



An Appalachian Community Partnership

Summer 2017 Application

All sections of application must be completed to be considered

Child's Name _____ Gender _____
First Middle Last

School _____ Child's current grade (K-11) _____

Age _____ Date of Birth ____/____/____ T-Shirt Size _____ Shoe Size _____

1st Parent/Guardian	
First Name:	Last Name:
Address:	City, State, Zip:
Phone:	Cell Phone:
Place of Work:	Work Phone:
2nd Parent/Guardian <input type="checkbox"/> Check if address same as 1st Parent/Guardian	
First Name:	Last Name:
Address:	City, State, Zip:
Phone:	Cell Phone:
Place of Work:	Work Phone:

Please list the first and last names of any siblings also applying to Kids on Campus summer program.
Please complete a separate application for each child.

_____ Name	_____ Grade	_____ Name	_____ Grade
_____ Name	_____ Grade	_____ Name	_____ Grade

Is this child in foster care? Yes No
 If yes, are you the guardian of this child through foster care? Yes No
 I give permission for Kids on Campus to use my child's name &/or picture in newspapers, magazines,
 social media, and other communications? Yes No

- Number of members in household _____ Total household yearly gross income _____
(Include Social Security, Disability, Child Support, Alimony, etc.)
- Does your child qualify for a school lunch program?
 Free Lunch Reduced Lunch Do not know Does not qualify

Racial or Ethnic Identity of your child (please circle all that apply):

White/Caucasian Black/African American Hispanic/Latino Asian/Pacific Islander
 American Indian/Alaskan Native Other

OFFICE USE ONLY: Date Received _____ by (initials) _____
 Date Entered in Database _____ by (initials) _____
 Application Status _____ Date _____ by (initials) _____
 _____ Date _____ by (initials) _____
 _____ Date _____ by (initials) _____

Session Registration

Please select below which camp sessions your child would like to attend. Children can choose to attend only one session, or can attend both sessions. Completing this application does not guarantee enrollment.

Please select ONE of the following options:

- First Summer Session Only – June 19th through June 30th.
- Second Summer Session Only – July 10th through July 28th.
- Both Summer Sessions

Important Information (to help us better serve your child)

Does your child have a personal aide during the school day? Yes No

Does your child wear any of the following: Hearing Aid Glasses Contact Lenses

Please circle any of the following items that apply to your child:

- Learning Disability Visual Impairment Developmentally Delayed Physical Impairment
- Severe Behavior Disorder Attention Deficit Disorder (ADD/ADHD) Hearing Impairment
- Limited English Proficient Other: _____

Please explain in detail any checked item. _____

Kids on Campus makes every effort to accept any eligible child applying for the summer program. Kids on Campus reserves the right to have a discussion with parents/guardians to determine if the summer program is a safe and appropriate placement for their child.

Meals

Kids on Campus provides meals daily during camp to participants. We do our best to accommodate special diet needs. Please complete the following to help us best serve your child.

Does this child have any food allergies or special dietary needs? Yes No

If so, please list: _____

In order to provide specialized diet accommodations, a Physician's note may be required. Please contact the Kids on Campus office for more details.

As parent/guardian of this child, I acknowledge that the above information is correct and my child has my permission to participate in Kids on Campus. By participating in this program, I agree to allow the staff to discuss my child's progress with his/her school to better meet my child's needs. I also give permission for the release of my child's permanent file by his/her school for program planning and delivery. I agree to allow my child to be surveyed or evaluated to determine the program's effectiveness. I understand that this program will never use an individual child's name on any document to be published without the express written consent of the parent/guardian or where required by law. I release and agree to hold my child's school, Kids on Campus program, Ohio University, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian Signature: _____ **Date:** _____

Please return completed applications to:

Kids on Campus
Grover Center W129C
1 Ohio University
Athens, OH 45701

No faxed or emailed applications will be accepted.

If you have any questions, please contact:

Kids on Campus
Grover Center W129C
1 Ohio University
Athens, OH 45701
Phone: 740-566-8543
Email: kids.on.campus@ohio.edu

THANK YOU!

Ohio University is an equal opportunity employer and provider of services.

Website: www.ohio.edu/kids

Twitter: @KidsonCampus1

Like us on Facebook!