



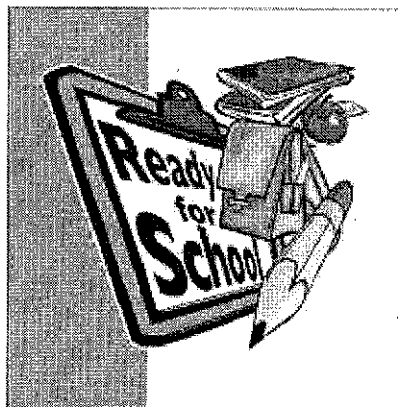
# Concilio's Summer Camp for 9<sup>th</sup> Graders

The primary purpose of this summer camps is to education your son/daughter on what to expect in high school while having fun and learning new and exciting things. This is a free summer camp in an environment that will provide your children with a healthy, safe, and nurturing environment. \*\*

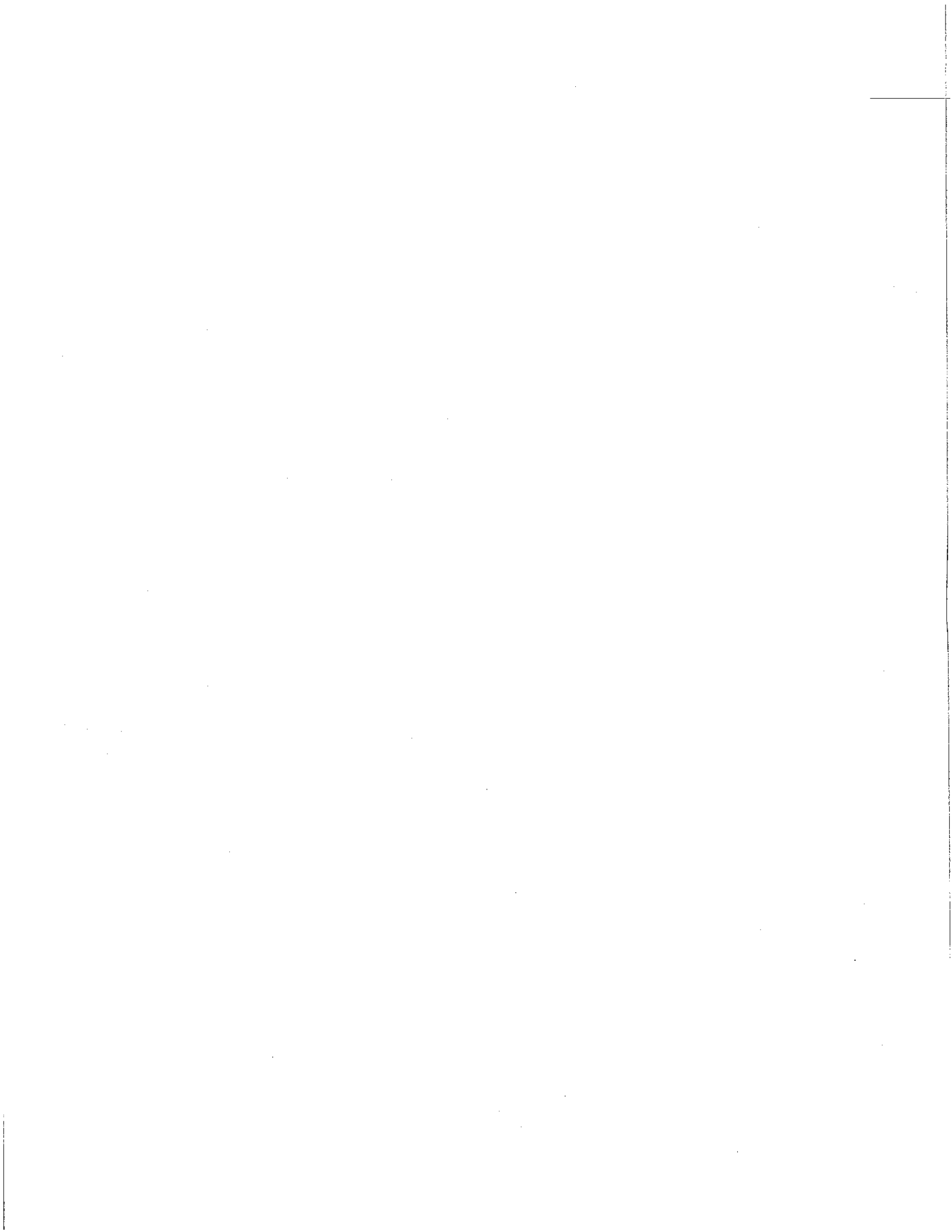
Where: 141 East Hunting Park Avenue

When: July 5<sup>th</sup>, 2017 to August 10<sup>th</sup>, 2017

Time: 9am to 2pm Monday to Thursday



\*\* PARENTS PAY FOR TRIPS ONLY





**CONCILIO'S SUMMER PROGRAM FOR 9<sup>TH</sup> GRADE**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 2016-2017 Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

I hereby give my consent for my child \_\_\_\_\_ to Participate in the Concilio's OST Summer Programming on the following days and times...

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ARRIVAL TIME					
DISMISSAL TIME					

I, \_\_\_\_\_ agree to the drop off my child(ren) on time for programming and to also pick them up on time at the end of the program day.

My child is allowed to walk home by his/her self.  YES  NO

**Medical History (To be completed by Parents)**

1. List all medications student is currently taking:

\_\_\_\_\_

2. List all medical conditions currently under treatment:

\_\_\_\_\_

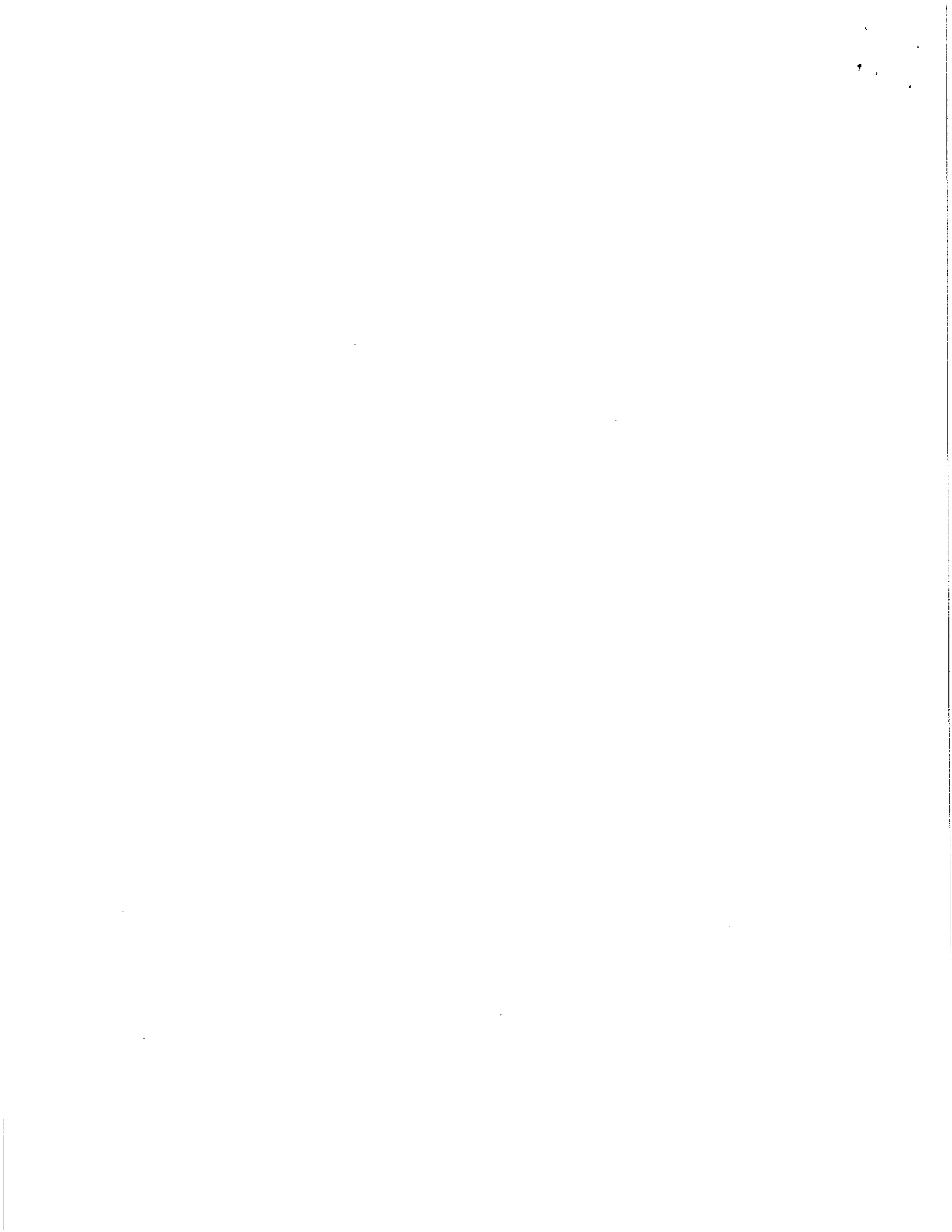
3. Is student allergic to any medications  YES  NO

If yes, list \_\_\_\_\_

Is student Hispanic/Latino?  YES  NO

Race:  African American  Asian  Bi-Racial  Caucasian  
 Hawaiian or Pacific Islander  Multi-Racial  Native American

Do your child(ren) receive Special Education Services?  YES  NO





## CONCILIO'S SUMMER CAMP FOR 9<sup>TH</sup> GRADERS

### Local Field Trip Permission Form

**WHEN:** , July 5<sup>th</sup>, 2017 through Thursday, August 10<sup>th</sup>, 2017  
**TIME:** Between the hours of 9 am to 2:00 pm  
**WHAT:** Concilio Field Trips  
**LOCATIONS:** Greater Philadelphia Area

As part of Concilio's OST Summer program the youth will be taken on several trips within the Greater Philadelphia Area over the next six weeks of programming. This slip enables us to take the youth on local visits and walks. These trips will only involve the local vicinity. Adequate adult/pupil ratios will be maintained at all times. If parents fail to complete this form we will not be able to take their children off Concilio's site on such occasions.

Please indicate below whether or not your child will be allowed to participate in the local field trips. If you have any questions please feel free to reach out to **Taalen Traub, Concilio's OST Coordinator at 267.559.5145** and **Group Supervisor, Gloria Torres at 267.988.5577**.

**Please complete and return the bottom portion of this form.**

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 Yes, I/We give permission for \_\_\_\_\_ to be taken on walks/trips in the local area.

No, I/We give permission for \_\_\_\_\_ to be taken on walks/trips in the local area.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_



# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

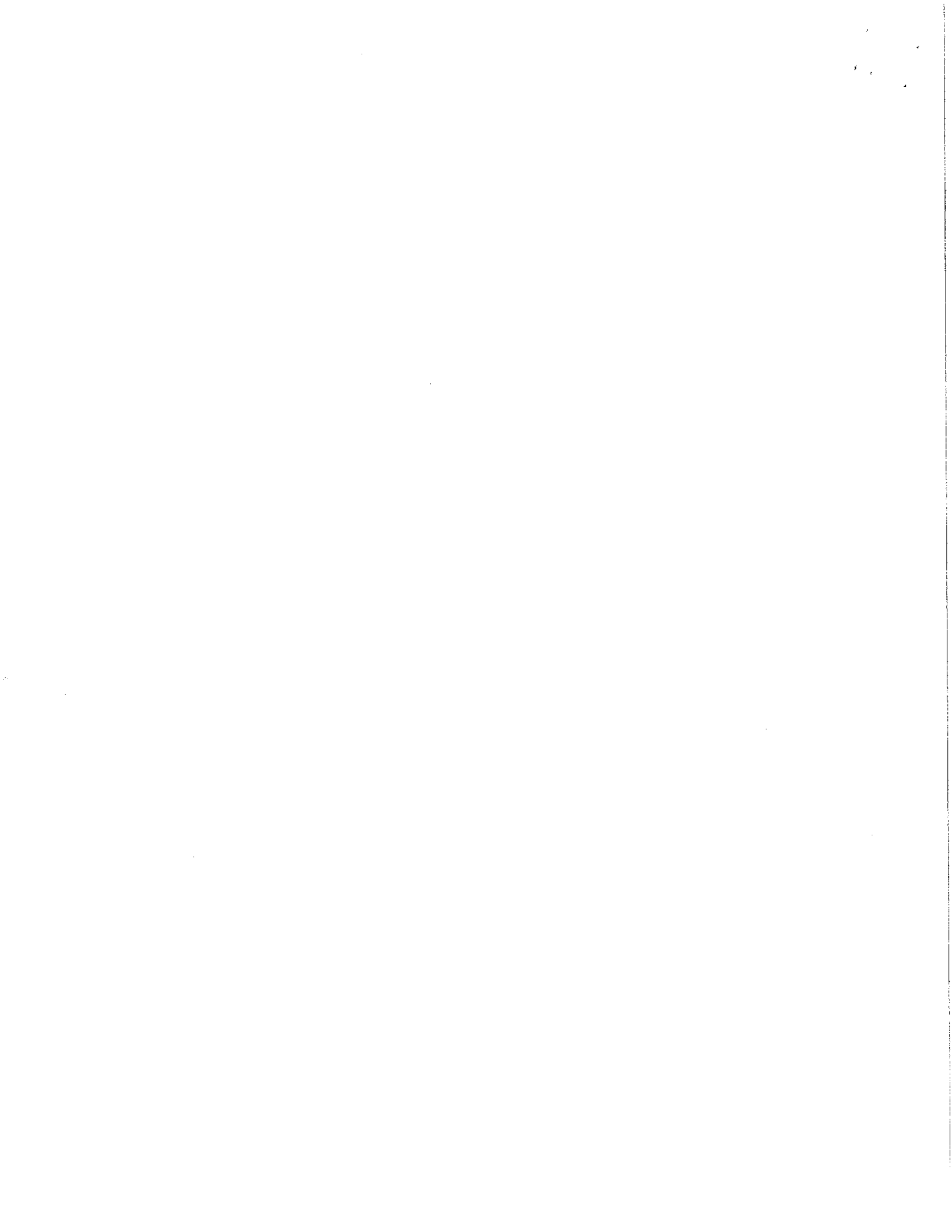
<b>CHILD'S NAME</b>		BIRTHDATE
ADDRESS		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S)</b>	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	NAME	ADDRESS
TELEPHONE NUMBER WHEN CHILD IS IN CARE		
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>	<b>ADMIN. OF MINOR FIRST - AID PROCEDURES</b>	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	
<b>PERIODIC REVIEW</b>		

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE







**Concilio Out of School Time Program Media Release  
For Video & Photo Interview (Under 18)**

**Please print clearly and answer each question:**

Student: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Please initial the appropriate box:**

1) I give permission for my child to be interviewed and photographed by a member of Concilio staff to highlight the work that students and Concilio do together.

YES

NO

2) I give permission for my child's first name (but not last name), spoken words, and quotes to be used perpetually by Concilio or its representatives in Concilio's newsletters, website, official social media sites (including but not limited to Facebook and Twitter), and recruitment material or in the media without compensation. I hereby release Concilio from any claims arising out of my child's comments or participation in these works.

YES

NO

Parent/Guardian Name (Please Print) \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_



# Discipline Procedures

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1. 3 verbal warnings
2. Time-out
3. Withdraw student from fun activities
4. Call parent/guardian
  - a. Fill out parent contact form
5. Write up
  - a. Fill out OST incident report
  - b. Fill out parent contact form for **every** report
  - c. 3 Write ups per student automatic program withdraw
    - i. 1<sup>st</sup> write up, call home.
    - ii. 2<sup>nd</sup> write up, week of program suspension.
    - iii. 3<sup>rd</sup> write up, automatic withdraw from program.
  - d. Write up behaviors:
    - i. **Physical Aggression:** hitting, kicking, biting, pinching, Hair Pulling etc.
    - ii. **Self-Injurious Behavior:** self-harm or deliberate self-harm includes self-injury and self-poisoning, and is defined as the intentional, direct injuring of body tissue without suicidal intent, excluding injury resulting from Object Aggression.
    - iii. **Verbal aggression:** threatening or harmful manner. This can include obscene gestures and profanity, bullying/intimidation.
    - iv. **Inappropriate Sexual Behavior Toward Other:** attempts and/or successes at touching, groping, grabbing other in their private areas or making physical contact of a perceived sexual nature which is unwanted by the other person.
    - v. **Inappropriate Sexual Behavior Toward Self:** Any instance of a student putting their hands inside of their pants or rubbing their private parts on any other object or person with the intent of sexual stimulation.
    - vi. **Elopement:** Leaving the assigned building/structure without permission. This includes leaving a bus, or leaving grounds, such as a park, without permission.
    - vii. **Theft:** taking any item that is not theirs without permission and without the obvious intention to return it.
    - viii. **Consistent disengagement,** in activities and incompliant to complete homework

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