

United Crescent Hill Ministries
2018 United Learning Summer Camp Application
 150 S. State St., Louisville, KY 40206 • 502-893-0346

Thank you for your interest in our 2018 United Learning Summer Camp! We are excited to offer a number of engaging thematic camps to children in grades K-8. Our 6-week summer camp series runs Monday – Friday from 9:00am – 4:00pm on-site at United Crescent Hill Ministries.

Please select the week(s) that you would like your child to attend below:

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- Week 1:** Tech Power: STEM Camp for Girls – June 11 -15, 2018 **(Grades 3-6)**
- Week 2:** Cooking with Courage Culinary Camp - June 18-22, 2018 **(Grades 4-8)**
- Week 3:** Community Changemakers June 25-29, 2018 **(Grades K-3)**
- Week 4:** Louisville Love: Exploring the City’s Past, Present and Future - July 9-13, 2018 **(Grades 4-8)**
- Week 5:** Read! Discover! Imagine! – July 16-20, 2018 **(Grades K-3)**
- Week 6:** The World Through Our Eyes: Visual Arts Camp - July 23-27, 2018 **(Grades K-3)**
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Important information about the United Learning Summer Camp program:

- Camp runs 9:00am – 4:00pm daily at UCHM (150 South State Street, Louisville, KY 40206)
 - Drop-off is between 8:45am – 9:00am, Pick-up is between 3:50 – 4:05pm
 - The cost of the camp is \$75/week. Financial assistance is offered.
 - Payment is due at the time of application.
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T-Shirt Size

All Camp participants will receive a 2018 United Learning Camp T-Shirt. Please select size below:

Y-S	Y-M	Y-L	A-S	A-M	A-L	A-XL

* Shirts will be provided on the first day of camp that your child attends.

Payment

_____ I have included the full payment of \$ _____ (\$75/week) for _____ (number of weeks) that my child will attend the United Learning camp. Please make checks payable to: United Crescent Hill Ministries.

_____ I would like to apply for financial assistance. (Financial assistance is offered on a case-by-case basis. A UCHM staff member will contact you to complete the application).

CONSENT/RELEASE FORM

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In the event that my child becomes ill or sustains any injury while attending the youth program at UCHM and/or while on an authorized and chaperoned activity sponsored by UCHM (on or off UCHM property):

- *I, the undersigned, give my permission to the adult leader(s) to administer first aid and/or CPR and to select a physician and/or hospital for my child's care, releasing her/him from liability for their actions.*
- *Also, I give the emergency care personnel, physicians, and/or hospital my permission to examine, treat, and provide medical, dental, or surgical diagnoses for my child. They may also x-ray, administer medication or anesthesia as deemed necessary.*
- *Further I give EMS and any other emergency transportation service my permission to transport my child. I understand that this consent and release will apply to all emergency situations present and future.*
- *I also give permission for my child to go on any UCHM sanctioned field trip.*

PLEASE SIGN WHERE INDICATED

Child's Name _____		
first	middle	last name
Preferred Name: _____	Date of Birth _____	Age _____
	month/day/year	
Child's School _____	Current Grade _____	
Family Address _____		
street	city	zip
Phone Numbers _____		
home	cell	
_____	_____	
work/other	child's cell	
Parent Email Address _____		
<i>* We will use e-mail to communicate regularly with parents regarding camp.</i>		
Printed Name of Parents/Legal Guardians: _____		

Signature of Parent/Guardian _____		Date _____

I give permission for my child's picture to be taken and used in UCHM's newsletter, social media, or other publicity materials. UCHM will not give children's names or any identifying information within any agency publication. Pictures will be used to share the work of UCHM with the community, donors, and supporters.

Signature of Parent/Guardian (photo release)	Date
_____	_____

MEDICAL & RELATED INFORMATION

Physician's Name _____	Office Phone _____
Medical Insurance Carrier _____	
Contact Number _____	
Policy Number _____	Group # _____
Preferred Hospital _____	

HEALTH RECORD (please check all that apply):

<input type="checkbox"/>	Asthma/Respiratory problems	<input type="checkbox"/>	Chicken pox, measles, mumps
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Ear Infections
<input type="checkbox"/>	Heart problems	<input type="checkbox"/>	Kidney or Bladder problems
<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Sinusitis
<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____

Is your child current on all immunizations/vaccinations? _____ Yes _____ No

Any medical diagnoses, serious injuries, operations: _____

ALLERGIES: Please provide detailed allergy information to ensure your child's well-being.

LIST **all** allergies (nasal/respiratory, food allergies, skin, and any other) your child has and indicate severity and treatment options: _____

If your child's allergies are serious, does he/she require use of an Epi-Pen? ____ Yes ____ No

If yes, will you supply one for UCHM to keep in case of emergency? ____ Yes ____ No

Medications currently taking (include name/dosage):

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Other: _____

I authorize UCHM to administer medications provided _____

Parent/Guardian signature

Has your child been exposed to any infectious or communicable disease during the last 21 days?

____ Yes ____ No. Have you, your child, or anyone in your household traveled outside of the

United States during the past 180 days? ____ Yes ____ No. If yes, please explain:

ADDITIONAL INFORMATION:

Academic Information:

Is your child in a special program at his/her school? ___ Yes: ___ No: Program? _____

Current reading grade level _____, Current math grade level _____

Does your child have a learning disability that we should be aware of? _____ Yes, _____ No

Please share any information about your child’s learning challenges, learning disability (if one exists), learning style, or other information that will assist us in ensuring your child has a positive experience in our program: _____

Is there any other information about your child that you think might be helpful? _____

Other contact information:

Parent/guardian workplace _____ Gross household Income: _____

Other parent or adult in the household _____

Two additional emergency contacts, include phone numbers and relationship to child:

(contact’s name) (phone #1) (phone #2) (relationship to child)

(contact’s name) (phone #1) (phone #2) (relationship to child)

In addition to yourself and the emergency contact persons listed above, please list any other person authorized to pick up your child. I understand that my child will only be released to persons listed on this form.

(contact’s name) (phone #1) (phone #2) (relationship to child)

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I affirm that I will submit changes in any information provided as quickly as possible should updates be needed.

Parent/Guardian signature (contact & pick-up verification)

Date