



Spend your
summer
with the
King's Kids

Summer Camp

July 1, 2019-August 23, 2019

*closed July 4, 2019

Rebecca M. Johnson School
55 Catherine St
Springfield, Ma 01109

Monday-Friday
8:00am-5:00pm

Breakfast, Lunch, and Snack Provided

Ages
5-13 years old!

Serving youth
with special
needs

5-16 years old!

\$250.00 per week (Private Rate)
Vouchers accepted!!!

We have it ALL!

Summer Learning
and Exploration

S.T.E.M Programming

Summer Literacy

Field Trips

Sports and Recreation

Youth Empowerment

All while having
FUN, FUN, FUN!

For More Information, please contact

Ashia Alexander

Director of Education

(413) 746-3655 ext. 140

Applications are available now at the
Martin Luther King Jr. Family Services

Youth Center
3 Rutland Street
Springfield, MA

REGISTER NOW!



King's Kids Summer Day Camp

Summer Enrollment Form-Summer 2019

Camper Information

Date of application: _____
 Camper's Name: _____ Age at Admission: _____
 Date of Birth: _____ Gender: _____
 Identifying Marks: _____ Race/Ethnicity: _____
 School (Upcoming School Year): _____ Grade (Upcoming School Year): _____

Parent/Guardian Information

Name: _____ Relationship: _____
 Address: _____ City/Zip Code: _____
 Telephone Number: _____ Alternate Number: _____
 Email: _____

This adult is: Emergency Contact Authorized to Pick Up/Receive my Child from Both Emergency
 (Check One) Only MLK Staff Only Contact and Authorized Pick Up

Name: _____ Relationship: _____
 Address: _____ City/Zip Code: _____
 Telephone Number: _____ Alternate Number: _____
 Email: _____

This adult is: Emergency Contact Authorized to Pick Up/Receive my Child from Both Emergency
 (Check One) Only MLK Staff Only Contact and Authorized Pick Up



Emergency Contacts and Authorized Adults

Name: _____

Relationship: _____

Address: _____

City/Zip Code: _____

Telephone Number: _____

Alternate Number: _____

This adult is an: Emergency Contact Only

Authorized to Pick Up/Receive my Child from MLK Staff Only Both Emergency Contact and Authorized Pick Up

Name: _____

Relationship: _____

Address: _____

City/Zip Code: _____

Telephone Number: _____

Alternate Number: _____

This adult is an: Emergency Contact Only

Authorized to Pick Up/Receive my Child from MLK Staff Only Both Emergency Contact and Authorized Pick Up

Name: _____

Relationship: _____

Address: _____

City/Zip Code: _____

Telephone Number: _____

Alternate Number: _____

This adult is an: Emergency Contact Only

Authorized to Pick Up/Receive my Child from MLK Staff Only Both Emergency Contact and Authorized Pick Up

Name: _____

Relationship: _____

Address: _____

City/Zip Code: _____

Telephone Number: _____

Alternate Number: _____

This adult is an: Emergency Contact Only

Authorized to Pick Up/Receive my Child from MLK Staff Only Both Emergency Contact and Authorized Pick Up



Medical Records Form

(King's Kids Day Campers and King's Kids Staff under 18 years old)

Child's Information

Name: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Telephone: _____
 Address: _____ City: _____ State: _____ Zip: _____

Health and Medical Information

Child's Physician: _____ Medical Facility: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone Number: _____ Fax Number: _____
 Allergies: _____ Chronic Health Conditions: _____
 Medication needed during Summer Camp Hours: _____
 Insurance Company and Policy Number: _____

Authorization for Medical Care (Emergency and Non-Emergency Care)

Please check all boxes and sign below. See Parent Handbook for our Health Care Policy.

- I authorize MLKFS staff who are CPR/First Aid Certified to administer care to my child when appropriate and necessary.
- I authorize MLK staff to apply Sunscreen to my child, as needed, during outdoor activities.
- I authorize trained MLK Staff to administer my child's medication during Summer Program Hours as prescribed by my child's Physician. (If applicable)
- I authorize MLK Staff to contact my child's Physician, for care instructions in the event of a medical non-emergency.
- I authorize MLKFS staff to transport my child to _____
 in the event of a medical emergency. (Hospital/Emergency Care Facility)

Parent/Guardian's Signature: _____ Date _____



Medication Consent Form

Please check which applies

- My child does not require any medication to be administered during Summer Camp hours
- My child requires the following medication to be administered during Summer Camp hours. I understand that all prescribed medication must be in its original container with original pharmacy label. All over the counter medication must be in its original container as well. Please see the Health Care Policy in your Parent Handbook.

Please complete the section below if your child will receive medication during program hours

Medication Name: _____ Prescription Over the Counter

Reason for

Medication: _____ Dose: _____ Frequency: _____

Possible Side _____

Effects: _____

Instructions _____

of Storage: _____

Medication Name: _____ Prescription Over the Counter

Reason for

Medication: _____ Dose: _____ Frequency: _____

Possible Side _____

Effects: _____

Instructions _____

of Storage: _____

Parent/Guardian Signature: _____ Date: _____



Parent Service Agreement and Notification

I understand that the Martin Luther King Jr. Family Services, Inc. is a multifaceted non-profit organization that partners with numerous organizations for various reasons. I understand that I and/or my child may be exposed to services and programs that are in alignment with the agency's mission and vision statements. Some of our Summer Partnerships are explained below.

I understand that the King's Kids Summer Day Camp is in partnership with CLASP (Connected Learning in Afterschool and Summer Partnership). CLASP is a region-wide effort to expand quality summer-learning opportunities for children throughout western Massachusetts. I understand that my child's reading level will be assessed at enrollment and again at the end of their session. I understand that MLK staff will work with my child to retain and improve reading level throughout the summer. I also understand that through CLASP, my child will participate in Summer Fitness and Nature Curriculum.

I understand that the King's Kids Summer Day Camp is in partnership UMass Extension for Summer Nutrition. I am aware that my child will participate in exploring healthy snack options through presentations and meal prepping.

I understand that the King's Kids Summer Day Camp Program partners with local colleges and universities for student interns in the field of Social Work and Psychology. I understand that my child may be a part of confidential assessments. I understand that student interns my engage with my child to assess and deescalate behavioral challenges.

I understand more information on partnerships is in the Summer Parent Handbook. I also understand that I will be notified of any additional partnerships and what their role will be with my child during the Summer Day Camp.

Parent/Guardian Signature: _____ Date: _____

Media Release

Please Check which applies

- My child has permission to appear in media coverage, fundraising, and event photo sessions while participating in the MLKFS King's Kids Summer Day Camp.
- My child does not have permission to appear in media coverage, fundraising, and event photo sessions while participating in the MLKFS King's Kids Summer Day Camp.

Parent/Guardian Signature: _____ Date: _____



Field Trips and Off-Site Activities

I give permission for my child to participate in all the regularly scheduled activities, off site, local, and out of town field trips. I understand that I will receive a specific field trip permission form which must be signed and returned for any field trip which requires prior parental authorization and or fees. The program will provide in writing a list of scheduled activities and field trips.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Travel Information

- I will not be traveling during the Summer Camp Session my child will be attending the King's Kids Day Camp.
- I will be traveling during the Summer Camp Session my child will be attending the King's Kids Day Camp.

I will be traveling to: _____ I can be reached at: (_____) _____
 My travel dates are : _____

My child will be left in the care of:

Temporary Caregiver Name: _____ Telephone: _____
 Address: _____ City: _____ State: _____ Zip: _____

STUDENT T-Shirt Size

REQUIRED

Size:

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> 1X |
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Other _____ |



Release of Liability Please read before signing

In consideration of being allowed to participate in any way in the Martin Luther King Jr. King's Family Services, Inc. or MLK Charter Children After-School Program or Summer Camp program, its related events and activities,

I, _____, the undersigned, acknowledge, appreciate and agree that: The risk of injury from the activities involved in this program does exist, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of injury does exist; and,

1. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation and,
2. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Agency immediately, and,
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin. HEREBY RELEASE INDEMNITY, AND HOLD HARMLESS THE MARTIN LUTHER KING JR. FAMILY SERVICES, INC. their officers, officials, agents, and / or employees, other participants, sponsoring agencies, sponsors, advertisers, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S NAME _____ AGE _____

This is to certify that I as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnity and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature: _____ Date: _____



Summer 2019

Dear Parent/Guardian;

Your child is enrolled in a Summer Program that is supported by the Connected Learning in Afterschool and Summer Partnership (CLASP). The initiative collaborates with the King's Kids Summer Camp to support children's learning and reading skills over the summer. As part of these efforts, we use literacy assessments at the start and end of summer to learn about your child's reading. CLASP staff will simply ask your child to do some reading activities that should take no more than 5 minutes. The scores of the test will be used to:

1. Help staff select good books and provide summer reading supports that will be most helpful for your child;
2. Help evaluate the literacy outcomes for youth participating in CLASP supported programs; individual children won't be mentioned;
3. Share programming results to funders and other programs.

In addition, our evaluators may conduct additional reading assessments, surveys, and interviews to document children's attitudes about reading and learning. Again, the information gathered will be used to evaluate the CLASP program. We will not use your name or your child's name in any report. There is no harm or risk associated with reading assessments or other program evaluation activities.

CLASP also asks your permission to photograph, videotape, and/or audio record your child engaged in program activities. Any such photographs, videotapes and audio-tapes may be used for program evaluation purposes and in educational and promotional materials produced by CLASP. Your child's name will not be included in any audio-visual materials.

If you DO NOT want your child to participate in the literacy and reading attitude assessments, or be photographed or recorded in any way, please either sign and return this letter, or email the CLASP Coordinator

Sincerely,

Kathy Coleman, CLASP Coordinator, kcoleman@massshirehcb.org

- I do NOT want my child to participate in CLASP literacy assessments, surveys, or interviews supporting CLASP program evaluation
- I do NOT want my child to be photographed, or recorded for program evaluation, or to produce educational/ promotional materials for CLASP

 Name of child

 Name of parent/guardian

 Date

I can be reached at the following phone _____ or email _____