

RISE SUMMER ACADEMIC ENRICHMENT PROGRAM 2021 - APPLICATION FOR K-8TH GRADE

In partnership with the East Windsor Regional School District



CAMPER'S INFORMATION - Please print legibly and complete all sections			
LAST NAME	FIRST NAME	MIDDLE INITIAL	1ST SUMMER WITH US? <input type="radio"/> YES <input type="radio"/> NO
STREET ADDRESS	CITY	STATE	ZIP
DATE OF BIRTH	AGE	GENDER (CHOOSE ONE) <input type="radio"/> FEMALE <input type="radio"/> MALE	GRADE (ENTERING FALL 2019)
T-SHIRT SIZE (CHOOSE ONE) Youth: <input type="radio"/> XS <input type="radio"/> SM <input type="radio"/> MED <input type="radio"/> LG or Adult: <input type="radio"/> SM <input type="radio"/> MED <input type="radio"/> LG <input type="radio"/> XL <input type="radio"/> XXL <input type="radio"/> XXXL			

PARENT/GUARDIAN INFORMATION - Please print legibly and complete all sections
--

NAME (MOTHER)		
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	CELL TELEPHONE NUMBER
EMAIL		BEST WAY TO CONTACT YOU? (choose one) HOME PHONE <input type="radio"/> CELL PHONE <input type="radio"/> EMAIL <input type="radio"/>
NAME (FATHER)		
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	CELL TELEPHONE NUMBER
EMAIL		BEST WAY TO CONTACT YOU? (choose one) HOME PHONE <input type="radio"/> CELL PHONE <input type="radio"/> EMAIL <input type="radio"/>

EMERGENCY CONTACTS - Please list the name and contact information for up to two people who may be contacted in an emergency should either parent/guardian be unavailable.			
---	--	--	--

NAME / RELATIONSHIP - Must be available between 8:00am - 4:30pm	CELL TELEPHONE NUMBER	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER
NAME / RELATIONSHIP - Must be available between 8:00am - 4:30pm	CELL TELEPHONE NUMBER	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER

PICKUP AUTHORIZATIONS

In addition to parents, **ONLY** those on the list below will be allowed to pick up a camper from camp. (Photo ID required at pickup.) Please list up to three additional persons authorized to pick up your child. Parent/guardian may give written permission for an individual, who is not on this list, to pick up child. No child will be released without written permission. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to Rise and kept on file at the camp.

NAME / RELATIONSHIP	CELL TELEPHONE NUMBER	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER
NAME / RELATIONSHIP	CELL TELEPHONE NUMBER	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER
NAME / RELATIONSHIP	CELL TELEPHONE NUMBER	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER
DOES YOUR CHILD HAVE PERMISSION TO WALK HOME? <input type="radio"/> YES <input type="radio"/> NO	PLEASE NOTE ANY ACTIVITIES THAT ARE CULTURALLY, RELIGIOUSLY, OR PHILOSOPHICALLY UNACCEPTABLE FOR YOUR CHILD TO PARTICIPATE IN:		

MEDICAL RELEASE INFORMATION

1. LIST YOUR CHILD'S MEDICAL/HEALTH CONDITIONS, CHRONIC ILLNESSES, ALLERGIES, ETC.:
2. WHAT KIND OF MEDICATION DOES YOUR CHILD TAKE? WHAT IS IT FOR?
3. DOES YOUR CHILD HAVE ANY SPECIAL NEEDS (I.E., DIAGNOSIS, ETC.)?
4. IS YOUR CHILD ALLERGIC TO ANY TYPE OF FOOD OR MEDICATION? - DOES YOUR CHILD REQUIRE A SPECIAL DIET?

Please Initial: _____ Children needing medicine during the day must be able to administer it themselves. Staff will not be able to administer medicine to children or hold medicine for them. Parent will supply the medicine in its ORIGINAL CONTAINER and a copy of the prescription. Parent will notify Rise Summer Camp director promptly of any change.
 _____ I further agree to fully disclose any illness or special needs that my child may have.
 _____ I understand I must submit immunization records prior to the start of the camp.

CONTINUE ON THE BACK

PARTICIPATION & PERMISSION AGREEMENT

PLEASE INITIAL EACH STATEMENT

I hereby enroll my child, _____, in the Rise Summer Camp. I certify that s/he is healthy and free of problems that could adversely affect his/her stay or that of other campers at the Rise Summer Camp.

_____ I grant permission for my child to participate in all scheduled camp activities, including bus transportation (if applicable), swimming, and field trips (if applicable), unless otherwise stated in writing to the Rise Summer Camp.

What is your child's swimming level? (Please choose) Non-swimmer Beginner Advanced

_____ I hereby give permission for images of my child, captured during Rise Summer Camp events through video, photographic, digital, electronic, or any other media, with or without his/her name and hometown, to be used by Rise and Rise Summer Camp promotional material and publications (including release to the news media), and waive any rights of compensation or ownership thereto.

_____ I grant Rise Summer Camp and its agents full authority to take whatever actions they deem necessary regarding my child's health and safety, and I fully release the Rise Summer Camp from any liability in connection there within. In the event of an emergency, I understand that prudent attempts will be made to contact the undersigned immediately. I understand the camp fees do not include health and accident insurance and I will be responsible for any and all charges incurred from prompt medical treatment.

_____ I have read the rules and understand that my child must comply with the camp's rules and standards of conduct and that the Rise Summer Camp may terminate my child's participation in the camp program if s/he does not maintain these standards. If a camper is dismissed for inappropriate behavior, camp fees are non-refundable.

_____ I will read the camp policies and procedures as explained in the applicable parent manual. This booklet will be provided at parent orientation.

_____ I indemnify and hold harmless the Rise Summer Camp and its employees from liability for any harm that befalls my child as a result of participation in the Rise Summer Camp.

By signing below, I acknowledge and accept the above stated release and the Rise Summer Camp policies that I have initialed.

Printed Name

Parent/Guardian Signature

Date

DOCUMENTS REQUIRED AT TIME OF REGISTRATION

- _____ Fully Completed Application.
- _____ Camper's Current Photo (passport size, digital).
- _____ Proof of Medical Vaccinations for camper.
- _____ Camper's Birth Certificate.
- _____ Camper's Medical Insurance Card.
- _____ Camper's Most Recent Report Card.
- _____ Proof of Income for 3 Months.
(All members living at your residence.)
- _____ \$25 Application Fee Non-refundable.
- _____ IEP or 504 plan.
- _____ Most recent physical exam.

If you are applying for financial assistance please provide the following additional documentation:

- _____ Proof of Income for 3 Months.
(All members living at your residence.)
- _____ Proof of address (Must have current date.)
- _____ Camper's Social Security Card (optional.)
- _____ Camper's Birth Certificate.





Summer Academic Enrichment Program 2021

In partnership with the East Windsor Regional School District

Application for K-8th Grade

The summer is soon approaching and Rise is gearing up for Summer Academic Enrichment Program.

The Rise Summer Camp offers parents the opportunity to get their children involved in summer academic enrichment while enjoying recreational activities and beach trips. **Due to Covid-19, we have a limited capacity at camp. We will continue to meet our high standards of cleanliness to ensure the safety and well being of our campers and staff while following all CDC guidelines. The Rise Summer Camp is licensed by the State of New Jersey Department of Health.**

When: July 12th-August 13th

Where: Ethel McKnight Elementary School

Time: 8:30am - 4:00pm

Ages: 5-17

Tuition: Based on family income

Breakfast & Lunch: Free (Monday-Thursday)

Come meet your child's counselor and all or

our camp staff on **Thursday, July 1, 2021**

at Ethel McKnight Elementary School

Parent orientation will also take place that night.

English orientation 4:30pm to 5:30pm &

Spanish orientation 5:30pm to 6:30pm.

*Plus \$25 nonrefundable application fee and \$10 Camp T-Shirt. The deadline for camp registration is July 2, 2021.

Family Income (Based on Federal Poverty Level)	Registration Fees* & Tuition		Please bring all required documents at the time of registration. All forms must be completed and signed. *Tuition fee must be paid in full at time of registration, except if requesting a payment plan. Please speak to a case manager about the terms and conditions.
	Price (1 Child)	Additional Siblings Includes \$50 Discount	
125%	\$440	\$390	Please note Your child will NOT be considered enrolled in camp until ALL requirements are met!
185%	\$632	\$582	
200%	\$846	\$796	
400%	\$1,625	\$1,575	

Federal Poverty Level Range	Family Size 2 Person Maximum Annual Income	Family Size 3 Person Maximum Annual Income	Family Size 4 Person Maximum Annual Income	Family Size 5 Person Maximum Annual Income	Family Size 6 Person Maximum Annual Income	Family Size 7 Person Maximum Annual Income	Family Size 8 Person Maximum Annual Income	For additional family member add:
125%	\$21,775	\$27,450	\$33,125	\$38,800	\$44,475	\$50,150	\$55,825	\$5,675
185%	\$30,485	\$38,430	\$46,375	\$54,320	\$62,265	\$70,210	\$78,155	\$7,945
200%	\$34,840	\$43,920	\$53,000	\$62,080	\$71,160	\$80,240	\$89,320	\$9,080
400%	\$69,680	\$87,840	\$106,000	\$124,160	\$142,320	\$160,480	\$178,640	\$18,160

Payment Plan Terms and Conditions

In an effort to help our struggling families, Rise is now offering a payment plan as stated below:

- The 1st payment must be at least 1/3 of the total cost and must be made at the time of registration.
- The remaining balance will be divided into 2 additional payments.
- The payments CANNOT be scheduled more than 3 weeks apart.

The total cost of attending camp must be paid in full by July 2, 2021. Please be advised that your child will not be considered enrolled until the full payment is made. If you have missed the deadline for your scheduled payment, you are at risk of forfeiting enrollment for your child. **There is an additional \$35 fee for every returned check.**

Total Tuition Cost: _____

Scheduled Date	Scheduled Amount	Date Paid	Amount Paid	Balance Due	Signature

I, _____, parent/guardian of _____ understand and accept the terms and conditions stated above.

Signature of Parent/Guardian

Date



2021 SUMMER ACADEMIC ENRICHMENT PROGRAM

Intake Application for K-8th Grade

Please clearly print all information: (all information is confidential)

CHILD'S INFORMATION				
LAST NAME	FIRST NAME		MIDDLE INITIAL	
HOME ADDRESS				
CITY		STATE		ZIP CODE
TELEPHONE NUMBER	CELL TELEPHONE NUMBER		HAS YOUR CHILD PREVIOUSLY ATTENDED OUR CAMP? (PLEASE CHOOSE) <input type="radio"/> 2019 <input type="radio"/> 2020 <input type="radio"/> HAS NOT ATTENDED	
DATE OF BIRTH	AGE	GENDER (CHOOSE ONE) <input type="radio"/> FEMALE <input type="radio"/> MALE	CHILD'S SOCIAL SECURITY # (OPTIONAL) _ _ _ - _ _ - _ _ _	

ETHNICITY
PLEASE CHOOSE

CAUCASIAN LATINO SOUTH ASIAN (INDIA, PAKISTAN)
 AFRICAN-AMERICAN MULTI-ETHNIC EAST ASIAN (CHINESE, VIETNAMESE, KOREAN, JAPANESE) OTHER: _____

PARENT/GUARDIAN INFORMATION - Please print legibly and complete all sections

PLEASE CHOOSE

SINGLE PARENT FAMILY TWO PARENT FAMILY

NAME (MOTHER)

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	CELL TELEPHONE NUMBER
-----------------------	-----------------------	-----------------------

NAME (FATHER)

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	CELL TELEPHONE NUMBER
-----------------------	-----------------------	-----------------------

PARENT/GUARDIAN INCOME INFORMATION

PARENT'S TOTAL GROSS INCOME PLEASE CHOOSE

PARENT'S INCOME: \$ _____ WEEKLY BIWEEKLY MONTHLY

SOURCE OF INCOME:

EMPLOYED SSI/SSD TANF PENSION
 UNEMPLOYED SOCIAL SECURITY DISABILITY GENERAL ASSIST. OTHER: _____

Under penalty of perjury, I hereby certify to the best of my knowledge and belief, that the above statements are true.

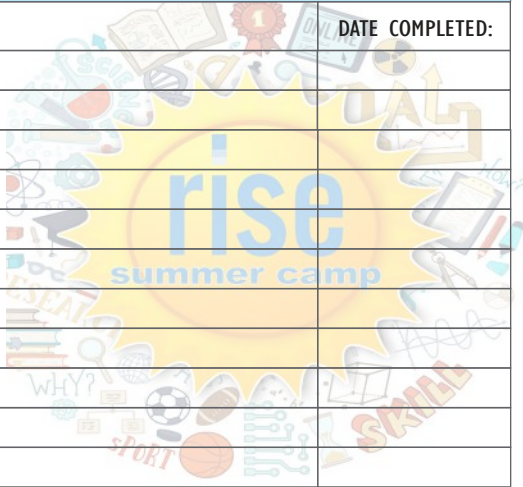
Parent/Guardian Signature _____ Date _____

Case Manager's Signature _____ Date _____

Email completed application to Jill Lee You (Summer Camp Director) at risecampjleeyou@gmail.com or call more information call at 609-443-4464.

FOR OFFICE USE ONLY

SUMMER CAMP CHECK LIST	DATE COMPLETED:
<input type="checkbox"/> Application Complete	
<input type="checkbox"/> Medical Form Complete	
<input type="checkbox"/> Copy of Vaccinations	
<input type="checkbox"/> Lunch Form Complete	
<input type="checkbox"/> Copy of Family Income	
<input type="checkbox"/> Copy of Camper's Social Security Card	
<input type="checkbox"/> Copy of Birth Certificate	
<input type="checkbox"/> Copy of Final Report Card	
<input type="checkbox"/> Copy of Camper's Insurance Card	
<input type="checkbox"/> Registration Paid	
<input type="checkbox"/> T-Shirt Size	





Summer Camp 2021 Medical Examination Form

Camper's Name: _____ Sex: _____ DOB: _____

Doctor: _____

Address: _____

Phone: _____ Fax: _____

Primary Health Insurance: _____

Policy # _____ Group # _____

Physical Assessment

Allergies _____

Height _____ Ears _____ Neck _____

Weight _____ Skin _____ Chest _____

BP _____ Eyes _____ Heart _____

Urine _____ Nose _____ Lungs _____

Vision _____ Mouth _____ Hernia _____

Hearing _____ Gums _____ Abdomen _____

Scoliosis _____ Teeth _____ Genitourinary _____

Orthopedic _____ Nodes _____ Date of last Physical _____

****Copy of updated immunizations required, please attach****

Medication Administration

Diagnosis _____

Medications _____

Mode/Dosage/Frequency/Time of Administration _____

Side effects, if any _____

Physician's Comments _____

Signature of Physician _____ Date _____

Parent will supply the medicine in its ORIGINAL CONTAINER and a copy of the prescription.

Parent will notify Rise Summer Camp director promptly of any change.

Please Note: Children needing medicine during the day must be able to administer it themselves.

Staff will not be able to administer to children or hold medicine for them.

Parent's Signature _____ Date _____