



An Athens County Community Partnership

# Application Summer 2009

**\*All sections of application must be completed to be considered\***

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_  
First Middle Last

School \_\_\_\_\_ Grade your child will enter next year (09-10 school year) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Child T-Shirt Size \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Mailing Address (if different) \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Check  Father  Mother  Other  
First Last

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_  
Number & Street City State Zip Code

Mailing Address (if different) \_\_\_\_\_  
Number & Street City State Zip Code

Parent/Guardian #2 \_\_\_\_\_ Check:  Father  Mother  Other  
First Last

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_  
Number & Street City State Zip Code

Mailing Address (if different) \_\_\_\_\_  
Number & Street City State Zip Code

Do you live in Athens County?  Yes  No      Does your child attend an Athens County School?  Yes  No

**Only children who attend an Athens County School are eligible to participate**

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

Did your child attend the Kids on Campus Summer Program in 2008?  Yes  No

Did your child attend the Kids on Campus 2008-2009 Afterschool Program?  Yes  No

Is this child in foster care?  Yes  No

If yes, are you the guardian of this child through foster care?  Yes  No

Can your child be pictured in newspapers, magazines, 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



# Medical Emergency Treatment/Transportation Authorization Form

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Information - You **must** list three local emergency contacts with telephone numbers who would be available during the hours of 7:30 AM – 4:30 PM in the event that a parent or guardian can not be contacted.

Name	Relationship to child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Permission to Transport Child

I give my permission for Kids on Campus to call for emergency intervention in case of serious illness or injury for \_\_\_\_\_.  
(Name of child)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical Treatment Information

\_\_\_\_\_  
Physician or Clinic

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Dentist or Clinic

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone Number

Check if you agree:

In the event that reasonable attempts to contact me have been unsuccessful, I give my consent for the administration of any treatment deemed necessary by the above named medical care providers, or, in the event that the medical personnel listed above is not available, by another licensed physician or dentist. This authorization does not cover major surgery unless two other licensed physicians or dentists, agree it is necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 2009 BUS FORM



**Bus information is subject to change.  
Please check the Kids on Campus Family Handbook for correct times.**

***Children cannot change bus stops during the 1<sup>st</sup> week of camp.***

PLEASE PRINT your child's name and where your child will be picked up and dropped off every day.

Name \_\_\_\_\_

Pick up location \_\_\_\_\_ Drop off location \_\_\_\_\_

### **Alexander Local**

<b><u>Bus #</u></b>	<b><u>Bus Stops</u></b>	<b><u>Pick-up Time</u></b>	<b><u>Drop-off Time</u></b>
Bus # 1	Old Albany Elementary	7:45 a.m.	4:05 p.m.
	Old Middle School in New Marshfield	8:15 a.m.	3:45 p.m.
Bus #2	Old Jr. High School in Shade	8:15 a.m.	3:50 p.m.

### **Athens Local**

Bus # 1	Carry-out in Millfield	7:55 a.m.	4:00 p.m.
	Chauncey Elementary	8:10 a.m.	3:50 p.m.
Bus # 2	Pine Aire Village	7:50 a.m.	4:10 p.m.
	The Plains Plaza Shopping Center	8:00 a.m.	4:00 p.m.
	The Plains Elementary	8:05 a.m.	3:50 p.m.
Bus # 3	Morrison Elementary	8:05 a.m.	4:00 p.m.
	Richland Ave Park	8:15 a.m.	3:50 p.m.
	Carriage Hill Apartments (residents only)	8:25 a.m.	3:40 p.m.
Bus # 4	West Elementary	8:15 a.m.	3:50 p.m.
	East Elementary	8:25 a.m.	3:35 p.m.

### **Federal Hocking Local**

Bus # 1	Amesville Elementary School	7:35 a.m.	4:00 p.m.
	Sharpsburg (Gilcrest's Store)	7:45 a.m.	4:10 p.m.
	Kilvert	7:55 a.m.	4:25 p.m.
	Broadwell	7:55 a.m.	4:20 p.m.
	Federal Valley Resource Center	8:00 a.m.	4:25 p.m.
	Hope Drive Apartments	8:20 a.m.	3:40 p.m.
Bus # 2	Coolville Elementary School	8:05 a.m.	4:15 p.m.
	Lottridge/50	8:25 a.m.	3:50 p.m.

### **Trimble Local**

Bus # 1	High School	8:00 a.m.	4:10 p.m.
	Middle School	8:10 a.m.	4:00 p.m.

### **Nelsonville-York Local**

Bus # 1	Murray City Post Office	7:45 a.m.	4:25 p.m.
	Nelsonville-York Elem. (Buchtel)	8:00 a.m.	4:10 p.m.
	Kroger on Poplar Street	8:05 a.m.	4:05 p.m.

## Kids on Campus 2009 Summer Program Fee Guidelines

To determine the fee for your child, find the number of people in your family in the first column. Then find your total family income in Columns A-H. For example, a family of 3 with an income of \$35,000 would pay \$150 for the six-week program for the first child and \$75 for the six-week program for the 2<sup>nd</sup> child. The amount of \$1300 is the actual cost of the program per child.

# in Household	FREE (Free Lunch Eligible)	\$75	\$150	\$300	\$500	\$800	\$1100	\$1300
	A	B	C	D	E	F	G	H
<b>2</b>	<25,900	25,901-32,561	32,561 - 39,221	39,222- 45,882	45,883- 52,543	52,544- 59,204	59,205 - 65,865	65,865+
<b>3</b>	<32,560	32,561-39,221	39,222- 45,882	45,883- 52,543	52,544- 59,204	59,205- 65,865	65,866- 72,526	72,527+
<b>4</b>	<39,220	39,221-45,880	45,881 - 52,541	52,542- 59,202	59,203- 65,863	65,864- 72,524	72,525- 79,185	79,186+
<b>5</b>	<45,880	45,881-52,541	52,542 - 59,202	59,203- 65,863	65,864- 72,524	72,525- 79,185	79,186- 85,846	85,847+
<b>6</b>	<52,540	52,541-59,111	59,112- 65,772	65,773- 72,433	72,434- 79,094	79,095- 85,755	85,756- 92,416	92,417+
<b>7</b>	<59,200	59,201-65,861	65,862 - 72,522	72,523- 79,183	79,184- 85,844	85,845- 92,505	92,506- 99,166	99,167+
<b>8</b>	<65,860	<65,861-72,521	72,522 - 79,182	79,183- 85,443	85,844- 92,504	92,505- 99,165	99,166- 105,826	105,827 +

\* Fee represent the cost for the six week program

\* Tuition for each additional child is half price after paying for the first child.

**Fees must be paid prior to the start of the summer program based on the following schedule. If fees are not paid, your child's spot will be filled by someone on the waiting list. All children are enrolled for the full six weeks. Refunds will only be made due to a family emergency or medical reason.**

1/2 of the total fee is due by May 19, 2009

2<sup>nd</sup> 1/2 of the fee is due by June 9, 2009

Partial scholarships may be available. Please attach your last pay stub or tax return *and* a written statement explaining the reason for your request. You may call 1-740-56-OUKID (740-566-8543) to discuss scholarships or questions.

### **Please return completed applications to Kids on Campus.**

**No faxed or e-mailed applications will be accepted. Thank you!**

Kids on Campus  
 W122 Grover Center  
 Ohio University  
 Athens, OH 45701  
 Phone: 740-566-8543  
 Email: kids.on.campus@ohio.edu

**Request for Medication Administration**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Grade \_\_\_\_\_

Reason for medication \_\_\_\_\_

1. I hereby request that the above named child be given the medication as is ordered below.
2. I will see that the medication arrives to the KoC staff in the **original container** in which it was dispensed by the doctor or pharmacist.
3. I agree to notify Kids on Campus immediately if there is any change in regard to these orders.
4. I release and agree to hold the Athens county schools, 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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

.....  
**The following information is required by Ohio law.**

Physician's orders for the administration of medication by staff

\_\_\_\_\_ is under my care and should receive:

Child's name

\_\_\_\_\_  
Medication name

\_\_\_\_\_  
Dosage

\_\_\_\_\_  
Times to be given

\_\_\_\_\_  
Route of administration

\_\_\_\_\_  
Date administration of this drug is to begin

\_\_\_\_\_  
Date administration of this drug is to cease

\_\_\_\_\_  
Possible side effect that might be observed

\_\_\_\_\_  
Any specific instructions

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date