



**homework  
HOUSE**

**Homework House INC  
54 N. Summer St  
Holyoke, MA 01040  
Phone: (413) 887-1017**

**SUMMER READERS AND LEADERS 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 the 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**

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:**

\_\_\_\_ Yes, Food Allergies. Describe: \_\_\_\_\_  
Risk of Anaphylaxis? (Please attached emergency allergy plan)

\_\_\_\_ Yes, Drugs. Describe: \_\_\_\_\_  
Risk of Anaphylaxis? (Please attached emergency allergy plan)

\_\_\_\_ 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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**A CURRENT IMMUNIZATION FORM MUST BE SUBMITTED BEFORE ANY CHILD ATTENDS**

**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 10<sup>th</sup> through August 11<sup>th</sup>).
- 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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Summer Program 2023



## 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 a 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**

**\*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: \_\_\_\_\_

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Summer Program 2023



## 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@homeworkhouseholyoke.org](mailto:hhstaff@homeworkhouseholyoke.org)

## Emergency Treatment Form

1. If any medical issues arise, I authorize The 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: \_\_\_\_\_