



2018 Camper Registration Check List

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

Photocopies of 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 2018 date)

- Photo copy of a valid State-issued ID or Driver's License w/Orleans Parish address
AND
- One of the following utility bills: Entergy, Sewerage & Water Board, Cable etc. Bill must have the same address as on the application

Proof of Income (Must have 2018 date)

To fulfill this requirement provide one (1) of the following:

- 4 Consecutive Pay stubs
- SSI Award Letter with monthly amount
- Food Stamp or Social Security Award Letters with monthly amount
- If unemployed, letter from Louisiana Workforce Commission regarding unemployment status is required
- If self-employed/business owner, a notarized letter stating current gross monthly income is required

2017-2018 School Report Card (If child is not of school age or is home-schooled, an up to date copy of child's Immunization Records must be provided.)

2018 NORD Commission Swim Release Form

Camp Site

Camp Director's Signature

Date

New Orleans Recreation Development Commission
5420 Franklin Avenue · New Orleans, Louisiana 70122 · 504-658-3052 · 504-658-3050 (fax)

nordc.org |     NORDCommission



2018 Summer Camp Registration

Child's Information

Last Name: _____ First Name: _____ MI: _____

Age _____ Race _____ Date of Birth ____/____/____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

T Shirt Size: Child: XS S M L XL Adult: XS S M L XL 2XL Other: _____

Parent/Guardian Information

(Parent 1) Last Name: _____ First Name: _____

(Parent 2) Last Name: _____ First Name: _____

Email address(es): _____

Address (if different): _____

City: _____ State: _____ 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/Physical Conditions staff should be aware of: _____

Preferred Physician: _____ Physician's phone: _____

Preferred Hospital: _____

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

() Walking Home () Taking the Bus () Getting 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.		

All designees are required to present photo ID at the time of pick-up.

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

Child's Information

Last Name: _____ First Name: _____ MI: _____

Parent/Guardian Information

Last Name: _____ First Name: _____ MI: _____



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:** _____

New Orleans Recreation Development Commission

5420 Franklin Avenue · New Orleans, Louisiana 70122 · 504-658-3052 · 504-658-3050 (fax)

nordc.org |  **NORDCommission**



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></p> <p>I authorize the New Orleans Recreation Development (NORD) Commission, the staff and/or employees or any of them acting alone and the summer camp provider; 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></p> <p>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 NORD partners.</p>
_____	<p><u>Consent for Emergency Treatment</u></p> <p>In the event of an emergency, permission is given to a medical provider selected by the Summer Camp Provider 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></p> <p>I do hereby authorize the New Orleans Recreation Development Commission (NORD) and their partners to use photos, videos, and recordings of my child taken during any NORD 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



2018 Swim Release Form

All participants of the NORD 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.

Child's First Name _____ Child's Last Name _____

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, NORD, 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

5420 Franklin Avenue · New Orleans, Louisiana 70122 · 504-658-3052 · 504-658-3050 (fax)

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2018 Camper Income Verification

Name of Applicant (child) _____
 Annual Household Income _____

Calculations Box

How often are you paid?

- _____ Weekly (Every week * 52)
- _____ Biweekly (Every 2 weeks * 26)
- _____ Monthly (Once a month * 12)

How has income been verified?

- By Check Stub _____
- Award Letter _____
- By Notarized Letter _____

Circle the corresponding income level based on family size:

Family / Household Size	1	2	3	4	5	6	7	8
EXTREMELY LOW INCOME	13300	16240	20420	24600	28780	32960	37140	41320
VERY LOW INCOME	22200	25350	28500	31650	34200	36750	39250	41800
LOW INCOME	35500	40550	45600	50650	54750	58800	62850	66900

- Extremely Low Income _____
- Very Low Income _____
- Low Income _____
- None of the above _____

Signature of Camp Director _____

Date _____



COMMUNITY WORKS

Summer 2018 - Program Agreement

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. (Program fee will not be refunded.)

3. STUDENT PICK-UP/DROP-Off: Late pick-ups (following aftercare - 4pm) will be charged \$15.00. 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. CW 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 CW Program is no longer responsible for that child.** Parents must come into the designated area to sign-out students 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 CW staff arrives to pick up your student. Please see beforecare and aftercare information for additional program hours.

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 CW Summer Program.**
 - Summer Program Fee \$100.00

Additional Fees if services needed:

- Before and Aftercare needed
- Before care only needed Aftercare only needed

Daily drop-in for beforecare is \$5.00/day due on that day. Daily drop-in for aftercare is \$5.00/day due on that day.

CW 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

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

2018 COMMUNITY WORKS REGISTRATION - STUDENT INFORMATION

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

Date of Birth: _____ Gender: Female _____ Male _____ Entering Grade: _____

Ethnicity: check all that apply

American Indian/Alaskan Native _____ Black/African American _____
Asian/Pacific Islander _____ 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*****

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 _____ List: _____

Medicine Yes _____ No _____ List: _____

Special Alerts/Behavior/Restrictions _____

Signature of Parent or Guardian

Date



COMMUNITY WORKS

2018 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 (CW) 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 CW 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 CW 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 CW 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 CW 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 CW Program, Parents hereby agree to be fully and solely responsible for all fees and costs arising from any medical emergencies, conditions, or treatments including, but not limited to, the administration of emergency medical care for that Student.

PERSONAL PROPERTY

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

EDUCATIONAL RECORDS

By enrolling Student in the CW Program, Parents hereby authorize CW 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. CW 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 CW in writing.

Late pick-ups will be charged \$15.00. 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 CW staff will treat all parents and campers with respect, kindness and patience. I will treat the CW 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 to leave the premises without adult supervision.

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, per the Site Director's discretion.**

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.

Depending on the severity of an incident the Site Director has full autonomy to suspend or remove a student from the program, immediately.

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.



COMMUNITY WORKS

Community Works Volunteer Chaperone Waiver and Guidelines

Please submit this form ONLY if you are interested in Volunteering. A CW background check will also be required. Once your background check is submitted, CW will be in contact with you if your are needed.

Before the field trip, the Site Director will provide you with information regarding the activities planned for the trip, expectations for supervising students and emergency procedures.

In addition, the following general guidelines will help you be a good chaperone. If you have questions regarding these guidelines, please speak to the Site Director.

1. All program rules apply on CW sponsored field trips. Chaperones are expected to follow program rules, follow the directions given by the coordinating Site Director, work cooperatively with other volunteers and staff members, and serve as a role model for students. The chaperone will follow the trip plan developed by the Site Director.
2. Students must be supervised at all times while at a CW sponsored event. As a chaperone, you will supervise a small group of students, helping them learn and making sure they behave well and are safe. Students must stay with you, their chaperone, at all times. Check to make sure you know where all students are regularly and before changing activities. Be sure you know when and where to meet the rest of your group at the end of the visit. Be sure to keep a constant count of the students in your group.
3. Student behavior is your responsibility. Program rules related to student behavior apply. Go over the rules and standards of behavior, safety rules, and any site-specific rules with students. You are responsible for student behavior, but it is the responsibility of the teacher to discipline a student who is misbehaving.
4. Chaperones:
 - May not use or possess alcohol or drugs
 - May not use tobacco in the presence of, or within the sight of, students
 - May not administer any medications, prescription or nonprescription, to students
 - May not use a cell phone for non-emergency or non-trip related purposes. It is not acceptable for outside work or reading to be completed while you are supervising students.
 - Must dress appropriately
 - Must use appropriate language
 - Must engage in positive
5. For the protection of both the student and the chaperone, chaperones should not be alone with a student at any time – for example in the vehicle, in a restroom, etc.
6. Additional siblings and family members may not participate in a CW sponsored field trip. Young children can easily distract you from your primary responsibility of supervising your group of students.
7. Be sure you know what to do in an emergency (medical emergency, natural emergency, lost child, serious break of rules, etc.) Know who is first aid trained, where the first aid kit is located and where your cell phone is. Keep the cell phone contact number of the Site Director and other chaperones available.
8. When working with students, stay with the group, do not make unauthorized stops unless there is an emergency, do not skip planned stops and make sure that all students have the appropriate safety restraints.

Waiver of Claims

Name: _____

Address: _____ Telephone: _____

I hereby waive all claims, if any; I may ever have against Community Works of Louisiana, Inc. or any of its directors, officers, employees, agents or other persons for injury, accident, illness, or death occurring during, or by reason of, the activity or excursion on Community Work of Louisiana designated Field Trips.

Person to notify in any emergency:

Name: _____

Telephone: _____

Signature: _____ Date: _____



For Office Use ONLY

Student's Name: _____

Program: _____

_____ NORDC Forms - Completed first page of doc.

_____ NORDC Attachments

_____ CWLA Release

_____ CWLA Parent – Student Pledge

_____ CWLA Registration

_____ \$100.00 non-refundable payment

Payment Amount Received: _____

Circle One: Cash MO Paying Online

Received By: _____

Date: _____

PLEASE SEE NORDC 2018 REGISTRATION PROCESS DOCUMENT FOR FURTHER INSTRUCTIONS.