

Roseway Enrichment Center (R.E.C.) Summer Camp

YOUTH INFORMATION

First Name _____ Middle Initial _____ Last Name _____ DOB ____/____/____

Age _____ Grade _____ Language(s) spoken at home _____

Address _____

Gender: ☐ Male ☐ Female ☐ Non-binary Child lives with: ☐ Mother ☐ Father ☐ Both Parents ☐ Foster Parent(s) ☐ Other _____

Please indicate any medical conditions your child has that the center should be aware of:

Allergies/dietary restrictions: _____

Please list any medication your child takes (Note: The REC does not administer any medications)

PARENT/GUARDIAN INFORMATION

Name _____

Name _____

Relation to Member _____

Relation to Member _____

1) Phone _____ Text ☐ Y ☐ N

1) Phone _____ Text ☐ Y ☐ N

2) Phone _____ Text ☐ Y ☐ N

2) Phone _____ Text ☐ Y ☐ N

Email _____

Email _____

EMERGENCY CONTACT / ALTERNATE PICKUP

Name _____

Name _____

Relation to Member _____

Relation to Member _____

Phone _____

Phone _____

TRANSPORTATION

The Roseway Enrichment Center (R.E.C.) has a Safe Passage policy where we uphold the agreement made between a parent and their member/child as to when that member arrives and leaves the Roseway Enrichment Center, and with whom. Our staff does not grant permission to youth to leave the Roseway Enrichment Center, nor do we insist that they stay. Please indicate below the agreement nature of the transportation agreement between you and your child:

TO the Center: ☐ R.E.C. staff supervised walking ☐ Independent walking ☐ Independent biking ☐ Adult drop-off ☐ Other _____

FROM the Center: ☐ Adult pick-up ☐ Independent walking ☐ Independent biking ☐ Other _____

Please list those who are NOT authorized to contact or pickup your child:

Roseway Enrichment Center(R.E.C.)

ROSEWAY ENRICHMENT CENTER POLICIES

Please read, and initial each following statements to indicate your understanding, and then sign your name below and date.

_____ **SAFE PASSAGE** I understand that REC has instituted a safe passage procedure in order to keep my child safe during arrival and departure times. As part of this procedure I understand that:

- a) My child must check in and out each day.
- b) I understand that staff will uphold and support to the best of their ability the agreement made between myself and my child on how, when and with whom they will arrive/leave the Center/School site as indicated on this membership form.
☐ _____ I understand that by initialing, I am specifically indicating that my child and I have agreed they may check out of the Center on their own.
- c) It is my responsibility to discuss the pick-up arrangement with my child on who may, or may not, pick them up, or if they have permission to leave on their own.
- d) I understand that if my child leaves the Center/School site on their own when it has not been indicated that we have agreed they may do so, staff will make every attempt to contact the parent/guardian immediately to inform them of the situation, and this may impact my child's REC membership.
- e) It is my responsibility to keep my child's authorized pick-up list up to date with current contact information.

I understand that my child must be picked up at or before closing time 6pm. Please call the site director if you are running late. A Late Fee may be enforced if a child is not picked up by closing time.

_____ **INJURY/MEDICAL TREATMENT** I understand that participation in REC activities involves the risk of personal injury. In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed. In the event that this person cannot be reached, permission is hereby given to REC, to provide transportation for person needing medical treatment to the medical facility and/or medical provider, and to secure proper treatment for me or my child. With appreciation of the dangers and risks associated with activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims that may arise against the REC and all employees, volunteers, related parties, or other organizations associated with any activity. I understand that REC does not administer prescription or over the counter medications of any kind to my child.

_____ **VIRTUAL ENGAGEMENT** I understand that as a member of the REC, my child will not have access to screen time while at the REC. I understand that I may request the use of technology for my child if they need a device to support completing their homework and working on their academic goals. Requests for accommodations may be made by guardians and will be taken into consideration.

_____ **TECHNOLOGY** I understand that the REC does not provide electronic devices nor offer screen time during REC hours. Members who bring their own devices, will have to keep them stored in their backpack/tucked away and are not allowed to watch videos, use the internet, play games, etc. REC staff reserve the right to store members electronic devices, until the end of the day, if members cannot adhere to the policy and keep their device stored. If this becomes an issue, REC staff will check in with the members guardian.

_____ **YOUTH DEVELOPMENT PROGRAM** I understand that the REC is a youth development program, not a child care facility and the goal of the program is to provide enrichment activities after school.

_____ **WALKING FIELD TRIP** I give permission for my child to attend walking field trips supervised by REC staff.

_____ **SUNSCREEN** I give permission REC staff to provide sunscreen for my child to apply.

_____ **PHOTO/ VIDEO USAGE** I give my permission for my child to be photographed for pictures to be given to the parent, used on the REC website, REC Facebook, for use within the center or for promoting the Roseway Enrichment Center. I agree these photos may be used for a variety of purposes and that these images may be used without notifying me. I further acknowledge that I will not be compensated for these uses and the REC owns all rights to the images and to any derivative works created from them. I hereby release REC and its staff from any claims that may arise from these uses including without limitation claims of defamation or invasion of privacy or infringement of moral rights or rights of publicity or copyright. If there are security issues with the public release of your child's image engaged in REC activities, please speak with the REC Director.

I hereby give permission for my child to become a member of the Roseway Enrichment Center and to participate in its programs and activities. I have read the completed application and this form and understand the rules of the Roseway Enrichment Center and agree to conform to these rules. I further confirm all information provided is accurate and up to date to the best of my knowledge. I fully understand the assumption of risk and release to which I am agreeing.

Parent / Guardian Signature

Printed Name

____/____/____
Date

Roseway Enrichment Center (R.E.C.)

RATE SHEET

Roseway Enrichment Center Rate Sheet:		
Camp Week M-Th 9:30am-4:30pm	\$260/wk	Drop In Fee (if approved): \$65/day

____ METHOD OF PAYMENT By signing this application, I agree to pay the Roseway Enrichment Center the camp fee listed above and understand that I am responsible for payment. Payment will be accepted via check payable to Roseway Enrichment Center OR via Venmo to: @Mary-Dunbar-11 (1651).

____ PAYMENT POLICY I understand that if my child does not attend the REC on a day scheduled for any reason, due to illness, injury, vacation, etc, that I am still responsible for payment for those days.

____ LATE PAYMENT POLICY I understand that payment is due on or before the first day of camp. It is our expectation that guardians will pay promptly. Should exceptional circumstances prevent prompt payment; guardians agree to pay a late fee of \$10 dollars per day. The late fee will be assessed for each day that the tuition is late beginning on the 18th of the month. Please note that there is a \$40 charge for any check returned for insufficient funds, plus the late fees and any additional fees or charges incurred by Roseway Enrichment Center as a result of the returned check.

Parent / Guardian Signature

Printed Name

____/____/____
Date

Roseway Enrichment Center (R.E.C.)

WHAT BRINGS YOUR CHILD JOY

CHILDS INTERESTS, HOBBIES, LIKES:

WHAT CAN BRING YOUR CHILD DOWN

CHILDS DISLIKES, FEARS, STRESSORS:

WHAT ARE YOUR CHILDS STRENGTHS

WHAT ARE YOUR CHILDS STRENGTHS/WHAT GIVES THEM CONFIDENCE:

WHAT DO YOU FEEL WE SHOULD KNOW ABOUT YOUR CHILD

WHAT SHOULD WE KNOW ABOUT YOUR CHILD (CALMING STRATEGIES, TRIGGERS):

WHAT DO YOU HOPE YOUR CHILD GETS OUT OF THEIR TIME AT THE REC

PLEASE LET US KNOW WHAT YOUR PRIORITIES ARE FOR YOUR CHILD DURING THEIR TIME WITH US (OUTSIDE PLAY, FREE PLAY, SOCIALIZATION, HOMEWORK GOALS, READING, ETC):
