



King Street Center Castle Camp Registration

Updated on: _____

Fee and Payment Information

Our fee for Summer Programming is **\$200 per week**. Participant fees are an important source of support for our program. We strive to work with families to reduce the cost of programs so that access is equitable to all children. In order to do this we offer several ways to reduce costs to families. These include State Childcare Subsidy, scholarships, and sliding scale rates based on income. To help us determine the right fit for your family please answer the following questions to the best of your ability.

| | |
|--|--|
| <p>Annual Household Income: Your Annual Household Income is the sum of any income earned by members of your household before taxes. This total should include income like, social security, financial aid, and unemployment compensation. Please check the box of the income range that matches your household.</p> <ul style="list-style-type: none"><input type="checkbox"/> 0-4,999<input type="checkbox"/> 5,000-9,999<input type="checkbox"/> 10,000-14,999<input type="checkbox"/> 15,000-19,999<input type="checkbox"/> 20,000-24,999<input type="checkbox"/> 25,000-29,999<input type="checkbox"/> 30,000-34,999<input type="checkbox"/> 35,000-39,999<input type="checkbox"/> 40,000-44,999<input type="checkbox"/> 45,000-50,000<input type="checkbox"/> 50,000 + | <p>Attendance Information: Summer camp runs from June 24 to August 16. Program begins at 9:00 am and ends at 5:00 pm. Please mark all weeks that your child will come to camp.</p> <ul style="list-style-type: none"><input type="checkbox"/> June 24 - June 31<input type="checkbox"/> July 1 – July 5 (program closed on July 4)<input type="checkbox"/> July 8 – July 12<input type="checkbox"/> July 15 – July 19<input type="checkbox"/> July 22 – July 26<input type="checkbox"/> July 29 – August 2<input type="checkbox"/> August 5 - August 9<input type="checkbox"/> August 12 – August 16 <p style="text-align: center;">New This Year!!</p> <ul style="list-style-type: none"><input type="checkbox"/> I am in need of early care (8:30-9:00 am). *Limited space is available. Preference will be given to families with child care needs for work/ school obligations.<input type="checkbox"/> I am interested in learning more about mentoring and/or tutoring services offered to my child. |
|--|--|

Payment Plan:

Please check the box(es) that indicate the payment plan that works for your family.

- I will pay the full fee.
- I have CDD Subsidy through Child Care Resource **and** will provide a copy of my certificate to King Street.
- I would like to apply for CDD subsidy through Child Care Resource.
- I would like help applying for CDD subsidy through Child Care Resource.
- I have applied for CDD subsidy but, am not eligible. *Approximate date of application* _____
- I would like to apply for financial assistance through King Street Center. Financial assistance is a sliding scaled based on income. All families who are approved will still be required to pay a weekly fee.

Is there any other information you would like to provide regarding income or payment plan eligibility?



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| Child Information | | |
|---|---|---|
| First Name: | Last Name: | Date of Birth: |
| Nickname/ Preferred Name: | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Ethnicity: <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi/Biracial <input type="checkbox"/> Other: _____ | Language: At home, our family speaks (please list primary language) _____ Would your family like an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name of Child's School: | Grade for 2019-2020 School Year: | |

| Parent/ Guardian Information | | | |
|--|---|--|---|
| Parent/ Guardian 1 | | Parent/ Guardian 2 | |
| First Name: | Last Name: | First Name: | Last Name: |
| Date of Birth | Relationship to child: <input type="checkbox"/> mother/father <input type="checkbox"/> guardian <input type="checkbox"/> foster mother/father <input type="checkbox"/> other: _____ | Date of Birth | Relationship to child: <input type="checkbox"/> mother/father <input type="checkbox"/> guardian <input type="checkbox"/> foster mother/father <input type="checkbox"/> other: _____ |
| Address: | | Address: | |
| Cell Phone: | | Cell Phone: | |
| Home Phone: | | Home Phone: | |
| Email: | | Email: | |
| Place of Employment: | | Place of Employment: | |
| Work Phone Number: | | Work Phone Number: | |
| Lives in child's primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Lives in child's primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married | | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married | |
| Were you born in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Were you born in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| *Note, this information will not impact your child's enrollment in the program and will not be shared outside of King Street Center. | | *Note, this information will not impact your child's enrollment in the program and will not be shared outside of King Street Center. | |

Are there court orders or custody/visitation arrangements in place that we should be aware of? Please explain.



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Household Information

Please list all persons living in the home with the family who were not listed previously...

| Name | Age | Relationship to Child | Permitted to pick up child | Enrolled at King Street Center |
|------|-----|--|---|---|
| | | <input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent (legally married to child's guardian) <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent (legally married to child's guardian) <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent (legally married to child's guardian) <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| | | <input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent (legally married to child's guardian) <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |



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Child Pick Up & Emergency Contact Information

I give permission for my child to be released to the following people for the purposes of pick-up and/ or transportation to/from King Street Center. I understand that my child will only be released to persons identified on the following list. Anyone who is unknown to King Street Center staff must show identification.

I understand that **Emergency Contacts** must be able to transport children in the event of an emergency if the parent or legal guardian cannot be reached. Emergency contacts must be aware they are designated as such on this form. Emergency contacts unknown to King Street Center Staff must produce identification before the child is released.

| Contact 1 | Contact 2 | Contact 3 | Contact 4 |
|--|--|--|--|
| Name: | Name: | Name: | Name: |
| Relationship to child: | Relationship to child: | Relationship to child: | Relationship to child: |
| Cell Phone # | Cell Phone # | Cell Phone # | Cell Phone # |
| Work/ Home Phone # | Work/ Home Phone # | Work/ Home Phone # | Work/ Home Phone # |
| Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No | Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No | Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No | Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No |

Family Needs

Please describe any current circumstances or needs impacting your family:

Please indicate which of the following (if any) apply to your child:

- Individualized Education Program (IEP); please list name of Special Educator _____
- 504 Plan
- ELL Services at School; please list name of ELL Teacher _____

Other Health Conditions: _____

Other Services Received: _____



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Child's Health Information & Medical Consent

| | | |
|-------------------------|------------------------|-----------------------------|
| Name of Child's Doctor | Doctor's Phone Number | Address of Doctor's Office |
| Name of Child's Dentist | Dentist's Phone Number | Address of Dentist's Office |

Please list any chronic health conditions:

Please list current medications:

Does your child need this medication on site? Yes No

Please list any medication, food, or environmental (bee stings, poison ivy, etc.) allergies your child has:

What symptoms occur with this allergy?

Medical Consent:

I authorize the health care providers (medical and/or dental practices) listed above to release medical and/or dental record or information including immunization records, regarding _____
to King Street Center staff. Child's Name (First & Last)

I authorize King Street Center Staff to acquire or release information regarding my child or family with organizations or entities that, in the opinion of King Street Center, may be able to provide support services to my child or family directly or in conjunction with King Street Center.

In the event my child becomes seriously ill or injured, I authorize emergency medical care and give permission to the staff or medical personnel to transport my child if necessary.

Print Name

Sign Name

Date



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Parental Agreement

Child's Name: _____

I give my consent for my child to take part in field trips with notification and under proper supervision. I understand that these trips may involve my child walking in Burlington with an adult or require transportation by King Street school bus, city bus, or taxi cabs. Yes No

I give my permission for my child to be photographed or videotaped by King Street Center and/or partner agencies for media events, publications, or educational purposes. Yes No

I give my permission for my child to participate in a wading/swimming activity with proper supervision. Yes No
My child's swimming ability is:

Not comfortable in water Comfortable in water Has had swimming lessons

I give permission for my child to watch PG rated movies at King Street Center or on field trips. Yes No

I understand that I will be contacted should my child become ill, and that if I cannot be reached, the name(s) listed under "Emergency Contacts" will be called to come and pick up my child. Yes No

I give permission to King Street Center to apply sunscreen/ insect repellent to my child as needed. Yes No

I give my permission for my child to walk home from the center without adult supervision. Yes No

In the event of an emergency or safety related issue at King Street Center, a safety message will be issued by the VTALERT notification system via phone, text, and/or email. Please indicate consent for these types of notifications:
 Yes No

I accept full responsibility for my child and any sibling whenever I am physically present at King Street Center (when dropping off or picking up my child) or at any King Street event.

I am fully aware of the risk inherent and give my consent for the above named child to participate in the programs offered by King Street Center. I agree to hold harmless King Street Center, its employees, elected officials, or any volunteers or instructors, from any and all liability from any injury, claims, costs, or loss of services which might be incurred by participation in said programs, activities, or events.

I understand that the law mandates King Street staff to report any suspected child abuse or neglect to the Department for Children and Families.

Please sign below to indicate your understanding of these statements and the above listed permissions:

Signature of Parent/ Guardian

Date

(School's Name)

Burlington, Vermont 05401

(Address)

(802) _____
(Telephone Number)

CONSENT FORM FOR THE RELEASE OF A STUDENT'S EDUCATION RECORDS

This Consent Form **must be filled out and submitted** to the District before the District can comply with the parent or eligible student's request to release information, other than Directory Information, regarding a student, to KING STREET CENTER, the "After School Program."
(Name of Afterschool Program)

Name of Student: _____, the "Student"

I. Specifications of the education records to be disclosed: Any and all education records of the Student maintained by the District that the After School Program believes will assist it in meeting the educational needs of the Student and improving the Student's educational achievement. Such records may include or be relevant to, but are not limited to:

- First and last name
- Date of birth
- Student ID number
- Race/ethnicity
- Gender
- IEP
- Bilingual/Limited English Proficiency
- Parent/guardian name
- Email address(es)
- School attending
- Phone numbers
- Grade Level
- Special education
- Scores on standardized tests
- Progress Monitoring Assessment Data
- Student behavior data
- Student Attendance
- Address
- Grades
- Free/reduced lunch

II. The purpose(s) of disclosure is/are: To improve instruction and other out-of-school time services that promote the Student's success in school, to meet the needs of the Student more effectively, to equitably support students from all demographic segments of the population, to identify gaps in service, and determine whether these programs are supporting student achievement in alignment with educational needs as well as creating a culture of positive behavior and strong youth engagement.

III. Describe the party or class of parties to whom the disclosure may be made: The After School Program's staff who work with the student and or staff who record data relating to the student's participation and progress in the After School Program.

My signature below demonstrates my consent to the release of the above named Student's education records to the After School Program, all as more fully described above. This Consent is valid from September 1 through August 31 of the current school year.

Parent or Guardian or Eligible Student

Date

Copies of the Disclosed Education Record(s) are available upon request to parent(s) or eligible student(s). If you have any questions regarding this request, please call CARRIE JACQUES (name and job title) at

KING STREET CENTER (School)
101050-11 Consent for After school Programs 7-31-12