

**Project Transformation Oklahoma
Summer 2019 Application Form
Bartlesville First United Methodist Church**

(Please complete one form per camper.)

A completed application does not guarantee acceptance into the program.)

CAMPER INFORMATION

CAMPER FIRST NAME: _____ CAMPER LAST NAME: _____

Sex: M _____ F _____ Date of Birth (MM/DD/YYYY) ____/____/____ GRADE _____ (As of FALL 2019)

CAMPER AGE: _____ SCHOOL: _____

Please attach a copy of your child's most recent report card.

STREET ADDRESS _____ CITY _____ ZIP _____

CHILD'S RACIAL IDENTITY (circle all that apply):

African American

American Indian

Asian/Pacific Islander

Caucasian

Hispanic

Other: _____

If American Indian, what tribe(s) does your child identify with? _____

Has your child been a camper at Project Transformation in the past? Yes / No (*circle*) If yes, how many years? _____

Is your child eligible for free or reduced lunch? Yes / No (*circle*)

Is your child enrolled in a school where the majority of students are eligible for free or reduced lunch? Yes / No (*circle*)

Is your child one or more grade levels behind or at risk of falling behind in literacy? Yes / No (*circle*)

Number of members in household _____ Household Monthly Income \$ _____

Is your child in the foster care system? Yes / No (*circle*)

Does your child have any specific needs, learning disabilities, or behavioral issues?

Does your child have any food allergies or health problems?

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1 Relationship _____

FIRST NAME _____ LAST NAME _____

EMAIL: _____ CELL _____ WORK _____

PARENT/GUARDIAN #2 Relationship _____

FIRST NAME _____ LAST NAME _____

EMAIL _____ CELL _____ WORK _____

EMERGENCY INFORMATION

List two adults other than parent/guardian to contact in case of emergency:

Emergency Contact #1	relationship	email	cell#	work#
Emergency Contact #2	relationship	email	cell#	work#

PICK UP INFORMATION

CHECK ONE: My child has permission to ride the bus to and from the address listed above (bus is ONLY available if there is NO OTHER WAY for the child to attend the program)

An adult will pick up my child every day

List names of adults, other than parent/guardian, who have permission to pick up this child:

PARENT SIGNATURE _____ DATE _____

Children who participate in the program will not be discriminated against because of race, color, national origin, sex, age, disability, religion, or political belief.

Consents & Waivers

GENERAL PROGRAM POLICIES and ACTIVITIES

- I understand that my child should attend the program on a daily basis from start to finish. He/she should arrive at the program Monday through Thursday at 9:00 am and stay until 3:00 pm every day. I understand that picking up my child early on a regular basis does not allow my child to experience all the important aspects of the program.
- I understand that my child's attendance is required for their success in the literacy program. I understand that my child may not miss more than 5 days of camp throughout the entire summer. If my child is absent for more than 5 days, this may result in my child's removal from the program.
- I understand Project Transformation is not able to give my child medication unless specific conditions are arranged with the site supervisor. However, my child may bring his/her inhaler for asthma if I write a note to the program. I will be called if my child becomes ill.
- I understand Project Transformation is committed to providing a safe and positive learning environment. My child is expected to act respectfully towards others and site property. I understand that disrespect, inappropriate language, fighting, bullying, or damaging property will not be tolerated. If my child does not follow the discipline policies of Project Transformation, he/she will be suspended or expelled from the program.
- I agree to provide current working phone numbers where I can be reached during program hours. I will also provide two other emergency contact numbers. I understand that a parent/guardian or emergency contact must be available for my child at all times.

LIABILITY POLICY

- I will not hold Project Transformation, the site church, or any and all employees, owners, members, officers, agents, representatives, or subsidiaries of any of them, responsible for the actions, safety, or well-being of my child before he/she checks into the program or after he/she has checked out of the program each day.
- I hereby take full responsibility for my child's whereabouts and actions before and after he/she checks into the program. Thereby, I release and discharge Project Transformation, the site church, or any and all employees, owners, members, officers, agents, representatives, or subsidiaries of any and all claims arising in any way from actions, events, or omissions occurring before my child is checked in and after my child is checked out of the program each day.

Respond yes or no:

_____ Emergency Treatment: I hereby give consent for Project Transformation to seek medical treatment for my child in an emergency.

_____ Field Trips: I hereby give my consent for my child to participate in field trips and to be transported/supervised by staff or volunteers during camp.

_____ Picture/Name Release: I hereby give consent for my child's picture and name to be used for the Project Transformation program and its partner organizations/churches promotional purposes.

_____ Church Contact: I hereby give consent for the site church to use the address on this form to send correspondence regarding church events.

_____ I understand that Project Transformation programs are located on the premises of partner churches. Project Transformation sites are not licensed by the state as day care or child care facilities.

As the parent/guardian of _____, I agree to support the purposes and policies of Project Transformation.

Parent/Guardian Signature

Date

Children who participate in the program will not be discriminated against because of race, color, national origin, sex, age, disability, religion, or political belief.

Thank you for applying to Project Transformation Oklahoma!
We will notify you if your child is accepted into the summer program.

Project Transformation Information for Parents

June 3rd – July 25th
Monday thru Thursday; 9AM to 3PM
Entering 1st thru 5th Grades

Bartlesville First UMC
Phone Number: 918-336-3361

Who is Project Transformation?

- A partner ministry of the Oklahoma United Methodist Conference
- Provides a summer day camp for elementary age children focused on literacy development and other fun enrichment activities
- Trains college-age young adults to work directly with the children
- Helps connect churches to their surrounding communities

What is the purpose of the Summer Program?

To provide holistic programming in Project Transformation's four pillar areas of: 1) Developing Literacy, 2) Cultivating Leadership, 3) Celebrating Diversity, and 4) Serving Community. All curriculum and activities each week are related to at least one of four learning areas.

Who qualifies for the program?

Children who qualify for free or reduced school lunches and identify as struggling with reading. Children must be entering 1st – 5th grade as of the next school year. We DO NOT accept Kindergartners as our reading program is not designed for this age group.

What are the expectations of my child?

- To attend the **entire program day from 9am-3pm, all 8 weeks of camp!** If your child misses the program for three consecutive days, without prior communication with the Site Supervisor, Project Transformation reserves the right to give your child's slot to someone on the waiting list. Project Transformation will excuse up to 5 days of absences due to vacation.
- To follow Project Transformation's discipline policy and be respectful towards others and site property
- To participate in program components:
 - **Reading Time**
 - **Educational and Academic Enrichment Activities**
 - **Healthy Living Lessons & Physical Activities (if able)**
 - **Art Enrichment Activities**
 - **Science and Math Activities**

How does my child get to and from the program?

Parents/guardians are responsible for transportation or may choose to use provided bus transportation with a signed waiver. Children must be picked up promptly @ 3 PM.

Medication

We are not able to give a child medication and children should not bring medication to the site unless specific conditions are arranged with the site supervisor. Children with asthma are allowed to bring their inhalers, but must provide a note from the parent/guardian and, preferably, an Asthma Action Plan from a healthcare provider. Parent/guardian will be called if a child becomes ill.

Discipline Policies and Consequences

Children are expected to act with respect toward others and site property. Disrespect, inappropriate language, fighting, bullying, or damaging property will not be tolerated. In order to maintain a safe and positive environment, any child unwilling to follow Project Transformation's discipline policies will be suspended or dismissed from the program.

Emergency Contact Numbers

Parents/guardians must provide a current working phone number and two other emergency phone numbers. **We must be able to reach parents/guardians or emergency contacts at all times.**

How do I enroll my child?

Obtain a registration form from the site church office or call **918-336-3361**. If space is not available, you will be put on a waiting list.