Spend your summer with the King's Kids

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

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

REGISTER NOW!

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!

Vouchers accepted!!!

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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 MLK Staff Only □ Both Emergency 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 MLK Staff Only □ Both Emergency Contact and Authorized Pick Up
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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: ________________________________
Medication: ____________________________________ Dose: ________ Frequency: ______________
Possible Side Effects: ________________________________________________________________
Instructions of Storage: _______________________________________________________________

Medication Name: ________________________________ ☐ Prescription ☐ Over the Counter
Reason for Medication: ________________________________
Medication: ____________________________________ Dose: ________ Frequency: ______________
Possible Side Effects: ________________________________________________________________
Instructions of Storage: _______________________________________________________________

Parent/Guardian Signature: ___________________________ Date: __________

Additional Forms are available if Child takes more than 2 medications
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:

☐ Youth Small

☐ Youth Medium

☐ Youth Large

☐ Adult Small

☐ Adult Medium

☐ Adult Large

☐ 1X

☐ 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 SUBSTANIAL 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 childrens’ 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@masshirehcwb.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 ____________________________