Program fee:$_____
Amount paid:$_____
Classroom:_____
Database:_____

THE PITTSBURGH PROJECT
2016 SUMMER YOUTH DEVELOPMENT PROGRAMS

Which program will this student be attending?
☐B.A.S.I.C. Camp(Entering grades K-5)
☐ Reach Camp(Entering grades 6-8)
☐ The Underground(Entering grades 9-12)

T-Shirt size for your student: (circle ONE)
Children: Small Medium Large
Adult: Small Medium Large XLarge XXLarge

Student Information:

Student's Name: _____ Nickname: _____

Street Address/Apt #:_____

City, State ZIP: _____

Home Telephone: _____ Date of Birth (MM/DD/YY): _____/_____/_____ Age: _____

Neighborhood: _____

Gender: F M School: _____ **GRADE ENTERING** in fall: _____

- Does your child qualify for free or reduced lunch at school? ☐ YES ☐ NO
- Is this student in foster care? ☐ Yes ☐ No
- Names of siblings enrolled in The Pittsburgh Project's programs: _____

Parent(s)/Guardian(s) Information:

Mother/Guardian's Name _____ Work#_____ Cell#_____

Father/Guardian's Name _____ Work#_____ Cell#_____

- Who is the primary caretaker/contact person for this child? _____

(Note: This is the person who we will call for specific information about the student and who will receive our mailings.)

- Primary caretaker's email: _____

Emergency Contacts:please provide the **name and phone number** of two additional contacts:

1. _____ 2. _____

Dismissal Information:
For **ELEMENTARY** students only, we offer 2 dismissal options (Middle –High School students are released at 3pm):

☐1 My child may walk home from The Pittsburgh Project at the end of the camp day (3:00pm).

☐2 My child must be picked up by one of the following people:

Parents/Guardians: _____

1. _____ 2. _____

3. _____ 4. _____

5._____ 6. _____

Child's Name_____ **Date of Birth**_____

MEDICAL INFORMATION

Student's Physician: _____ Physician Phone #: _____

Medical Conditions and History (Please check all that apply)

- ☐ ADHD/ADD
- ☐ Asthma
- ☐ Arthritis
- ☐ Alcoholism/Drug Abuse
- ☐ Allergies
- ☐ Bleeding Disorder
- ☐ Diabetes (Insulin dep. /non-insulin)
- ☐ Depression
- ☐ Ear Infections
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Hyperactivity
- ☐ Insect Allergies
- ☐ Kidney Trouble
- ☐ Leukemia
- ☐ Medication Allergy
- ☐ Migraine Headaches
- ☐ Obesity
- ☐ Seizure Disorder
- ☐ Sickle Cell

Allergies - Drug/Food etc_____

Chronic Illness/Medical Condition: _____

Dietary Restrictions: _____

Regular medications*: _____

Immunizations up to date? Yes____ No_____If no, explain: _____

Does your child have medical insurance? Y_____ N_____

***Any medications that your child must take while at camp (including emergency medications like inhalers and Epi Pens) must be sent with your child on the first day of camp IN THE ORIGINAL CONTAINER. All non-emergency medications will be kept at the nurse's station. A refrigerator is available for medication.**

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

Do you give permission to administer Tylenol to your child, if needed? Yes_____ No_____ Dosage_____

Do you give permission to administer Motrin to your child, if needed? Yes_____ No_____ Dosage_____

I hereby authorize and instruct The Pittsburgh Project Youth Development staff to administer the above medication.

Parent/Guardian Signature: _____ Date: _____

Any extra information to help us to better serve your child?

_____

_____

_____

_____

_____

PROGRAM RELEASE

I hereby grant permission for my child to participate in the activities of The Pittsburgh Project's program during the summer of 2016. I understand that this program occasionally involves physical activity and may involve transportation to and from The Pittsburgh Project. My signature indicates that I understand the normal risks associated with these activities and with participating in this program, and I agree not to hold liable The Pittsburgh Project staff and board of directors for any harm resulting from these activities. I also grant permission for staff to collect information on my child's academic and social outcomes for evaluation purposes on the program's effectiveness. This release will remain valid and binding from the beginning of the program, June 20, 2016 through August 10, 2016

Parent/Guardian's signature: _____ Date: _____

Child's Name_____ Date of Birth_____

PERMISSION FOR MEDICAL TREATMENT AND RELEASE

In the event of an emergency and in the event that (1) a parent or legal guardian cannot be reached; or (2) immediate attention is necessary, I consent to have The Pittsburgh Project staff act on my behalf and I hereby grant permission for emergency treatment to be administered for my child until a parent or legal guardian can be reached. I agree not to hold The Pittsburgh Project or its staff members liable for decisions made in good faith or for any emergency medical treatment made under this authorization. This release will remain valid and binding from the beginning of the program, June 20, 2016 through August 10, 2016.

Parent/Guardian's Signature:_____ Date:_____

PHOTO/IMAGE CONSENT FORM (Optional)

Occasionally, The Pittsburgh Project staff members wish to photograph, videotape, or otherwise record the activities of program participants for the purpose of recording, promoting, and reporting outcomes of the 2016 Pittsburgh Project Summer Program. I hereby give permission for my child to be photographed, videotaped, or otherwise have their image or voice recorded, in connection with the 2016 summer program of The Pittsburgh Project. I give permission to The Pittsburgh Project to use the photographed, videotaped, and/or recorded materials in any current or future publications, promotional materials, reports, websites, CD's, DVD's, other media for publicity, reporting purposes, or in any other non-commercial manner that it chooses. I hereby waive and release any rights that I may have to the said videotaped, recorded, and/or photographed materials. This release will remain valid and binding from the beginning of the program, June 20, 2016 through August 10, 2016

Parent/Guardian Signature: _____ Date: _____

USDA NONDISCRIMNATION STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

I understand that if wish to file a Civil Rights program complaint of discrimination, I may do so by completing the USDA Program Discrimination Complaint Form.

Parent/Guardian Signature: _____ Date: _____

THE PITTSBURGH PROJECT
2016 SUMMER CAMP PROGRAM

In order to provide low cost programs for your child, The Pittsburgh Project receives funding from Allegheny County and a number of other sources. The following demographic information is needed to report on the children who we serve. This information is also used to determine if you are eligible for a discounted program cost. As with all information you provide, this data will be kept confidential. Thank you for your assistance.

Student's Name: _____ Social Security Number: _____

Mother / Guardian's Name: _____ Social Security Number: _____

Father / Guardian's Name: _____ Social Security Number: _____

Ethnicity/Race: ☐ Black/Non Hispanic ☐ White/Non Hispanic ☐Hispanic Origin
☐ Native American ☐ Asian/Pacific Islander ☐Other _____

Housing: ☐ Own ☐ Rent ☐Other

Source of Family Income: **(Check only one)**
☐ No Income ☐ Employment Only ☐ Employment + Other Income
☐ Unemployment ☐ Social Security ☐ Other
☐ TANF ☐ Pension
☐SSI ☐General Assistance

Family Type: ☐Single parent/female ☐ Single parent/male ☐ Two-parent ☐Other

Other Forms of Assistance: ☐ Receives Food Stamps ☐ Receives Medical Assistance

Family Size: ☐ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ Six ☐ Seven ☐Eight or more

Approximate Monthly Income: _____

Place(s) of employment_____

Names, birthdays, and gender of the family members living in the household (if you need additional space, please continue on the back side of this sheet):

Name	**Relationship to Applicant** (mother, father, sister, etc.)	**Birthday** (Month/Day/Year)	**Gender** (Male, Female)