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Billy Booth's Arts & Science Factory

Enrollment Application Summer – 2018

Questions??

Please call,

Ashley Jones (Director) phone :(330)434-7423 or

Email: ashley.jones@use.salvationarmy.org

Sarah Bailey (Director of Programming) phone: (330)-434-7514 or

Email: sarah.bailey@use.salvationarmy.org



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Dear Parents/Caregivers,

Thank you for your interest in Billy Booth's Arts & Science Day Camp. We hope your child will be a part of our program. Our 10 week program will take place from June 11-August 17, 2018. Hours are 9:00 AM-3:00 PM with before and after care available from 8-9:00 AM and 3-5:00 PM.

Families must fill out and return the application packet. After your application has been reviewed, you may be asked to complete an in person interview with our staff. If accepted, you will receive a letter of acceptance and information regarding the **Summer Day Camp Orientation**, in which you and your child **must attend**. This orientation is to ensure that all participants understand the policies and expectations of the program.

Space is limited, so please do not hesitate in returning your application.

Please feel free to call at (330)-434-7541 if you have any questions.

We look forward to spending the summer with your child.

TSA
BBFA & Science Factory Staff



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Our camp is dedicated to academic growth, social and emotional growth, and spiritual growth. We achieve this through our focus on Visual Art, Science, Music, Drama, Literacy, and Physical Fitness. All children will participate in a variety of classes throughout the day.

Please answer the following questions to help us place your child in the appropriate class.

Does your child read music?

YES _____ NO _____

Does your child play an instrument?

YES _____ NO _____

If Yes, what instrument and the years of study _____

Does your child wish to audition for “The Music Man, KIDS” our summer camp theatre production (Rehearsals take place during regular camp hours)?

YES _____ NO _____

Please check the areas of study that you feel your child would enjoy: (Check as many as apply)

Dance _____ Drama _____ Piano _____ Guitar _____ Brass _____ Timbrels (rhythmic tambourine) _____

Sports _____ Robotics/Coding _____

Is there any information you wish to share about your child?



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Child Profile

Student's Name _____

Grade in school next fall _____

ANTICIPATED SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Pick-up Time					

DEPARTURE/RELEASE

Please list the designated person to whom your child may be released. These people must be at least **18** years of age.

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____



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***** Reminder*****

Under state law The Salvation Army must release a child to a biological parent unless court documentation is on file stating that the parent is not permitted to take the child.

I understand that my child will only be released from the Salvation Army to a parent/guardian or designated person. I understand that if it be necessary to release my child to one of the designated individuals, proper I.D. will be requested from them at time of pick up. I also agree to notify the Director before 8:00 a.m. on days when my child will be absent. I will also notify the Director of schedule changes that will affect my child's arrival and departure times.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

MEDICAL RELEASE FORM

AUTHORIZATION FOR AGENT TO CONSENT TO THE TREATMENT OF MINOR

I, the undersigned, parent/guardian of _____ (minor) do hereby authorize The Salvation Army, as agents for the undersigned to consent to any X-ray, medical examination, anesthetic, medical or surgical diagnosis or treatment or hospital care at Children's Medical Center of Akron, or the nearest available hospital, which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed by law to practice.

This authorization shall remain in effect while the child is enrolled at The Salvation Army. I understand that a conscientious effort will be made to locate the parent(s)/guardian before any action will be taken

Parent/Guardian Signature

Date



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Lunch Option

This summer my child _____ will be (please check one):
(Child Name)

_____ eating the lunch provided by The Salvation Army.
*****On Field Trip Days, we will provide a sack lunch.**

_____ bringing a packed lunch from home.

At any time a packed lunch is forgotten, a meal will be provided by The Salvation Army.

Parent/Guardian Signature

Date

T-Shirts

Dear Parent/Guardian,

We will be ordering Summer Camp T-Shirts. Please circle the size of the t-shirt you would like for your child:

		Youth						Adult			
XS	S	M	L	XL		XS	S	M	L	XL	XXL

Children will be required to wear these for field trips. Children without t-shirts on field trip days will NOT allowed to attend, and their family will be called to pick them up.

I understand that my child must wear the field trip T-shirt on days he/she will be going on a field trip.

Parent/Guardian Signature

Date



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WALKING PERMISSION SLIP

My child _____ has permission to take general walking trips around The Salvation Army on any given day he/she is in attendance. I understand that all licensing requirements including staff: child ratio will be followed during these times.

Parent/Guardian Signature

Date



SWIMMING PERMISSION SLIP

We are required by the State of Ohio to have written permission for your child to participate in water play activities in bodies of water that are two or more feet in depth.

Staff members will always accompany and supervise children at swimming sites. Activities in bodies of water two or more feet in depth shall be supervised by persons who are currently certified as lifeguards. All children will be treated as Non swimmers.

Child's Name _____

Child's Birth date _____

I grant permission for my child to participate in water activities.

Parent/Guardian Signature

Date



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ROUTINE FIELD TRIP PERMISSION SLIP

Each week the children enrolled in The Summer Program will participate in a variety of field trips.

Please complete the information below, so that in an event that we need to contact you, we may do so without difficulty.

My child, _____, has my permission to participate in nearby community trips by walking, car, van or bus with The Salvation Army.

During the hours my child is in the care of The Salvation Army, I may be reached at this phone number: _____.

If I cannot be reached please call _____ who can be reached at the following phone number _____.

Parent/Guardian Signature

Date

.....

PARENT HANDBOOK ACKNOWLEDGEMENT

I have received, read, and agree to abide by the BBFA & S Parent Handbook guidelines.

Child Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



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PERMISSION FOR PHOTOGRAPHY/VIDEOTAPING & INTERNET ACCESS

There will be an occasional need to develop photographic and video data to document activities and events taking place in BBFA&S Program. Students will often be featured in this collection.

_____ The Salvation Army **has my permission** to photograph/videotape my child while participating in activities.

_____ **I do not give my permission** to The Salvation Army to photograph/videotape my child while participating in activities.

Parent/Guardian Signature

Date



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TUITION AGREEMENT

Child Name _____

Parent/Guardian Name _____

A \$25 non-refundable deposit is required for each child enrolled.

My weekly payments will be paid by:

_____ Title XX – Department of Job and Family Services
(documentation must be attached). Co-pay \$_____

First Co-pay is due June 8 or your child will be un-enrolled

_____ Self-Pay Weekly Rate \$55.00

First payment is due by June 8 or your child will be unenrolled

_____ Before and/or After Care - \$25 Before-Care and/or \$50 After-Care per week. (\$60 for both)

Must be scheduled and paid for by the week.

First payment is due June 8 or your child will be un-enrolled.

I understand that my child's weekly tuition or Title XX co-pay is due the Friday before each week my child is to attend. I also understand that if it is not paid by that day, my child will not be allowed to attend the following week.

I also understand that there is a late fee of \$5 for every minute that my child is picked up late past the registered pick-up time.

Parent/Guardian Signature)

Date

Administrator Signature

Date reviewed



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BEHAVIOR POLICY

Please support the Billy Booth's Science & Art Factory's guidelines by reviewing the following rules with your child:

1. **Keep hands and feet to self.** (No hitting, punching, pushing, kicking, spitting, biting, or harming others in any physical way.)
2. **Use kind and appropriate language and behavior.** (No swearing, no threats or hurtful words, no calling people “dumb”, “stupid”, etc. No profane or disrespectful gestures, no making fun of others based on physical features or limitations.)
3. **Respect and care for the Center, its equipment and materials.** (No purposeful destruction of property or materials – use materials properly and put them away carefully.)
4. **Respect all adults and teachers.** (No talking back, no verbal or physical aggression or threats – listens to and follows instructions of teachers and responds in a considerate manner.)
5. **Respect other children, their space, their property, and their privacy.** (Be kind and considerate of other students, asking permission to participate or enter their work areas. Students must gain permission from a peer if they desire to share or use their materials. If granted permission to use another's materials or property, the materials must be care for, used appropriately and treated gently.)

The program utilizes a behavior management program that focuses and rewards positive behavior rather than focusing on and punishing negative behavior. .

Parent's Signature

Date

Child's Signature

Date



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DISCIPLINE POLICY

The Salvation Army staff believes that children learn best through positive reinforcement, and the teaching and modeling of proper behavior. Corporal punishment and harsh verbal discipline is never acceptable in our program. We expect that you will support and respect our discipline policy whenever you are present in our center.

To maximize the enjoyment and learning experience while in the BBFA & S, it is necessary to have a fair and consistent discipline policy. It is our desire that your child take advantage of all the activities offered. His/her appropriate and respectful behavior will help to make this possible.

A serious disciplinary problem is defined as one in which a child is hampering the smooth flow of the program, by either requiring constant one-on-one attention; is inflicting physical or emotional harm to other children, is physically aggressive toward staff, or is otherwise unable to conform to the rules and guidelines of the Summer Enrichment Program.

When a child displays unacceptable behavior, the following steps will be followed

1. Reasoning and redirection to other activities.
2. Removal from activities for a “break” followed by discussion with a staff member about the behavior.
3. Meeting with parent, child, and staff to develop a behavior plan.
4. Suspension from the program
5. Dismissal from the program.

If a child shows any act of physical aggression during any one day, the child will be immediately separated from the group and the parent/guardian will be called to report the incident and/or pick up the child.

Abusive language or actions of parents toward staff, children, or others in the program will not be tolerated and will result in dismissal of the child from the program.

Parent/Guardian Signature

Date