



Homework House INC
54 N. Summer St
Holyoke, MA 01040
Phone: (413) 887-2017

SUMMER PROGRAM REGISTRATION FORM

Parents/Guardians may request copies of background check, healthcare, and discipline policies as well as procedures for filing grievances at any time.

Child's Name: _____
(first) (middle) (last)

Date of Birth: ____/____/____ Place of Birth: _____

School NEXT YEAR: _____ Grade NEXT YEAR: _____

Lives with (Circle all that apply): Parents Father Mother Guardian Relative

First and Last Name of Guardian #1 _____

Street Address: _____

City: _____ Zip Code: _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone: (____) _____

Email Address: _____

First and Last Name of Guardian #2: _____

Street Address: _____

City: _____ Zip Code: _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone: (____) _____

Email Address: _____

Can guardian #2 pick up child? YES NO

What language(s) are spoken at home? _____

This camp must comply with regulations of the Mass Dept of Public Health and be licensed by the local Board of Health

Pick Up Information:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

MEDICAL INFORMATION:

A CURRENT IMMUNIZATION FORM MUST BE SUBMITTED BEFORE ANY CHILD ATTENDS

Are there any current medical issues or concerns that may interfere with the child’s studies or ability to participate in physical activities? _____ Yes _____ No

If so, please explain (asthma, allergies, dyslexia, etc.)

Does your child have any chronic health conditions? _____ Yes _____ No.

If yes, please explain:

Does your child have diabetes? _____ Yes _____ No

Will they be self-administering insulin or blood glucose testing while at the program _____ Yes _____ No

Allergies:

____ No ____ Yes, Food Allergies: _____

Risk of Anaphylaxis? (Please attached emergency allergy plan)

____ No ____ Yes, Drugs: Describe: _____

Risk of Anaphylaxis? (Please attached emergency allergy plan)

____ No ____ Yes, Environmental Allergies. Describe: _____

Risk of Anaphylaxis? (Please attached emergency allergy plan)

Name of Primary Care Physician: _____

PCP Phone: (____) _____

PCP Address: _____

Health Insurance Company: _____

Health Insurance Policy Number: _____

Parent Signature: _____ Date _____

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Permission and Release

The tutoring program at Homework House is designed to provide tutoring and computer learning experience, free of charge, to children within the community.

The undersigned gives permission to Homework House to transport your child to and from any field trips and for my child to attend all field trips to locations within walking distance of the program.

The undersigned gives permission for your child to be observed or interact with student interns and volunteers.

The undersigned hereby holds harmless and releases Homework House, its officers, staff members, and volunteers from any loss, liability, claim, suit or judgment that may arise out of or in connection with the undersigned making use of or participating in the free tutoring program.

It is further understood and agreed that Homework House, its officers, staff members, and volunteers are simply providing a free tutoring experience to children. No claims or promises as to the children's progress is intended or implied. All children participating in the free tutoring program do so with the consent of their parents on a voluntary basis.

All transportation arrangements, as well as, picking up the child on time, are the sole responsibility of each parent. The staff and volunteers of Homework House leave promptly at the end of each session and are not responsible for students left after that time. The volunteers and staff will not, under any circumstances, pick up or transport any child to or from home. Pick up time is 3:00 PM

Parent/Guardian Signature _____ Date _____

Authorization to Obtain and Release Information

I give my permission to Homework House INC to contact my child’s school and share information with any and all school personnel. I further give my permission to Homework House INC to have the contact information of my child’s teachers (email and telephone number) and receive copies of any and all testing results, progress reports, report cards and Individualized Education Plan (IEP). I understand that the information shared between Homework House INC staff and school staff regarding academic progress will be kept confidential.

School: _____

Teacher: _____

Please describe any special services your child currently receives:

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Media Release

1) I give permission for my child to be interviewed, photographed, videotaped or recorded by Homework House staff, and/or representatives of the media to highlight the work that students and Homework House volunteer tutors do together.

2) I give permission for my child’s first name (but not last name), photographic and/or video image, spoken words, and quotes to be used perpetually by Homework House INC or its representatives in Homework House’s newsletters, website, official social media sites (including but not limited to Facebook and Twitter), recruitment material or in the media without compensation.

Parent/Guardian Signature: _____ Date: _____

Policy of Non-Discrimination

Homework House does not discriminate on the basis of race, gender, sexual orientation, religion, nationality or ethnic origin in the administration of its educational and admission policies.

**Important information about our summer program Readers and Leaders
Please read and sign at the bottom**

- In order to enroll in this free, summer literacy program, children must attend Monday through Friday from 8:30 a.m. to 3:00 p.m. for all five weeks (July 5th through August 5th).
- Parents must drop off children by 8:45 a.m. each day.
- Parents must pick up children no earlier than 1:30 p.m. and no later than 3:00 p.m. each day.
- Parents must call if a child is sick and cannot attend. If your child does not come and you have not called, that will be considered an unexcused absence. After two (2) unexcused absences, your child will be removed from the program and we will move someone from the waiting list into that spot.
- If your child is uncooperative, we will do our best to help them make better choices with their behavior. If they continue to be uncooperative, we will ask you to come and pick them up. If behavior is an ongoing issue, we will remove them from the program and will move someone from the waiting list into that spot.

Parent/Guardian Signature: _____ Date: _____

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SUNSCREEN PERMISSION SLIP

I give Homework House my permission to apply sunscreen as needed to my child. I understand that if I do not send my own sunblock labeled with my child's name or if I send sunblock that has expired the camp will use their own.

Child's Name _____

Parent/Guardian
Signature _____ Date _____

INSECT REPELLANT PERMISSION SLIP

I give Homework House my permission to apply insect repellent as needed to my child. I understand that if I do not send my own insect repellent labeled with my child's name or if I send insect repellent that has expired the camp will use their own.

Child's Name _____

Parent/Guardian
Signature _____ Date _____

EMERGENCY INFORMATION SHEET

This camp must comply with regulations of the Mass Dept of Public Health and be licensed by the local Board of Health

Please provide at least 3 different contacts

Child's Name: _____

1. Emergency Contact #1: _____

Relationship to Child: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

2. Emergency Contact #2: _____

Relationship to Child: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

3. Emergency Contact #3: _____

Relationship to Child: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____



Medication Administration at Summer Camp

Dear Parent/Guardian,

We would like to inform you of the policies that have been put in place to ensure the health and safety of children needing medication(s) during the camp day at Homework House.

Homework House requires that the following forms must be on file in your child's health record before we begin to give any medication(s) at camp:

1. A **signed authorization form** by the parent/guardian to give your child medication(s) while at camp.
2. A **signed written medication order** by your child's licensed prescriber (physician, nurse practitioner, etc.).

Medication(s) must be delivered to the camp in a pharmacy or manufacturer labeled container by the parent/guardian or designated responsible adult. Please ask your pharmacy to provide separate bottles for camp and home. No more than one week's supply of medication(s) can be delivered to the camp.

In order to give your child the medication(s) they require while in camp. We ask that you please act quickly to complete all enclosed forms as instructed and give them to the Director of Programs. We appreciate your help in complying with the medication policies at Homework House.

Thank you.

Sincerely,
Jessica Booth
Director of Programs
413-887-2012
hhstaff@homeworkhouseholyokey.org

Emergency Treatment Form

1. If any medical issues arise, I authorize Homework House to provide first aid or seek medical attention on behalf of my child.

2. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, or if deemed necessary, I authorize Homework House to transport my child to the designated healthcare facility in case of an emergency. Holyoke Medical Center will be the health facility generally used. In case of field trips, I understand that my child will be taken to the nearest appropriate health facility for emergency treatment.

3. I authorize Homework House to administer prescription, non-prescription, and/or topical medication as needed.

Parent /Guardian (printed): _____

Parent /Guardian Signature: _____ Date: _____