



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 1st 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

<u>Bus #</u>	<u>Bus Stops</u>	<u>Pick-up Time</u>	<u>Drop-off Time</u>
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.
Bus # 2	Hope Drive Apartments	8:20 a.m.	3:40 p.m.
	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 2nd 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
2	<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+
3	<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+
4	<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+
5	<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+
6	<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+
7	<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+
8	<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

2nd 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