that every effort will be made to contact me. If I cannot be reached in a timely manner, I hereby give Center for Community Impact partners/staff the liberty to act on my behalf in seeking emergency medical treatment for my student in the event that such treatment is deemed necessary by the staff. I give permission to those administering emergency treatment to do so, using measures deemed necessary. I absolve the CCI-summer Academy and its partners from liability in acting on my behalf.

I hereby grant Center for Community Impact-Summer Academy permission to publish photographs taken of any of my child listed above while engaged in program activities for editorial, advertising, and promotional purposes for use in any print or electronic media. I agree that YMCA/CCI will own the copyrights to these materials. I will be able to order copies of any of these materials.

Parent/Guardian Signature

Date