

Summer Scholars PARTICIPANT INFORMATION FORM

The Summer Scholars program has operated since 2017 in partnership with the Office of the Local Children's Board, Howard County Public School System and Leaders of Tomorrow Youth Center. The program is **FREE** and serves middle school youth focused on math academic enrichment and social and emotional learning.

This summer, the program will be located at Oakland Mills Middle School. The program will run from July 5 through July 29th Monday through Friday from 9:00am to 4:00pm. **Tuesday, July 19th** the program will be **closed** due to primary election day. Students will receive breakfast, lunch and an afternoon snack. Transportation will be provided to those who need it and are not within walking distance to the school. A parent question and answer session will be held virtually on **Wednesday, May 4th at 7:00pm via zoom: link below** <https://us02web.zoom.us/j/88050984622> **Registration deadline is Friday, May 13th.**

Completed forms can be dropped off with your school Principal or emailed to summer@lyc.net.

General Information: (Please Print)

Student Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Student Cell Phone: _____

Grade in Fall 2022: _____ School Attending: _____ Email Address: _____

T-shirt Size (circle one): S M L XL XXL

I am in need of transportation for my child to attend this program: _____ Circle: **Yes or No**

Program Eligibility: Your child qualifies for this program if they meet the following criteria:

Please circle any of the programs below you are eligible for:

FARMS (Free or Reduced Meals)

SNAP (Supplemental Nutrition Program)

WIC (Women, Infant and Children's Program)

Please indicate YES or NO for the following:

Is your child on grade level for math? YES _____ NO _____

Is your child averaging a C in math? YES _____ NO _____

Is your child scoring in the 40-60 percentile in math

YES _____ NO _____

Please circle all enrichment activities your child would be interested in participating:

Dance Theatre Music Visual Arts Martial Arts Culinary Arts Creative Writing/Spoken Word

Photography/Videography Fashion/Cosmetology

Parent/Guardian Information: (Please Print)

Parent Name: _____

Address if different from child's: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

My child is approved to walk home from the program: Circle: **Yes or No**

Person (other than parent) authorized to drop off / pick up participant:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Are there any custody issues we should be aware of? No Yes (if yes, attach a copy of court order)

Individual(s) to be contacted in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Health issues and special accommodations:

Are there any health concerns that our staff should be aware of? (asthma, allergies, hypoglycemia, seizure disorder, etc.) No

Yes (if yes, please specify) _____

What symptoms would your child exhibit? _____

Requested actions to be taken by staff: _____

Please indicate any of the following health problems or disability: (please check all that apply)

- Deaf / hard of hearing
- Seizures
- Development disability (i.e. autism, intellectual, etc.)
- Other (i.e. behavioral / emotional disorder, etc.) _____
- Vision impairment
- Uses mobility aids (i.e. wheelchair, braces, etc.)

Medication:

Is the participant taking any medication? No Yes

Will participant need to take medication during program hours? No Yes

I understand:

1. **By registering for this program, I give LTYC and DCRS permission to have access to my child's name, contact information and data such as grades, attendance and assessments.**
2. I will not send my child to the program if they are not feeling well under any circumstance.
3. I will notify the program immediately and will not send my child to the program if anyone in our household has tested positive for COVID-19 or know they have come in contact with someone who has tested positive unless they themselves have received a negative COVID-19 test result.
4. That there are inherent dangers in any recreational activity, program or camp.
5. That I must be aware of the hazards associated with each activity, such as use of equipment, slips and falls, personal level of fitness, training, and various athletic injuries.
6. I must read and understand all written material, which has been provided by the Howard County Department of Community Resources and Services and/ or its service providers.
7. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.
8. That the possible consequences of participating in these activities include the possibility of serious injury.

My Child Agrees:

1. Attend at least 90% of programming days.
2. To obey the rules and regulations for each activity and to follow the directions of the staff.
3. To inform a staff member of any dangerous or potentially hazardous situation that I may observe.
4. That if I do not understand how an activity is performed or how a piece of equipment is to be used, I will ask a staff member prior to beginning that activity.
5. To inform a staff member if I have any problems meeting the physical requirements necessary for participation in any activities.

I am aware that while participating in an activity or program arranged by the Howard County Department of Community Resources and Services, certain risks and dangers may be present, including but not limited to those generally associated with certain activities, of accidents, of illness, and of those forces of nature.

I agree to indemnify and defend Howard County and/ or it's service providers and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and the County's costs of defense, in connection with loss of life, personal or bodily injury and /or damage to or loss of property that arises from the participation of _____(Name of Participant) in the **Howard County Scholars program**, except to the extent that such loss or damage is occasioned by the negligent act or omission of the county, its officers, agents or employees and no negligence on the part of the Participant.

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at the program to have you or your child transported to that hospital.

_____ (Initial) I consent to the taking of photographs, movies, internet use, and videotapes of my child by Howard County and/ or it's service providers. I also grant the right to edit, use, and reuse said products for all educational or public services. I release all rights, title, and interest we or the child may have in said products.

_____ (Initial) I consent to having data and information in regards to my child collected and shared between Howard County Department of Community Resources and Services and Leaders for Tomorrow Youth Center, either written or orally. I understand that all information will be considered confidential and used for the purposes of my child's participation in this program and to measure the quality and effectiveness of the overall program.

Signature of Parent/Guardian: _____

Date: _____