



COMMUNITY WORKS

Summer 2017 -Program Agreement

PROGRAM AGREEMENT: Please read the following information carefully. Your child's registration is not complete until you have provided this signed and returned.

Student's Name: _____ Entering Grade: _____

1. ENROLLMENT: Registration is required before a child may participate in the program.
 - a. NORDC Forms
 - b. NORDC Attachments
 - c. CWLA Release
 - d. CWLA Parent – Student Pledge
 - e. CWLA Registration
 - f. \$100.00 non-refundable payment

Deliver completed application with payment by hand or mail to Community Works at 3900 General Taylor, New Orleans, LA 70125.

2. PROGRAM PARTICIPATION: As there are a very limited number of spaces available, participation requirements will be strictly enforced. Any student absent from the Community Works Program more than five times without a valid excuse will be dropped from the program and their space made available to a waiting student.

3. STUDENT PICK-UP/DROP-OFF: Late pick-ups and early drop-offs will be charged \$10.00/day. If you are repeatedly late, your child may face suspension or expulsion per the Site Director's discretion. After 4:00pm without parent contact additional measures will be taken to ensure student safety. CWLA will make every reasonable effort to only release students to the person (s) designated by the parent/guardian on the registration form. **Once a student is signed out by a parent/ guardian the CWLA Program is no longer responsible for that child.** Parents must come into the designated area to sign-out his/her student daily. If a student is to be released to anyone other than the person listed, the Site Director must be notified, directly. I.D. will be required if someone unfamiliar to CWLA staff arrives to pick up your student. A Site Director may call the parent to verify any written authorizations to release a student to someone else.

4. DISCIPLINE: Disruptive or disrespectful behavior toward other students or staff will not be permitted and will be cause for dismissal from the program. Please see Parent-Student pledge for more information.

5. FEES: **By registering you agree to pay all program fees associated with the CWLA Summer Program.**

- Summer Program Fee \$100.00 - 9:00am – 3:00pm
- Before and Aftercare \$100.00 – 8:00am – 9:00am and 3:00pm – 4:00pm
- Before care only \$50.00 – 8:00am – 9:00am
- Aftercare only \$50.00 – 3:00pm – 4:00pm

CWLA does not provide any refunds. Summer Program Fee is due in full. Payments may be made by Money Order or Cash made payable to Community Works of Louisiana. Or online at www.communityworksla.org/shop.html

Your signature below verifies that you have read the above information carefully and agree to abide by all conditions of the Community Works of Louisiana Program Agreement.

Signature of Parent or Guardian

Date

Parent's E-mail: _____



COMMUNITY WORKS

2017 COMMUNITY WORKS REGISTRATION - STUDENT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Gender: Female _____ Male _____

Ethnicity: check all that apply

American Indian/Alaskan Native _____

Asian/Pacific Islander _____

Black/African American _____

Hispanic/Latino _____

White _____

Special Education: Yes _____ No _____ Unspecified _____

Special Needs: Yes _____ No _____ Unspecified _____

IEP: Yes _____ No _____ Unspecified _____

Limited English Proficiency: Yes _____ No _____ Unspecified _____

Free/Reduced Lunch: Yes _____ No _____ Unspecified _____

Student Social Security Number: _____ *****REQUIRED*****

Entering Grade: _____

FAMILY INFORMATION

Parent/Guardian (1):

First Name _____ Last Name _____ Relationship _____

Home Phone _____ Cell _____ E-mail _____

Street Address _____

City _____ State _____ Zip Code _____

Parent/Guardian (2):

First Name _____ Last Name _____ Relationship _____

Home Phone _____ Cell _____ E-mail _____

TRANSPORTATION/ PICK UP PERMISSIONS - Please check ONE of the following options:

My child has permission to walk: Yes ___ No ___

(1) Child May NOT Be Picked Up By:

May NOT Pick Up Name _____

Relation _____

MEDICAL INFORMATION

Allergies Yes _____ No _____

Medicine Yes _____ No _____

Special Alerts/Behavior/Restrictions _____

Signature of Parent or Guardian

Date



COMMUNITY WORKS

2017 Community Works Summer

Community Works Release

ACTIVITIES - CONSENT AND RELEASE

Parents / Guardians (hereafter "Parent(s)") and Student acknowledge that a wide variety of activities are conducted at the Community Works of Louisiana Program and Parents hereby give permission for the Student to participate in these activities, assuming all ordinary risks normally inherent to the nature of the activities. Such activities include, but are not limited to, the following: yoga, group sports and games, canoeing, dance, theater, bowling, and a variety of special events and scheduled field trips. Student and Parents realize that some of these activities may subject Student to certain stresses and hazards, not all of which can be foreseen. Student is in good health and in proper physical condition to participate in such activities. Student desires and consents to take part in all such activities (except when requested to be excluded for medical or religious reasons). Student assumes all of the ordinary risks normally inherent to the nature of the activities and events to be conducted and agrees that neither Community Works of Louisiana (CWLA) nor any of its directors, officers, employees, partners, agents or other persons conducting such activities shall be responsible for any damages or injuries resulting to Student in the absence of gross negligence.

TRANSPORTATION CONSENT

By enrolling Student in the CWLA Program, Parents hereby authorize the transportation of Student to and from all field trips, activities, and locations that are organized for the program.

MEDIA CONSENT

By enrolling Student in the CWLA Program, Parents hereby give their permission to the administration to photograph, use student's work, and student's name in a reasonable and professional manner, for promotional and advertising purposes (i.e. camp videos, scrapbooks, brochures, picture day, etc.)

EMERGENCY MEDICAL CONSENT

By enrolling Student in the CWLA Program, Parents hereby authorize the procurement of whatever emergency medical treatment may be necessary for Student. Parents also authorize the removal of Student from the Program premises for the purpose of obtaining such emergency medical treatment if the need so arises. Parents agree to hold CWLA and its partners harmless for the nature, performance, and outcome of any such emergency medical treatment and that the determination of whether an emergency has arisen shall be left to the sole discretion of Program administrators.

MEDICAL FEES

By enrolling Student in the CWLA Program, Parents hereby agree to be fully and solely responsible for all fees and costs arising from any medical conditions or treatments including, but not limited to, the administration of emergency medical care for that Student.

PERSONAL PROPERTY

CWLA and its partners also assume no liability for loss or damage Student's personal property or for injury incurred as a result of use of personal property. CWLA and its partners assume no responsibility for money or valuables brought to the Program by Student.

EDUCATIONAL RECORDS

By enrolling Student in the CWLA Program, Parents hereby authorize CWLA to have access to Student's educational records. Educational records are defined as records, directly related to a student, that are maintained by a school or by a party acting for the school, that personally identify a student, and that pertain to the student's school career. This includes Student's progress report, report card, Standardized test, disciplinary information, and/or other materials that document Student's activities, behavior, or progress in school. CWLA will use this information solely for purposes related to program evaluation.

Student's Printed Name

Parent/ Guardian Signature

Date



COMMUNITY WORKS

Community Works Parent- Student Pledge

Attendance/Sign Out

I will sign out my child at the end of each day. If my child is walking home or getting picked up by another adult, I will notify the camp in writing.

Late pick-ups will be charged \$10.00. If you are repeatedly late, your child may face suspension or expulsion per the Site Director's discretion. After 4:00 without parent contact additional measures will be taken to ensure student safety.

Parent/Student Behavior

The CWLA staff will treat all parents and campers with respect, kindness and patience. I will treat the CWLA staff with respect, kindness and patience.

I will make sure that my child understands that he/she must treat fellow campers and all staff members with respect, kindness and patience.

It is strictly prohibited for my child or I to touch, push, hit, fight, use profanity or lewd language towards others. **Fighting will result in an immediate one-day suspension from camp and potential removal program.**

It is strictly prohibited for my child to leave the premises without adult supervision.

I understand that the following actions will be taken if my child behaves inappropriately, and I will make sure that my child understands these consequences as well:

First behavior incident: The parent will receive a phone call

Second behavior incident: The child will lose a privilege (e.g. swim day). The parent, child and Site Director will have a meeting to discuss the child's behavior.

Third behavior incident: The child will be suspended from camp for one day.

Final behavior incident: The child will be permanently dismissed from camp for the summer.

Personal Belongings/Attire

I will not send my child to camp with any valuables or personal belongings. Cell phones, cameras, toys, games, and any other electronic devices are strictly prohibited. I will send my child to camp in appropriate attire: athletic shorts or pants, t-shirt and closed-toe athletic shoes with socks. I understand that my child will be sent home for the day if he/she is not dressed appropriately. **Community Works is not responsible for any lost or stolen items.**

Injury/Emergency

I will not send my child to camp if he/she is ill or injured. I understand that the Site Director will contact me immediately if my child becomes injured or ill. I trust the Community Works staff to use their best judgment and take appropriate action if my child becomes ill or injured.

Field Trips

I understand that it is my responsibility to get my child to camp on time. If I am late to drop off my child, he/she will miss the field trip and not be able to stay at camp that day.

By allowing my student to participate in Community Works Summer Program and them attending one or more days, I agree to the above listed rules and regulations.

Student's Printed Name

Parent/ Guardian Signature

Date



COMMUNITY WORKS

Community Works Summer Camp Swim/Water Day Rules

Only students ages 8-12 will go to the pool once per week. Students 5 – 7 will participate in water day events once per week. Weather Permitting.

Please bring a backpack labeled with student name that includes:

- A Large Towel
- Change of clothes including underwear and socks
- Plastic bag for wet clothes
- Flip-Flops or Swim Shoes

Dress Code:

- Students should arrive to camp with swim suits under clothing.
- Girls - One Piece bathing suit
- Boys – Swimming Trunks (No Basketball Shorts or T-Shirts)

Pool Rules:

- No running around the pool.
- Follow the Lifeguards/Instructors directions at all times.
- Life jackets are permitted.



New Orleans Recreation Development Commission

2017 Camper Registration Check List

Thank you for registering your child in a New Orleans Recreation Development Commission (NORDC) summer camp. It is the mission and goal of NORDC that your child's experience at one of our partner summer camps be as pleasant, fun and safe as possible.

The following documents are required at the time of registration:
(Please check the box next to each item that is completed.)

- Completed Summer Camp Application**
- Proof of Orleans Parish Residency** (Must have 2017 date)
 - Photo copy of a valid State-issued ID w/Orleans Parish address
 - Utility bill; Entergy, Sewerage & Water Board, Cable bill, etc.
- Proof of Income for 1 full month** (Must have 2017 date)
 - Pay stubs
 - SSI award letters
 - Food stamp or Social Security Award letters
 - In the case of no income, a notarized statement to that effect is required
- 2016-2017 School Report Card**
- 2017 NORDC Swim Release Form**

Camp Site

Camp Director's Signature

Date



2017 Summer Camp Registration

Child's Information

Last Name: _____ First Name: _____ MI: _____
 Age _____ Race _____ Date of Birth _____ Gender: Male Female
 Complete Home Address: _____ Zip Code _____
 T Shirt Size: Child: S M L XL Adult: S M L XL 2XL Other _____

Parent/Guardian Information

Parent #1 Last Name: _____ First Name: _____
 Parent #2 Last Name: _____ First Name: _____
 Email address(es): _____
 Complete Home Address (if different): _____ Zip Code _____
 Parent #1 Home phone: (____) _____ Work/Cell Telephone: (____) _____
 Parent #2 Home phone: (____) _____ Work/Cell Telephone: (____) _____

Emergency Contact other than Parent/Guardian:

Name: _____ Phone # _____ Relationship: _____
 Child's medical insurance company: _____
 Policy Number: _____ Expiration Date: _____
 Allergies: _____
 Medical Conditions staff should be aware of: _____
 Preferred Physician: _____ Physician's contact #: _____
 Preferred Hospital _____

****Please check one of the following. My child will leave camp by:**

() Walking Home () Taking the Bus () Picked up by me or my designee

The following persons, other than those listed above are designated to pick my child up from camp:

Name	Phone Number	Relationship
1.		
2.		
3.		
4.		

New Orleans Recreation Development Commission
 5420 Franklin Avenue • New Orleans, Louisiana 70122 • 504-658-3052

www.nordc.org |     NORDCommission

***The information in this questionnaire is used for grant and reporting purposes only. Copies of support documentation such as check stub, award letters, etc., along with proof of residency, are required to complete registration.

Child Information

Last Name: _____ First Name: _____ MI: _____

Parent/Guardian Information

Last Name: _____ First Name: _____

Household size: circle the number of family members living in your household

**Household means all person(s) who occupy a housing unit. The occupants may be single family, one person living alone, two or more families living together, or any other group of related or unrelated person who share living arrangements.*

1 2 3 4 5 6 7 8 Over 8

Gross income and ethnicity (check the space in columns that most accurately describes your household):

GROSS INCOME	ETHNICITY
<input type="checkbox"/> \$ 0.00 - 34,300.00	<input type="checkbox"/> Black/African American
<input type="checkbox"/> \$34,301.00 - 39,200.00	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> \$39,201.00 - 44,100.00	<input type="checkbox"/> Black/ African American & White
<input type="checkbox"/> \$44,101.00 - 48,950.00	<input type="checkbox"/> Hispanic/ Latino
<input type="checkbox"/> \$48,951.00 - 52,900.00	<input type="checkbox"/> Asian
<input type="checkbox"/> \$52,901.00 - 56,800.00	<input type="checkbox"/> Asian & White
<input type="checkbox"/> \$56,801.00 - 60,700.00	<input type="checkbox"/> American Indian/ Alaskan Native
<input type="checkbox"/> \$60,701.00 - 64,650.00	<input type="checkbox"/> Pacific Islander/ Native Hawaiian
<input type="checkbox"/> \$Over - 64,651.00	<input type="checkbox"/> Other _____

Household type (circle the best description of your household):

Single Parent, female head of household Single Parent, male head of household

Two Parent Household

Parent/Guardianship of Child

I certify that all of the information provided herein is true and correct and that all household income is reported.

Parent/Legal Guardian Signature: _____ Date: _____

Release of Information

This page consists of a series of policies and releases. Please read carefully and acknowledge with your initials next to each item.

Child Information

Last Name: _____ First Name: _____ MI: _____

Parent/Guardian Information

Last Name: _____ First Name: _____



Initials	Releases/ Description
_____	<p><u>Consent for Health Care</u> I authorize the New Orleans Recreation Development Commission (NORDC), the staff and/or employees or any of them acting alone; to engage such professional medical care or hospital laboratory services as may appear to be necessary or desirable for the protection of the health or life of my minor child, named above. Any person rendering health care pursuant to this authorization shall be entitled to treat consents given by the undersigned. I agree to be responsible for any charges incurred in the rendition of such care and treatment.</p>
_____	<p><u>Field Trip/Swim Release</u> I give my child permission to participate in all field trips and swim lessons during summer camp. I understand that proper supervision will be provided. Transportation to these field trips will be contracted by NORDC partners.</p>
_____	<p><u>Consent for Emergency Treatment</u> In the event of an emergency, permission is given to a physician, selected by the NORDC Staff, to administer whatever medical treatment deemed necessary as a result of an accident or illness which may occur while on field trips.</p>
_____	<p><u>Photo Release</u> I do hereby authorize the New Orleans Recreation Development Commission and their partners to use photos, videos, and recordings of my child taken during any NORDC summer camp related activities for the purpose of publicity for the City of New Orleans on websites, in brochures, or other means of departmental publicity. I understand that my child will not be identified by name when photos are used.</p>

I certify that I have read all of the releases above and understand the liabilities of all parties.

Parent/Legal Guardian Signature

Date



2017 Swim Release Form

All participants of the NORDC Aquatics program must have a current and completed release/registration form on file. The program(s) schedule below is for information purposes and registration cannot guarantee enrollment. Final scheduling and enrollment decisions will be made on site by swim instructor and program management.

Participant Name (first) _____ (last) _____

Address _____ City _____ State _____ Zip _____

Date of Birth (MM/DD/YYYY) _____

Parent / Guardian Name (first) _____ (last) _____

Primary Phone _____ Secondary Phone _____

Email Address _____

Emergency Contact Name (first) _____ (last) _____

Phone Number _____ Relationship to Child/Participant _____

Release of Liability

Please read this form carefully and be aware that for participation in the program(s), you will be waiving and releasing all claims for injuries you or your child (children) might sustain arising out of the program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child (children) may sustain as a result of participating in any of the program(s). I hereby fully release and discharge the City of New Orleans, NORDC, and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child (children), and arising out, connected with, or in any way associated with activities of any of the programs.

Parent /Guardian/Adult Signature

Date

New Orleans Recreation Development Commission
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