



## Welcome to Summer - 2009

We are busy making great plans for this year's summer program.

Attached is an application for this summer.

This year our summer program opens on July 6<sup>th</sup> and runs through August 14<sup>th</sup>.

We will be open from 8:30 am - 5:30 pm, Monday through Friday.

For the last three summers we have divided the children into "cabin groups" to help promote deeper friendships and cooperation.

This has worked well and we will continue that format this summer.

Of course we will have field trips and swimming as well as workshops on many different activities ranging from sports to arts and crafts to drama and music.

Each day will start (at 8:30) with a whole group time where we will tell stories, sing songs, perform skits, etc.

You are welcome to join us when you drop your child off if that is convenient for you.

If you have a talent you would like to share with a small group of children please let me know - you can add a note to your child's application.

If you would like to volunteer in some other way - serving snack or lunch, supervising outside play or a field trip, that is always welcome too, let me know how you would like to be involved.

In addition to our hired staff we are looking for 8<sup>th</sup> grade and high school students who would like to volunteer as youth interns. They may work either part time or full time. If you know of someone who might be interested, please tell them about us.

We look forward to meeting you and working with your family to provide a safe and fun summer for your children.



# Bethel Neighborhood Drop-In Center Registration Summer 2009 (July 6 - August 14)

**Child's Information:**

Name: \_\_\_\_\_ Male/Female (circle)

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Birthdate: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Year in school (fall 09) \_\_\_\_\_ Name of School \_\_\_\_\_

**Parent or guardian information:**

**Parent/Guardian 1**

**Parent/Guardian 2**

Name	
Address (if different)	
City/State/Zip	
Home Phone	
Cell Phone	
Email Address	
Work Phone	

In case of emergency in what order should we call parents/guardians and at what numbers?

\_\_\_\_\_

If parents/guardians can not be reached, who is an emergency contact? (Name, phone number and relationship to the child.)

\_\_\_\_\_

Are there any allergies?

\_\_\_\_\_

Food Restrictions?

\_\_\_\_\_

Medical information which we should know about your child?

\_\_\_\_\_

What are your child's interests? Types of games, activities, etc.

\_\_\_\_\_

## **Student Pledge**

I will treat myself and others with respect.

I will not destroy the church, or someone else's property.

I will only use equipment and supplies for what they were made for and put them away when I'm done.

I will not bring anything to sell.

I will not litter.

I will not talk about other people or make fun of anyone regardless of race, creed, color, handicap or national origin.

I will not bring anything into the Center that may be considered dangerous to myself or anyone else.

I understand that if the safety and conduct rules are not followed, I will be sent home from the center. If this continues I may be asked not to return.

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Participant

Date

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Parent/Guardian

Date

## **Parent Pledge**

As a parent/guardian of a child attending the Bethel Neighborhood Drop-In Center, I pledge to support the Center in its work.

I will offer emotional, volunteer and financial help as I am able to the children, the volunteers, and the staff.

I will abide by the decisions of the staff in regard to the operation of the center in order to provide a safe and developmentally appropriate atmosphere for the children.

I will freely bring my questions and concerns to the staff of the center.

I understand that I am responsible for transportation to and from the center.

In order to protect the health of all attendees I will keep my child home when he/she is ill.

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Parent/Guardian 1

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Date

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Parent/Guardian 2

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Date

**Bethel Neighborhood Drop-In Center  
Program/Activities Fee Agreement**

**For Summer 2009**

**Weekly fee is based on a sliding scale.**

**Annual Family Income      Fee/Child      Family Maximum**

Under \$10,000	\$10/week	\$25.00/week
\$10,000 - \$24,999	\$15/week	\$37.50/week
\$25,000 - \$39,999	\$45/week	\$112.50/week
Over \$40,000	\$70/week	\$175.00/week

**Family Name**  
Office use only

**I agree to pay \$ \_\_\_\_\_/week for my \_\_\_\_ child/ren to attend the Center.**

**Fees are assessed weekly, but may be paid weekly or every 2 weeks.**

**I would like to pay \_\_\_\_ weekly, \_\_\_\_ every 2 weeks.**

**If my circumstances change and I need to change the amount that I pay, I will talk with the director personally to make new arrangements.**

**If you need a full or partial scholarship, please attach a letter of request. Scholarships are determined on an individual basis with regard to the amount of scholarship money available.**

\_\_\_\_\_  
**Child/ren's name(s)**

\_\_\_\_\_  
**Parent name - printed**

\_\_\_\_\_  
**Parent signature**

\_\_\_\_\_  
**Date**

# Medical Release for Bethel Neighborhood Drop-In Center

I understand that in the event of an emergency, or if any medical or surgical care becomes necessary for \_\_\_\_\_, I, the parent/guardian grant those in charge of the Bethel  
(child's name)

Neighborhood Drop-In Center, permission to authorize medical attention as recommended by a licensed physician, if I am unavailable. I also agree to pay all the medical costs involved in such an emergency treatment. Every attempt will be made to contact the parent/guardian. I release and discharge the Bethel Neighborhood Drop-In Center and its representatives from liability whatsoever in exercising this permission.

## Please Print

Child's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Legal guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ During regular drop-in hours it is best to reach me at  
which number? \_\_\_\_\_

Physician name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy#: \_\_\_\_\_

Allergies (include all drug and food allergies): \_\_\_\_\_  
\_\_\_\_\_

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

Please list any current medications your child is taking: \_\_\_\_\_  
\_\_\_\_\_

Any medical information about your child that may be pertinent: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/guardian 1 Date

\_\_\_\_\_  
Parent/guardian 2 Date



Bethel Neighborhood Drop-In Center  
Household information

The Bethel Neighborhood Drop-In Center depends on a variety of sources for financial support. Many of our funders require that we submit statistics on the people we serve. Please help us gather this information. The Center will not release information about any individual or family; we will use the information you give us only for compiling statistics about groups the Center serves.

How did you hear about the Bethel Neighborhood Drop-In Center? \_\_\_\_\_

\_\_\_\_\_

How many children are in your family? \_\_\_\_\_ Ages? \_\_\_\_\_

How many use the Bethel Neighborhood Drop-In Center? \_\_\_\_\_

Do any of your children (attending the Drop-In Center) have special needs? Briefly describe. \_\_\_\_\_

\_\_\_\_\_

How many adults are in your household? \_\_\_\_\_  
What is their employment status? If employed, what hours do they work? \_\_\_\_\_

\_\_\_\_\_

Which of the following best describes the head(s) of household?  
 Single Parent    Two parents    Grandparent(s)    Foster Parent    Other

Which of the following best describes the head(s) of household ethnicity?  
 African American    Asian    Caucasian    Hispanic    Native American  
 Pacific Island    Other

Total annual household income:  
 under \$10,000    \$10,000 - \$19,000    \$20,000 - \$29,000  
 \$30,000 - \$39,000    \$40,000 - \$49,000    over \$50,000