



2019 SummerReads Registration Form

Register Online

<http://www.yamd.org/summerreads/>



Please fill in **ALL** information below to register for SummerREADS. Please note that an application must be filled out for each individual child.

SITE SELECTION			
Please select which site you would like to apply for (transportation is NOT provided):			
<input type="checkbox"/> Francis Scott Key (1425 E. Fort Avenue)	<input type="checkbox"/> Morrell Park (2601 Tolley Street)		
<input type="checkbox"/> George Washington (800 Scott Street)	<input type="checkbox"/> Southwest Baltimore Charter (1300 Herkimer Street)		
<input type="checkbox"/> Hampden (3608 Chestnut Avenue)	<input type="checkbox"/> Thomas Johnson (100 E Heath Street)		
<input type="checkbox"/> Henderson Hopkins (2100 Ashland Avenue)	<input type="checkbox"/> Westport (2401 Nevada Street)		
<input type="checkbox"/> James McHenry (31 S. Schroeder Street)	<input type="checkbox"/> Windsor Hills (4001 Alto Road)		
<input type="checkbox"/> Moravia Park (6201 Frankford Avenue)			
STUDENT INFORMATION			
Student Name (First, Middle, Last)		Nickname	BCPS Student ID Number
Date of Birth ____/____/____	Gender (circle one) Male Female Other	Preferred Language (circle one) English Spanish Other: _____	School Attended in 2018-19
Home Address		City, State, Zip	
Last grade level completed (circle one): Pre-K K 1 2 3 4		Grade level entering in Fall 2019 (circle one): K 1 2 3 4 5	
Does this student have any of the following? (Check all that apply.)			
<input type="checkbox"/> Individualized Education Plan (IEP)		<input type="checkbox"/> Receiving ESOL services as an English Language Learner	
<input type="checkbox"/> 504 Plan or Behavioral Intervention Plan (BIP)		<input type="checkbox"/> Other special needs not specified above: _____	
Is your student currently taking medication? (circle one) Yes No		Will your child need medication administered during SummerREADS? (circle one) Yes No	
If yes, please list any side effects:		If Yes, you must have a Medical Consent Form completed and signed by your child's physician. There will NOT be nurses onsite.	
Please list any additional medical concerns.			
WEEKLY REGISTRATION			
SummerREADS will run Monday-Friday, 8:30 am-3:00 pm. Dates are July 1, 2019, through August 2, 2019 <i>(except Thursday, July 4)</i> . Register your student for each <u>week</u> they will be attending by checking the appropriate box(es) below.			
<input type="checkbox"/> Week One: July 1-5 <i>(no program Thursday, July 4)</i>		<input type="checkbox"/> Week Four: July 22-26	
<input type="checkbox"/> Week Two: July 8-12		<input type="checkbox"/> Week Five: July 29-August 2	
<input type="checkbox"/> Week Three: July 15-19			
TRANSPORTATION PLAN			
My student will ARRIVE to the program by 9:00 AM by (check one):		My student will DEPART the program at 3:00 PM by (check one):	
<input type="checkbox"/> Authorized Drop-Off		<input type="checkbox"/> Authorized Pick-Up	
<input type="checkbox"/> Local Bus or Transit or Car Service		<input type="checkbox"/> Local Bus or Transit or Car Service	
<input type="checkbox"/> Supervised Walk		<input type="checkbox"/> Supervised Walk	
<input type="checkbox"/> Unsupervised Walk (ONLY for grades 3 and up)		<input type="checkbox"/> Unsupervised Walk (ONLY for grades 3 and up)	

PARENT/GUARDIAN INFORMATION			
Parent/Guardian #1 Name (First & Last)		Parent/Guardian #2 Name (First & Last)	
Relationship to Student		Relationship to Student	
Authorized to Pick Up? (circle one) Yes No		Authorized to Pick Up? (circle one) Yes No	
Preferred Language (circle one) English Spanish Other: _____		Preferred Language (circle one) English Spanish Other: _____	
Home Phone	Cell Phone	Home Phone	Cell Phone
Ok to text cell phone? (circle one) Yes No		Ok to text cell phone? (circle one) Yes No	
Email		Email	
EMERGENCY CONTACT INFORMATION			
<u>In addition to</u> the contacts listed above, please list at least one emergency contact in case the parent(s)/guardian(s) cannot be reached.			
Name	Relationship to Child	Primary Phone	Authorized to Pick Up? (circle one)
1.			Yes No
2.			Yes No

CONSENT, WAIVER, AND RELEASE STATEMENT

I am the parent/guardian of _____, a minor child (the "Student"). Young Audiences of Maryland, Inc. ("Young Audiences") is the operator of SummerREADS. By checking the CONSENT box below and signing this document, I agree and consent to all of the following terms and conditions:

1. I give permission to the staff in the Young Audiences SummerREADS Program ("SummerREADS") to administer basic first aid and/or CPR to my child and/or take the Student to a hospital to secure medical treatment when I cannot be reached, or when delay would be dangerous to my child's health. I also give permission to staff to administer medication in the event that a nurse is not available to do so.
2. I certify my understanding that I will receive policies and procedures and related information about SummerREADS. Upon enrollment of my child in SummerREADS, I agree to follow the policies and procedures described.
3. I give Young Audiences of Maryland, Inc. ("Young Audiences") permission to access and keep copies of my child's/children's academic record(s), including report cards, IEPs, standardized test scores, and cumulative records. Young Audiences will keep these data confidential and use them only for analysis and program planning. I understand that Young Audiences may share data collected during the program, including attendance, demographics, and academic outcomes, with program funders and sponsoring organizations; however, any information shared will not specifically identify program participants.
4. I give Baltimore City Public Schools and Young Audiences permission to contact me (using telephone, email, mail, SMS text message, or robo-call via telephone) using the contact information I provided about the status of enrollment, my child's attendance, upcoming events and programs, schedule changes and program updates.
5. I release Baltimore City Public Schools and Young Audiences as an organization, as well as its employees, contractors, volunteers, and agents (collectively, the "Young Audiences Team") from any liability suit or claim for property damage or loss, or personal injury to the Student, except to the extent such claims arise directly from the gross negligence of Baltimore City Public Schools, Young Audiences and/or the Young Audiences Team.
6. Young Audiences takes great care in capturing thoughtful, high-quality images of students' incredible artwork, their pride, excitement, determination, friendship, and joy. I understand that the images, video, and materials collected over the course of SummerREADS are vital for building awareness of the program in the community and for securing funding so that it can continue to grow and remain available at no cost to students in Baltimore City Public Schools. I give permission for the Student to be included in the documentation/promotion of Young Audiences and its partners, including photographs, audio/visual/video recordings, interviews, reproductions of academic and artistic work, participation in surveys, and written quotations or descriptions of activities. I also understand that resulting materials may be exhibited before the community, fundraising, or other groups and individuals and/or included in media articles, partner publications, and SummerREADS funder promotional materials.
7. I certify that the entered information is true and correct to the best of my knowledge.

THIS IS A CONSENT, WAIVER, AND RELEASE OF LEGAL RIGHTS. READ IT CAREFULLY AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING. PLEASE CHECK THE BOX BELOW, THEN SIGN YOUR NAME.

CONSENT: I have read this Consent and Release and agree and consent to the terms and conditions set forth in it. I agree that I and the Student, and all of our heirs, legal representatives and assigns, are and shall be legally bound by the terms in this Consent and Release, and understand that Young Audiences will rely on my consent and agreement. By signing below, I represent and certify that I am the parent or guardian of the Student, at least eighteen (18) years of age, and fully competent and authorized to sign this Consent and Release.

Parent/Guardian Signature: _____ Date: _____