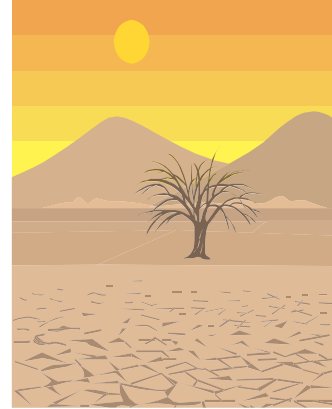




Center for Youth and Family Investment ** Friendship CARES Before-and-After-Care Program



ECO-ADVENTURES:



Going **GREEN**... Friendship **CARE**S STYLE



2009 Summer Camp

June 29 – August 7, 2009

Summer Registration Packet

Application Deadline: May 15, 2009



ECO-ADVENTURES... 2009 Summer Camp

Frequently Asked Questions

Q: What is the focus for the 2009 Friendship CARES Summer Camp?

A: The theme for the 2009 Friendship CARES Summer Camp is **“ECO-ADVENTURES: Going GREEN... Friendship CARES-style.”** During the six weeks students will explore different ecosystems; Tropical Rainforests, Oceans, Deserts, Arctic, Forests and Mountains. The Friendship CARES program components for the summer includes; academic and character development, morning and afternoon meetings, fitness and nutrition awareness, physical and recreational activity, weekly community service projects, weekly field experiences, Wolf Trap Theater-in-the Woods™, **Be Creative @ Your Library™**, Art and Science project-based learning activities. The program will end with an exhibition week at each campus for the families during the week of August 3 and an end of the summer “Kids at **W.O.R.K**” Quiz Bowl that is open to all families that desire to attend on Wednesday, August 5, 2009.

Q: What are the dates for the Friendship CARES “ECO-ADVENTURES” Summer Camp?

A: Friendship CARES **“ECO-ADVENTURES”** Summer Camp begins on Monday, June 29, 2009 – Friday, August 7, 2009. Parents/Guardians will receive a contingent acceptance letter during the week of May 25. All families that are enrolled must attend a **MANDATORY** summer orientation on **June 15 at the Woodridge Campus; June 17 at the Southeast Campus; and June 18 at the Chamberlain Campus.** If you do not receive a contingent acceptance letter by June 5, 2009 stating that your son/daughter is enrolled please contact Mrs. Jacqueline Reeder at 202-281-1713 or your respective After-Care Coordinator.

Q: What hours will the Friendship CARES “ECO-ADVENTURES” Summer Camp operate?

A: Friendship CARES will be open from 7:00 - 6:00 pm at the Friendship Chamberlain, Southeast, and Woodridge Campus. Before-care hours are from 7:00 – 8:00 am which is included in the weekly fee. The Summer Camp hours are from 8:00 – 4:00 pm. We provide half-day sessions for students enrolled in Summer Learning Academy (Summer School) at their site for a reduced rate from 12:30 – 4:00 pm. After-Care is not included in the summer program, but is provided for an additional nominal weekly fee of \$25.00.

Q: What time must my son/daughter arrive each day?

A: ALL students must arrive at the site by **8:15 am**, unless they are enrolled in the Summer Learning Academy. Any student that does not arrive by **8:15 am** will not be accepted for that day and refunds will not be issued for their day of absence.

Q: Can my son/daughter attend if they are not currently enrolled in the Friendship CARES program?

A: Yes, your son/daughter can attend if they are not currently enrolled in the Friendship CARES program. In addition, we accept students that are not enrolled at any of the Friendship Public Charter Schools as long as we have a completed enrollment package as well as summer application by the deadline.

Q: How do I enroll my son/daughter?

A: In order to enroll your son/daughter in Friendship CARES **“ECO-ADVENTURES”** Summer Camp, you must complete the Summer Registration application and submit it to the After-Care Coordinator at your site by **Thursday, May 14, 2009.** In addition, you cannot have a current balance by the start of the summer session with the Friendship CARES program; as well as, all required forms must be up-to-date and on file.

Q: My son/daughter is currently enrolled in Friendship CARES, do I still complete this enrollment application?

A: **Yes**, although your son/daughter is currently enrolled, we must have the Summer Registration application on file for each child enrolled.



ECO-ADVENTURES... 2009 Summer Camp

Frequently Asked Questions

Q: What are some possible reasons that may son/daughter may not be able to attend the "ECO-ADVENTURES" Summer Camp?

A: If there is a balance on your account for any enrollment period that your son/daughter attended then you will not be able to enroll him/her until the balance is paid in full. Please contact Mrs. Robinson at 202-281-1711 if there are any questions in regards to accounts.

A: If your son/daughter's medical and dental forms are not current, then he/she will not be able to attend until the medical and dental forms are **CURRENT**. Please contact Mrs. Reeder at 202-281-1713 if there are any questions in regards to your son/daughter's file.

A: If your son/daughter's file is missing any required forms then he/she will not be able to attend until those forms are completed and on file. Please contact Mrs. Reeder at 202-281-1713 if there are any questions in regards to your son/daughter's file.

A: If a family does not pay for Session one weekly fee by Friday, June 5, then your son/daughter will **NOT** be able to attend Session One beginning on June 29, 2009. In addition, if payment is not received by the Friday prior to the session beginning then your son/daughter will not be able attend until payment is received.

A: If the parent/guardian of the participant does not attend the **MANDATORY** parent orientation as noted in the question #2 then your son/daughter will not be able to attend.

Q: What is the cost for attending the "ECO-ADVENTURES" Summer Camp?

A: **Friendship Chamberlain & Woodridge campus** weekly session fee **is \$125.00 a session/week (7:00 – 4:00 pm)** and **an additional \$25.00 for after-care (4:00 – 6:00 pm)**. Students that are enrolled in Summer Learning Academy (Summer School) at the Chamberlain and Woodridge campuses will **pay \$65.00 a session/week (12:30 – 4:00 pm)**. There is a 10% discount per child for families with more than one child in the program. **** Parents that are subsidized and make contributions must pay the "full day rate" as noted on their voucher.**

A: **Friendship Southeast Campus** weekly session fee **is \$70.00 a week (7:00 – 4:00 pm)** and an **additional \$25.00 for after-care (4:00 – 6:00 pm)**. Students that are enrolled in Summer Learning Academy (Summer School) at the Southeast campus will pay **\$50.00 a session/week (12:30 – 4:00 pm)**. There is a 10% discount per child for families with more than one child in the program.

Q: When are payments due for each session?

A: Payments are **due every Friday** prior to the following week's session. If a payment is not received by close of business on Friday prior to the session beginning then your son/daughter will not be allowed to attend the session.

Q: When are payments due for each session?

A: Payments are **due every Friday** before service is rendered. There is a 10% discount per child for families with more than one child in the program. If a payment is not received by close of business on Friday prior to the session beginning then your son/daughter will not be allowed to attend the session.

Q: If my son/daughter doesn't attend Summer Camp during a particular session, do I still pay for that week?

A: Fees are based on enrollment and not attendance. If you noted on the application that your son/daughter is attending a session, then you are responsible for paying for that week unless you submit a written notice to the After-Care Coordinator at least a week in advance of the session. For those families, that select certain sessions for their son/daughter to attend then you can pay for the sessions that you noted on the application.



Center for Youth and Family Investment **Summer Camp Registration Form

FRIENDSHIP CARES SUMMER CAMP ** ECO-ADVENTURES ** JUNE 29 - AUGUST 7, 2009

Staff Use Only: **New enrollee:** Yes No **Returning Student:** Yes No **Start date:** _____ **Last day of enrollment:** _____

DHS: Yes No ~ **Rate:** **Half Day:** _____ **Full Day:** _____ ~ Voucher **on File:** Yes No **Other Subsidy Program:** _____

PARTICIPANT INFORMATION # 1

<u>Child's Last Name</u>		<u>Child's First Name</u>		<u>Sex</u> <input type="checkbox"/> Male <input type="checkbox"/> Female		<u>Age</u>
<u>Child's Address (City, State, Zip Code)</u>					<u>Home Phone</u>	
<u>Date of Birth (MM/DD/YYYY)</u>	<u>Current School</u>		<u>Grade Entering in Fall 2009</u> <input type="checkbox"/> Pre-K (4) <input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th			

MEDICAL/INSURANCE INFORMATION

<u>Child's Physician</u>	<u>Physician's Phone</u>	<u>Does your child have allergies?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate allergy and emergency procedures on separate sheet of paper.	
<u>Insurance Company Name/Address</u>		<u>Insurance Policy Number</u>	<u>Insurance Group Number</u>
<u>Is your child under a physician's care/treatment or taking medications on a regular basis?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO List medication(s) that will need to be administered during program hours: (Completed Medication Authorization Form Required)			
Please explain (prescription name, prescribing physical, side effects):			
<u>Does your child have identified medical, personal, care or special need(s) (developmental, physical, emotional, learning)?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach medical note from physician stating the diagnosis: (Medical Form Required)			

PARTICIPANT INFORMATION # 2

<u>Child's Last Name</u>		<u>Child's First Name</u>		<u>Sex</u> <input type="checkbox"/> Male <input type="checkbox"/> Female		<u>Age</u>
<u>Date of Birth (MM/DD/YYYY)</u>					<u>Current School</u>	
<u>Date of Birth (MM/DD/YYYY)</u>		<u>Current School</u>		<u>Grade Entering in Fall 2009</u> <input type="checkbox"/> Pre-K (4) <input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th		

MEDICAL/INSURANCE INFORMATION

<u>Child's Physician</u>	<u>Physician's Phone</u>	<u>Does your child have allergies?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate allergy and emergency procedures on separate sheet of paper.	
<u>Insurance Company Name/Address</u>		<u>Insurance Policy Number</u>	<u>Insurance Group Number</u>
<u>Is your child under a physician's care/treatment or taking medications on a regular basis?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO List medication(s) that will need to be administered during program hours: (Completed Medication Authorization Form Required)			
Please explain (prescription name, prescribing physical, side effects):			
<u>Does your child have identified medical, personal, care or special need(s) (developmental, physical, emotional, learning)?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach medical note from physician stating the diagnosis: (Medical Form Required)			



Center for Youth and Family Investment **Summer Camp Registration Form

PARENT/GUARDIAN INFORMATION

1. Primary Guardian's Name – (Last, First)		SS or DL #	Home Phone Number	Work Phone Number
Cell Phone Number		Home Address (Address, City, State, Zip Code)		
Employer & Employment Address		Email Address		Do you have legal custody of child? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Secondary Guardian's Name -- (Last, First)		SS or DL #	Home Phone Number	Work Phone Number
Cell Phone Number		Home Address (Address, City, State, Zip Code) – If different from above		
Employer & Employment Address		Email Address		Do you have legal custody of child? <input type="checkbox"/> YES <input type="checkbox"/> NO
<u>Person/Agency with Legal Custody if Different from Above</u>		SS or DL #	Home Phone Number	Cell Phone Number
Address (Address, City, State, Zip Code)			Place of Employment	

EMERGENCY INFORMATION (3 ADULTS OTHER than parent/guardian, two within 30 miles of the site, authorized to pick up child.)

1. Name		Relationship to Child	Home Phone	Work Phone
Cell Phone		Home Address (City, State, Zip Code)		
2. Name		Relationship to Child	Work Phone	Home Phone
Cell Phone		Home Address (City, State, Zip Code)		
3. Name		Relationship to Child	Work Phone	Home Phone
Cell Phone		Home Address (City, State, Zip Code)		

The following person is NOT Authorized to Pick Up Participant*: (Please provide name and relationship: _____)

*Appropriate paperwork, such as a divorce decree other legal documents must be attached if a parent is not allowed to pick up the child.



SUMMER SESSION

Please select the sessions that your son/daughter will be attending below:

Attending	Session Number	Date of Session	Session Title
<input type="checkbox"/>	1	June 29 – July 2 (No Session Friday, July 3)	Eco-Intro...
<input type="checkbox"/>	2	July 6 –10	Tropical Rainforests
<input type="checkbox"/>	3	July 13 - 17	Oceans & Deserts
<input type="checkbox"/>	4	July 20 -24	The Arctic
<input type="checkbox"/>	5	July 27 - 31	Forests & Mountains
<input type="checkbox"/>	6	August 3 - 7	The "GREEN" Finale

My signature confirms that the above information is accurate; that the guidelines and procedures of the program(s) my child is registered for will be adhered to; and I understand it is my responsibility to keep contact and emergency information current. In addition, there will be a mandatory Family Orientation during the week of June 16, 2009 that I must attend to solidify my child (ren)'s enrollment for the 2009 "ECO-ADVENTURES" Summer Camp.

Signature of Parent/Guardian: _____ Date: _____

Student Name: _____ Date: _____

All completed Summer Camp registration packets must be submitted to the Friendship CARES After-care Office or the Friendship CARES main office at 120 Q Street, NE – Washington, DC 20002 by Thursday, May 14, 2009. If there are any questions, please contact the Friendship CARES office at 202-281-1711.

FOR FRIENDSHIP CARES DISTRICT OFFICE USE ONLY

Date Application Received _____ After-care Coordinator Initial _____ Date Accepted _____

File up to date _____ (Compliance Manager)

Parent/Guardian Contacted About Application Yes No – Signature of Contacting Person _____

Payment Received Yes No -- Current Balance (If applicable) \$_____ (Payment Coordinator Initials) _____



Summer Camp Addendum Form

Please check box if form is already on File

Program Year: _____ Parent/Guardian: _____

Child: _____ Enrollment Date: _____ Start Date: _____ End Date: _____

Program Location: _____ Camp Sessions: (circle) 1 2 3 4 5 6

Camp Shirt: CHILD ___ S ___ M ___ L ___ XL – ADULT: ___ S ___ M ___ L ___ XL ___ XXL

EMERGENCY MEDICAL RELEASE (PLEASE INITIAL)

___ In the event of injury or serious illness, I give permission for **Center for Youth and Family Investment(CYFI), Friendship CARES** program staff to obtain medical treatment for my child, I understand that if my child needs to be transported to an emergency facility, that decision will be made by the emergency team responding to the call.

___ In the event of injury or serious illness, I do not give permission for **Center for Youth and Family Investment, Friendship CARES** program staff to obtain medical treatment for my child. Instead, I instruct **Center for Youth and Family Investment, Friendship CARES** staff to _____.

FIELD TRIP/SWIMMING RELEASE

By signing below, I give permission for my child to participate in the program’s field trips. I understand I will be notified of dates, destinations, and times, I understand there may be an additional cost for Camp field trips.

Child’s swimming level:

_____ Beginner (Only in shallow level, not past shoulders)

_____ Average (Mid-section of pool, not past shoulders)

_____ Advanced (All Areas)

Comment: _____

LIABILITY RELEASE

___ By signing below I absolve **Center for Youth and Family Investment (CYFI), Friendship CARES** and **Friendship Public Charter Schools (FPCS)** of any responsibility for any accident or injury to my child or caused by my child to others where neglect is not involved. Furthermore, I understand that CYFI can only be responsible for my child during days and times that he/she has been checked in and that CYFI will not be responsible for my child when he/she is traveling to and from any **CYFI activity via transportation not provided by CYFI.**



Please check box if form is already on File

2009 Summer Camp Friendship Cares Waiver and Release

Throughout the summer and school-year, the Center for Youth & Family Investment attempts to capture the many moments of joy, excitement, learning, and enthusiasm of the children in the Friendship Cares program. As a result, we may use some pictures in brochures, flyers, or other marketing materials, in addition, videos of my child (ren) may be used for publicity in order to increase community awareness; as well as submit them to external media organizations that highlight the achievements of our students.

I hereby grant the Center for Youth & Family Investment (CYFI) full and complete permission to use in legitimate promotions of the Friendship Cares program photographs of my child and quotations from my child.

PRINT name of Parent or Legal Guardian

SIGNATURE

DATE

PRINT name(s) of child/children in program

PRINT name(s) of child/children in program

PRINT name(s) of child/children in program

PRINT name(s) of child/children in program