



# F.A.S.T.

**Fun And Service Together**

**Summer Program Application 2010**



**\*\*\*Accepting Applications for Students entering 6<sup>th</sup> through 9<sup>th</sup> grades only.\*\*\***

**\*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 (10-11 school year) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Please list the first and last names of any siblings also applying to the 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 2009?  Yes  No

Did your child attend the Kids on Campus 2009-2010 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

\*\*\*\*\***Transportation is based on available funding.**\*\*\*\*\*

- Please check the means by which your child will be arriving at Kids on Campus.  
 Riding on the bus- if available       Dropped off by parent/guardian       Walking
- Please check the means by which your child will be leaving from Kids on Campus.  
 Riding on the bus –if available       Dropped off by parent/guardian       Walking

**Community where the child would be picked up/ dropped off (i.e. Trimble, The Plains, etc):** \_\_\_\_\_

- If an adult other than yourself may be picking up your child, please list the name and relationship below.

Person to pick up your child	Relationship to child
_____	_____
_____	_____
_____	_____

- Please list anyone who is not allowed to pick up your child for any reason.

**If a parent is not allowed to pick up a child, legal documentation is required!**

Name	Relationship to child
_____	_____
_____	_____

**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 check any of the following items that apply to your child:

- Learning Disability       Visual Impairment       Developmental Delay       Physical Impairment
- Severe Behavior Disorder       Attention Deficit Disorder (ADD/ADHD)       Hearing Impairment
- 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.

Does this child have any food allergies or special dietary needs?  Yes       No       Vegetarian       Other  
If so, please list: \_\_\_\_\_ **(Physician's Note Required)**

Please list facts to which a physician should be alerted, including allergies, medications, or physical impairments:

\_\_\_\_\_  
\_\_\_\_\_

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 participation 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 information by his/her school for research purposes on the program's effectiveness. I agree to allow my child to be surveyed or evaluated to determine the programs effectiveness. I understand that this program will never use an individual child's name on any document to be published without the expressed consent of the parents/guardians.

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

# 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 8:00 AM – 3:00 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: \_\_\_\_\_

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

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

Kids on Campus  
W372 Grover Center  
Ohio University  
Athens, OH 45701  
Phone: 740-566-8543  
Email: kids.on.campus@ohio.edu



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**A Program Of**

**Kids on Campus**

**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