

# H2O SUMMER SERVICE CAMP APPLICATION - For Lakewood Residents Entering Grades 6-9, Fall 2011

Sponsored by the City of Lakewood/Department of Human Services/Division of Youth

PARENT CONSENT - My child \_\_\_\_\_, has my permission to participate in the H2O Summer Service Camp. I understand that participation in this camp will involve volunteer activities at various agency sites. I give permission for my child to walk, or be transported by licensed/insured drivers employed by the program. In addition, I release the City of Lakewood/Department of Human Services/Division of Youth, Lakewood City Schools/Board of Education, their employees and participating agencies/organizations and their employees from all liability of whatsoever character, including but not limited to injuries to person or property arising out of or resulting from or in any way connected with participation by my son/daughter in this program.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_ relationship to child? \_\_\_\_\_

Students will be assigned to only ONE session. Please indicate all the sessions that your child could attend. Number the possible sessions according to preference - write #1 by the session he/she wants most, #2 by the next choice, etc. If selected in lottery, we will make every effort to place in most desired session. \*See page 2 for lottery details.\*

\_\_\_\_\_ Session #1 JUNE 14 - JUNE 24      \_\_\_\_\_ Session #3 JULY 19 - JULY 29  
\_\_\_\_\_ Session #2 JUNE 27 - JULY 8      \_\_\_\_\_ Session #4 AUGUST 2 - AUGUST 12

Child's Full Name \_\_\_\_\_ Preferred First Name for Nametag \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ T-Shirt Size (circle one) - Youth: M L Adult: XS S M L XL

Street Address in Lakewood \_\_\_\_\_ Home Phone \_\_\_\_\_

School student attended this past year? \_\_\_\_\_ School entering fall of 2011? \_\_\_\_\_ Grade? \_\_\_\_\_

Ethnicity (For Grant Purposes):  Non-Hispanic  Hispanic Race:  Caucasian  Black  Asian  Bi-Racial Other \_\_\_\_\_

Has your child attended H2O Camp before? \_\_\_\_\_ If yes, how many years has he/she attended? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell No. \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell No. \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

Child lives with (father, mother, both, guardian, other) \_\_\_\_\_

Guardian/Other's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell No. \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

### TWO EMERGENCY CONTACTS OTHER THAN PARENTS (Daytime phone numbers, please):

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

### MEDICAL INFORMATION

1. List child's allergies and any special precautions or treatment indicated: \_\_\_\_\_

2. List any medications, food supplements or modified diets that child is on: \_\_\_\_\_

3. List any chronic physical problems, limitations or special needs child has, as well as any history of hospitalization: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

\*\*APPLICATION CONTINUED ON FOLLOWING PAGE.\*\*

**EMERGENCY TRANSPORTATION AUTHORIZATION**

Either Part I or Part II below must be completed. Do not complete both.

PART I: Permission to Transport Child.

I give permission for the H2O program to transport my child \_\_\_\_\_ to \_\_\_\_\_ hospital/clinic for emergency medical care or to \_\_\_\_\_ dentist/clinic for emergency dental care, or to the nearest available source of assistance.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PART II: Refusal to Grant Permission.

I do not give my permission to transport my child \_\_\_\_\_ for emergency medical or dental care. In the event of any illness or injury which requires emergency medical or dental treatment, I wish the following actions to be taken: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The following confidential information will not be shared and is only used to enable the Division of Youth to receive federal grant dollars to help offset H2O Summer Service Camp operating expenses.

# of children in household: \_\_\_\_\_ # of Adults: \_\_\_\_\_ # of Non-Relatives: \_\_\_\_\_ Total # in household: \_\_\_\_\_

Income: Based on the total size of your household size please circle appropriate household income.

Household Size	At or Below	At or Below	At or Below	Above
2 person	\$14,900.00	\$24,850.00	\$39,750.00	\$39,750.00
3 person	\$16,800.00	\$27,950.00	\$44,750.00	\$44,750.00
4 person	\$18,650.00	\$31,050.00	\$49,700.00	\$49,700.00
5 person	\$20,150.00	\$33,550.00	\$53,700.00	\$53,700.00
6 person	\$21,650.00	\$36,000.00	\$57,650.00	\$57,650.00
7 person	\$23,150.00	\$38,500.00	\$61,650.00	\$61,650.00
8 person	\$24,600.00	\$41,000.00	\$65,600.00	\$65,600.00

Check here if willing to assist with transportation for field trips, if needed. (vehicle insurance/current driver's license required)

# of passengers with seatbelts your vehicle can hold \_\_\_\_\_ vehicle model/type \_\_\_\_\_

**LOTTERY REGISTRATION DETAILS AND INSTRUCTIONS - Please read carefully!**

Due to limited space and increasing demand for this program, a lottery style registration system is used to select camp participants. All applications and payment must be received at Lakewood Division of Youth by 5:00pm on Friday, April 29<sup>th</sup> be eligible for the lottery. Applications will be randomly selected. Students will be placed in the first available session according to the preferences listed on their application. Families will receive confirmation of camp enrollment by May 7th. All students whose applications are placed on a waiting list will have their payment refunded with a detailed account of their position on the wait list.

**Friends and/or family members may register together.** NOTE: Up to three applications will be accepted as one group draw in the lottery. Group applications must be stapled together in one mailing, or hand-delivered together, to be processed as a group. Questions? Call (216) 529-6045 or (216) 529-6870.

**2011 STEPS TO REGISTER**

1. Complete entire application for each camper being enrolled.
2. Include check or money order for **\$60.00** per camper **MADE PAYABLE TO: City of Lakewood/H2O Camp**
3. **ATTACH A SELF-ADDRESSED STAMPED ENVELOPE** - for confirmation/refund notification.
4. Applications and payment can be mailed or hand delivered to the following address:

H2O - Lakewood Division of Youth  
12900 Madison Ave.  
Lakewood, OH 44107