

(Carnival/Circus theme) / (4) Week Summer Program

Begins Tuesday July 5-28 (Monday-Thursday) / NO FRIDAYS • 9am - 4pm / Daily Snacks/ Lunch provided

Parent/Guardian Name: _____ Cell Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Child's Name: _____ Age: _____ Gender: _____

Child's School: _____ D.O.B _____

Does your family attend church? YES NO If yes, where? _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

(In case parent/guardian listed above can't be reached)

My child has special needs/IEP/504 Plan: YES NO

If YES, then please explain below and include your child's paperwork:

| | |
|---|--|
| <p>Please list any Limitations which may affect your child's activities: (If none, then write none.)</p> <p>_____</p> <p>_____</p> | <p>Please list any prescribed medications your child uses (ex. Inhaler for asthma): (Note: We CANNOT dispense any medication.) (If none, then write none.)</p> <p>_____</p> <p>_____</p> |
|---|--|

Please list any known **allergies** to food and medication: (If none, then write none.)

PICK UP LIST FOR YOUR CHILD:

Person #1: _____ Phone: _____

Person #2: _____ Phone: _____

Person #3: _____ Phone: _____

Person #4: _____ Phone: _____

**** IS THERE SOMEONE WHO DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD? (If none, then write none.)**

RELEASE FORM / TERMS AND CONDITIONS

Initial next to the following statements, to indicate that you have read, understand, and agree to abide by them.

_____ I understand that Graffiti Community Ministries, Inc. is a Christian organization; therefore Christian values will be taught and upheld as part of daily activities.

_____ **LATE PICKUP:** I understand if I am late picking up my child from Summer Program, then I am required to pay an additional **\$5.00 for every 5 minutes after 4 pm**. The additional payment must be paid **(1) program day after the late pickup date** in order for my child to continue attending the program.

_____ **BEHAVIOR:** I understand that safe and acceptable behavior is a condition of my child's enrollment in the Graffiti Summer program. I understand my child must follow the rules, policies, and procedures outlined in the Parent Orientation Packet. Unacceptable behavior will be corrected verbally, with time-out breaks, with meetings with parent/guardian, and lastly through suspension/expulsion from Graffiti Summer Program with no refund eligibility.

COVID-19 HEALTH CHECK AND ILLNESS POLICY

_____ I, the parent or guardian of the above-named child, acknowledge that I will **Notify the program director immediately if I become aware of any suspected or confirmed case of COVID-19** in my household.

_____ The final decision on whether to **exclude** an individual from the program due to illness/the presumption of illness, or of symptoms will be made by the Program Director.

_____ Dates of absence due to illness are non refundable / fee cannot be prorated.

_____ For your child's comfort and to reduce the risk of contagion, children **must be picked up within 1 hour of notification of illness**. Until then, your child will be kept comfortable, apart from the group, and will continue to be observed by staff until pick up.

_____ Verification of **NEGATIVE** is required for a child to return to the program from illness/presumption of illness. Take home covid tests are acceptable.

SUNSCREEN: Parents/Guardians we ask that you please apply sunscreen to your child/ren daily. Sunscreen should be applied at home prior to departing for the summer program to best protect your child from skin damage due to sun exposure. Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

_____ As the parent/guardian of the above child, I give permission for the staff and volunteers at Graffiti Community Ministries, Inc. to apply a spray-on sunscreen product to my child, as specified below, when he or she will be engaging in outdoor activities during the program. Our staff and volunteers will assist with applying sunscreen to the bare surfaces of the body including the face, tops of ears, shoulders, arms, legs, and feet. Sunscreen will not be applied to broken skin or if a skin reaction has been observed. The staff and volunteers of Graffiti Community Ministries, Inc. may use the sunscreen of their choice on children. Our program provides a spray-on sunscreen with a **minimum SPF rating of 50** and complete UVA/UVB protection.

_____ **ONLY USE THE SUNSCREEN I WILL PROVIDE FOR MY CHILD.** I will label the sunscreen with my child's name and enclose it in a sealed bag that is also labeled with my child's name. I understand it is my responsibility to make sure my child has his/her sunscreen every day and that it cannot be stored at program. *If I forget to include my child's sunscreen, I understand that Graffiti Community Ministries, Inc. staff and volunteers may apply our own sunscreen in order to protect my child's skin and body.*

_____ I, the parent or guardian of the above-named child, acknowledge that participation in athletic events necessarily involves inherent risks and dangers, including illness, physical injury and damage to or loss of personal property. I further acknowledge that the programs and/or events operated by Graffiti Community Ministries, Inc. are administered by volunteers, rather than by paid, trained professionals. In consideration for accepting the registration of my child and permitting the voluntary participation of my child in its programs and/or events, I (for myself as well as for my child and his/her heirs and assigns) hereby assume all risks and responsibilities in any way associated with this program and/or event and I release, discharge, and hold harmless Graffiti Community Ministries, Inc. and their respective directors, officers, employees, volunteers, agents and other representatives or affiliates (including, without limitation, the participating churches, organizations participating through such churches, sponsors, game or event workers, officials, facilities, and other volunteers) (hereafter, the "Non-Profit Parties") from and against any and all liability, claims or actions arising out of or relating to the illness, physical injury, death, damage to or loss of personal property and all related expenses in connection with the program and/or event, whether caused by the negligence of the Non-Profit Parties or otherwise, and whether or not such harms were reasonably foreseeable, that may result to my child while participating in any Graffiti Community Ministries, Inc. operated program and/or event, including, without limitation, any illness or injury caused by any negligence of any official, referee or coach while performing his/her duties during any practice or game. I acknowledge that some programs and/or events may involve strenuous physical activity, and with this knowledge, ***I attest that my child is physically fit, prepared and capable to participate in this program and/or event, and that he/she is free from any health-related condition that will or ought to restrict his/her participation in this program and/or event.***

_____ I understand that in the event of an **emergency and medical intervention is needed, I give permission for my child to receive emergency medical treatment from a physician or dentist. I understand that all reasonable safety precautions will be taken at all times by Graffiti Community Ministries, Inc. and its staff.** I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Graffiti Community Ministries, Inc., its partners, affiliates, leaders, employees, and volunteer staff responsible or liable for damages, losses, diseases, or injuries incurred at the program. Should officials, representatives or volunteers determine, in their sole discretion, that completion or participation in any aspect of the program and/or event may be injurious to my child's health, or should my child become ill or injured, I consent to his/her removal and treatment for such illness or injury at the direction of such officials, representatives and/or volunteers, which may include, without limitation, hospitalization and ordering of injections, anesthesia or surgery for the child, by a duly licensed medical doctor, clinic or hospital.

_____ I give my permission, voluntarily and without compensation or time restrictions, for the use of any visual/audio images of my child and his/her name in broadcasts, telecasts, publicity, websites, or written

Graffiti Kids Summer Program 2022 “Over the (big) top Faith”

accounts of any Graffiti Community Ministries, Inc. Event, without notification to me or my child. I agree that Graffiti Community Ministries, Inc. owns such visual/audio images and all rights related to such images with full power of disposition for non-profit purposes.

_____ I give my permission for my child to travel off campus to neighborhood gardens, sprinklers, & playgrounds.

_____ I understand that Graffiti Community Ministries, Inc. is not authorized to dispense or administer any over-the-counter or prescription medication.

_____ I understand that the fee paid for the Graffiti Summer program is non-refundable; no exceptions.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

RELATION TO CHILD: _____

PROGRAM DIRECTOR: _____ **Date:** _____