2019 Summer Programming Important Dates & Reminders

Reminder: If your child participates in the Wood County Board of Education extended school year sessions, please remind his/her teachers and aides that they also participate in The Arc’s Summer Day Program so they can be given slots in the morning. It is imperative that they are aware of this before the extended school year schedule is determined for your child, because if they are given afternoon slots, your child won’t have the opportunity to participate in our swimming or other community activities and field trips.

☑️ The Arc’s Summer Day Program packet due in The Arc office  May 17th by 4:00 pm
☑️ Summer Day Program Starts  Monday - June 17th
☑️ Summer Day Program Ends  Friday - July 12th

Your child will not be able to start the program until all necessary documents are turned in.

Documents Required for Participation include:

- The Summer Day Program Registration Form
- The Liability Waiver and Participation Checklist (must be signed and notarized)
- A current copy of their IEP
- A copy of their Medical Insurance Card
SUMMER DAY PROGRAM REGISTRATION
AND INFORMATION FORM

Participant’s Name: ____________________________________________________________

Nickname: __________________ Grade: ______ Date of Birth: __________ Age: ______

Address: _____________________________________________________________________

City: __________________________ County: __________________ Zip: __________

Phone: _______________ Cell Phone: _______________ Email: _______________

Names of Parents or Guardian: ________________________________________________

In case of emergency and the parent can’t be reached, contact:

Name: __________________________ Relationship to Participant: ____________________

Phone: __________________________ Cell Phone: __________________________

Participant’s Medical Diagnosis: ________________________________________________

___________________________________________________________________________

Physician(s): __________________________ Hospital Preference: ____________________

Insurance carrier or medical card number: _______________________________________

(please provide a copy of the card)

In case of emergency, every effort will be made to contact the persons listed. Minor injuries requiring first aid will be treated by program volunteers or staff. I hereby further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I hereby give permission for emergency treatment.

___________________________________________________________________________

(signature of parent or guardian)
If you have any special instructions, please list and explain them below.

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Medications to be given or special procedures to be completed between 8:30 am and 2:30 pm:

Medication name:__________________________ Time_______ Dose_____ Comments __________________________

Medication name:__________________________ Time_______ Dose_____ Comments __________________________

Medication name:__________________________ Time_______ Dose_____ Comments __________________________

Other:___________________________________ Time________________ Comments __________________________

Please list any assistive devices or equipment used by the student. _________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Can he/she swim?  ☐ Yes  ☐ No  ☐ With Assistance

Does he/she mind being in groups?  ☐ Yes  ☐ No

Does he/she have seizures?  ☐ Yes  ☐ No  if yes, how frequently?_______ date of last seizure? _____________

Does he/she have any toileting or personal care needs?  ☐ Yes  ☐ No  if yes, please explain ________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Can he/she feed him/herself?  ☐ Yes  ☐ No  ☐ With Assistance  Does he/she choke easily?  ☐ Yes  ☐ No

Does he/she have any food allergies?  ☐ Yes  ☐ No  if yes, what? _________________________________

Is he/she a flight risk or is there a history of running off?  ☐ Yes  ☐ No

If yes, does he/she have a Project Lifesaver bracelet?  ☐ Yes  ☐ No  If yes, the Frequency # is: _____________

Describe any walking or physical activity concern: _______________________________________________________

_______________________________________________________________________________________________

Describe how your child communicates: _______________________________________________________________

_______________________________________________________________________________________________

Identify any other conditions or special needs, fears, allergies or similar things we should know about: _____________

_______________________________________________________________________________________________

If my child is accepted into the summer day program, I would be able to pay $______ per week. I will pay this amount
☐ weekly  ☐ at the end of the program  ☐ Please bill me for the amount.
SUMMER DAY PROGRAMMING
LIABILITY WAIVER AND PARTICIPATION CHECKLIST

GENERAL PERMISSION, POLICY INFORMATION, EMERGENCY RELEASE FORM, PROMOTIONAL WAIVER, AND FEE POLICY AGREEMENT:

PARTICIPANT’S NAME: ______________________________ PARENT NAME: ______________________________

ALL ITEMS MUST BE REVIEWED AND INITIALED. SIGNATURE REQUIRED AT THE END OF THE FORM (ON REVERSE SIDE) STATING YOU HAVE READ AND AGREE WITH THE FOLLOWING ITEMS:

I hereby grant permission for the above named minor/adult self to use all of the equipment and to participate in all of the activities of The Arc of the Mid Ohio Valley’s Summer Day Program. I will notify the Program Director in writing if and when I do not wish the above named minor to participate in a specific activity.

I hereby grant permission for the above named minor/adult self to leave The Arc of the Mid Ohio Valley’s Summer Day Program facility premises under the supervision of staff a member for off campus events.

I hereby grant permission for the above named minor/adult to be transported by staff in their personal vehicle, in vehicles rented by The Arc of the Mid Ohio Valley, or in vehicles owned by The Arc of the Mid Ohio Valley, and that recreational, educational, volunteer, and field trip activities will take place at locations throughout Wood and surrounding counties.

I hereby grant permission for The Arc of the Mid Ohio Valley’s Summer Day Program to seek EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT for the above named minor or adult self.

I hereby grant permission for the above named minor/adult self to be included in promotional pictures for The Arc of the Mid Ohio Valley brochures and publications.

I hereby consent to the photographing, recording, or reproduction in any other manner (including videotapes and audio tapes) of The Arc of the Mid Ohio Valley and its employees to make unlimited use of such reproductions for advertising and recruitment, including, but not limited to, broadcasting to the public of the reproductions over radio and television stations. I understand that I will not receive any monetary compensation, now or in the future, for participating.

I agree to be responsible and understand that ALL PAPERWORK must be turned in prior to attending program activities.

I understand that The Arc of the Mid Ohio Valley’s Summer Day Program will not be responsible for anything that may happen as a result of false information given or for information that has not been updated when changes in address or phone numbers occur. I further understand that I
must have a working phone number where I may be reached or a message left (that I check regularly) so that The Arc of the Mid Ohio Valley’s Summer Day Program may contact me when needed.

I understand that The Arc of the Mid Ohio Valley will not be responsible for the loss of, or destruction of any jewelry or valuable equipment that is brought with the participant to Summer Day Program. Program staff will not be responsible for monitoring the location or status of any valuables.

I understand that The Arc of the Mid Ohio Valley’s Summer Day Program will not assume responsibility for the above named minor/adult self if s/he has not been properly signed in when s/he arrives.

I understand that my child/I may be visiting pool (City, County, or Park) as part of the daily curriculum of The Arc of the Mid Ohio Valley’s Summer Day Program. I understand that I must provide proper swimwear, towel, and sunscreen.

I also understand while at The Arc of the Mid Ohio Valley’s Summer Day Program, I hold The Arc of the Mid Ohio Valley, its agents, officers, volunteers, and employees, harmless and indemnifies the same from any claims relating to the participant’s activities that arise from or are in any manner connected with The Arc of the Mid Ohio Valley’s Summer Day Program.

I AM THE CUSTODIAL PARENT/GUARDIAN OF THE ABOVE NAMED MINOR AND HAVE READ AND AGREE TO THE ABOVE STATEMENTS LISTED ON THE ARC OF THE MID OHIO VALLEY’S SUMMER DAY PROGRAM CAMP POLICY & PERMISSION AGREEMENT FORM.

(FOR SINGLE PARENT/GUARDIANSHIP FAMILIES, THE CUSTODIAL PARENT OR GUARDIAN MUST SIGN BELOW.)

Mother’s/Guardian’s Name (please print) ____________________________________________ ______________

Mother’s/Guardian’s Signature ______________________________________ DATE ______________

Father’s/Guardian’s Name (please print) ____________________________________________ ______________

Father’s/Guardian’s Signature __________________________ DATE ______________

Signed: ______________________________________ Date: _________________________________

(parent or guardian)

Notary Public

My commission expires: