



THANK YOU for investing in your child's success!
Please fill in **ALL** information below to register in the SummerReads and Access Art programs in Morrell Park.
Please note that an application must be filled out for **Each** individual child. (Youth Grade Level= Grade just completed as of June 2019)

SITE SELECTION

This year Summer Reads, Access Art, Young Audiences and Morrell Park Elementary School are partnering to offer summer programming in Morrell Park from July 1st to August 2nd. The Summer Reads program will serve youth in grades K-4 at Morrell Park Elementary while Access Art will offer a middle school program for youth in grades 5 & above at our Washington Blvd. location. Please select the site you would like to apply for:

- Summer Reads Elementary Program (Grades K-4)**
@ Morrell Park Elementary School - 8:30am - 3pm classes each day.
- Access Art Middle School Program (Grades 5+)**
@ 2446 Washington Blvd. 9:00am-4pm each day

STUDENT'S INFORMATION

First Name:	Last Name:	Nickname:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
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Primary Street Address: _____ **Apt:** _____

City: _____ **State:** _____ **Zip Code:** _____

Current School: _____ Grade Level just completed as of June 2019: _____
Grade Level entering Next Year in Fall 2019: _____

Date of Birth: ____/____/____	Student's Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	Parent/Guardian's Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	What is the student's Ethnicity? <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
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BCPS Student ID: _____	The BCPS Number is the Baltimore City Student ID Identification Number for your child. If you do not know your student's ID Number, please call their home school to request it, and then complete this registration form. It can also be found on the student's report card.	What is the student's race? Mark to indicate what race the student identifies. <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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Did this student attend the Access Art Summer program last year based in Morrell Park? Yes No

The Summer program will run Monday -Friday from July 1st-August 2nd. (Except for Thursday July 4th)
What weeks will you child be coming to the program

All 5 weeks Week Three: July 15-19
 Week One: July 1-5 (no program Thursday, July 4) Week Four: July 22-26
 Week Two: July 8-12 Week Five: July 29-August 2

CHILD'S TRANSPORTATION PLAN (Transportation is not provided)

My child will ARRIVE to the program by (check one):	My child will DEPART from the program by (check one):
<input type="checkbox"/> Supervised walk	<input type="checkbox"/> Supervised walk
<input type="checkbox"/> Unsupervised walk (3rd graders and above only)	<input type="checkbox"/> Unsupervised walk (3rd graders and above only)
<input type="checkbox"/> Authorized drop-off	<input type="checkbox"/> Authorized pick-up
<input type="checkbox"/> Local bus/transit/car service	<input type="checkbox"/> Local bus/transit/car service
<input type="checkbox"/> Other (Please List):	<input type="checkbox"/> Other (Please List):

PARENT/GUARDIAN INFORMATION

The parent(s)/guardian(s)/individuals listed below can be contacted in case of emergency.

Parent/Guardian 1:	Parent/Guardian 2:
First & Last Name:	First & Last Name:
Relationship to Child:	Relationship to Child:
Authorized to pick Youth up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to pick Youth up? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Home Phone:	Home Phone:
Cell/Other Phone:	Cell/Other Phone:
Can we text cell phone? : <input type="checkbox"/> Yes <input type="checkbox"/> No	Can we text cell phone? : <input type="checkbox"/> Yes <input type="checkbox"/> No
Can we email you?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Can we email you?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:	Email Address:

EMERGENCY CONTACT	Relationship to Child	Primary Phone	Allowed to pick up?
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD'S MEDICAL INFORMATION

Is your child on any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Medication(s) taken: Are there any side effects SR staff should be aware of?:
Are medications to be taken at SummerReads or at Access Art?	<input type="checkbox"/> Yes <input type="checkbox"/> No	There will not be nurses on site during SummerReads or @ Access Art to administer prescription or nonprescription drugs. Medications should be taken at home whenever possible. If you mark "Yes" and medications need to be taken during the program times, you must have a Medical Consent Form completed and signed by your child's physician.

Does this student have any of the following? IEP (Individualized Education Plan) <input type="checkbox"/> Yes <input type="checkbox"/> No 504 or BIP (Behavioral Intervention Plan) <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____ _____
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List Below any medical conditions (Asthma, Diabetes, ADHD) that you child has and the program staff should be aware of for the summer.

List below any special limitations or concerns your child may have, such as dietary restrictions, **allergies** (including the reaction and treatment required should your child become exposed to the allergen)

- Allergies/Diet Restrictions (pls. specify) _____
- NO Allergies/Diet Restrictions (please check if valid)

Are there any activities your child may not participate in for medical reasons?

Are there any activities your child may not participate in for religious reasons or personal preferences?

Volunteering, Chaperoning and Field trips

Would you like to be contacted about Chaperoning on Field Trips? Yes No

Would you like to be contacted about volunteer opportunities at Access Art? Yes No

Are there days and times you would like to volunteer or help out with class _____

Consent, Waiver, and Release Statement

I am the parent/guardian _____, a minor child (the "Student"). By checking the CONSENT box below and signing this document, I agree and consent to all of the following terms and conditions:

1. I give permission to the staff of Access Art and in the Young Audiences SummerREADS Program ("SummerREADS") to administer basic first aid and/or CPR to my child and/or take the student to a hospital to secure medical treatment when I cannot be reached, or when delay would be dangerous to my child's health. I also give permission to staff to administer medication in the event that a nurse is not available to do so if a Medication Consent Form has been completed.
2. I certify my understanding that I will receive policies and procedures and related information about SummerREADS and Access Art programs. Upon enrollment of my child in SummerREADS and Access Art programs, I agree to follow the policies and procedures described.
3. I give Young Audiences of Maryland, Inc. ("Young Audiences") and Access Art Inc. permission to access and keep copies of my child's/children's academic record(s), including report cards, IEPs, standardized test scores, and cumulative records. Young Audiences and Access Art will keep these data confidential and use them only for analysis and program planning. I understand that Young Audiences and Access Art may share data collected during the program, including attendance, demographics, and academic outcomes, with program funders and sponsoring organizations; however, any information shared will not specifically identify program participants.
4. I give Baltimore City Public Schools, Young Audiences, and Access Art permission to contact me (using telephone, email, mail, SMS text message, or robo-call via telephone) using the contact information I provided about the status of enrollment, my child's attendance, upcoming events and programs, schedule changes and program updates.
5. I release Baltimore City Public Schools, Access Art, and Young Audiences as an organization, as well as their employees, contractors, volunteers, and agents from any liability suit or claim for property damage or loss, or personal injury to the Student, except to the extent such claims arise directly from the gross negligence of Baltimore City Public Schools, Access Art, Young Audiences and/or the Young Audiences Team.
6. We take great care in capturing thoughtful, high-quality images of students' incredible artwork, their pride, excitement, determination, friendship, and joy. I understand that the images, video, and materials collected over the course of SummerREADS and the Access Art program are vital for building awareness of the program in the community and for securing funding so that it can continue to grow and remain available at no cost to students in Baltimore City Public Schools. I give permission for the Student to be included in the documentation/promotion of Young Audiences, Access Art and their partners, including photographs, audio/visual/video recordings, interviews, reproductions of academic and artistic work, participation in surveys, and written quotations or descriptions of activities. I also understand that resulting materials may be exhibited before the community, fundraising, or other groups and individuals and/or included in media articles, partner publications, and SummerREADS and Access Art funder promotional materials.
7. By signing this form, I understand that if my child is not picked up within one hour of the end of the program, staff will notify School Police and the Department of Social Services.
8. I certify that the entered information is true and correct to the best of my knowledge.

THIS IS A CONSENT, WAIVER, AND RELEASE OF LEGAL RIGHTS. READ IT CAREFULLY AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING. PLEASE CHECK THE BOX BELOW, THEN SIGN YOUR NAME.

CONSENT: I have read this Consent and Release and agree and consent to the terms and conditions set forth in it. I agree that I and the Student, and all of our heirs, legal representatives and assigns, are and shall be legally bound by the terms in this Consent and Release, and understand that Young Audiences and Access Art will rely on my consent and agreement. By signing below, I represent and certify that I am the parent or guardian of the Student, at least eighteen (18) years of age, and fully competent and authorized to sign this Consent and Release

Parent/Guardian Signature X _____ **Date X** _____

PLEASE RETURN YOUR COMPLETED FORM to Access Art @ 2446 Washington Blvd or to the Morrell Park School Office. A staff member will get in touch with you to confirm your child's site and next steps within a few weeks of submitting your registration.

****NOTE:** Only sign this form if you **DO NOT** want your child's info released.

Permission to Use Your Child's Records in the Summer Program Attendance Evaluation

Baltimore's Promise works with partners in Baltimore City to provide summer youth programs. We are looking to see how often youth attend their summer programs. And, we are trying to learn if programs help youth get better in reading, math, and other areas.

We need your help. We want to use your child's

- Name
- Summer program attendance record
- "Unique school ID" (Student Identification Number)
- Baltimore City Public School records

Your child's information will help us find out how well Baltimore summer programs are doing.

We will take great care with your child's records. Only these people will look at your child's records:

- Your child's summer program staff
- Baltimore's Promise staff
- Baltimore City Public Schools (or official partners) staff

In our reports, we only write or talk about children as a group. We do not share names or Student Identification Numbers with the public. This way, people reading or hearing our reports will not know about your child.

This program will share records in a safe, private way with Baltimore's Promise. Baltimore's Promise will look at summer program attendance. Baltimore's Promise may share attendance data with Baltimore City Public Schools or its official partners. This way, Baltimore's Promise can check if summer programs help children do well in school.

Risks: We will take all the right steps to keep all your child's information private. But there is a small chance that some other people will see your child's information.

If you allow us to share your child's enrollment and attendance record with Baltimore's Promise, please just keep this paper.

But, if you do NOT want us to share your child's information, use the form on the back of this page.

****NOTE:** Only sign this form if you **DO NOT** want your child's info released.

If you do **NOT** want us to share your child's information, you must

1. Fill out and sign this form.
2. Bring this form to your summer program by the **end of the first week your child starts the summer program.**

Giving your permission is **your choice**. Your child can come to the summer program no matter what you choose.

Please check the boxes and sign below if you do **NOT** give permission. If you do not check the boxes, you allow us to use your child's information in the summer program evaluation.

I DO NOT give permission for my summer program to share my child's information with Baltimore's Promise for the summer program attendance counts or reports.

I DO NOT give permission for Baltimore's Promise to share my child's information with Baltimore City Public Schools (or their official partners) to see how summer programs help kids learn during the school year.

Child's Name

Summer Program Name

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Address

Phone Number

You may stop sharing information at any time. But one week after your child starts the Summer Program, we will share their enrollment and attendance information with Baltimore's Promise if you do not give us this form.