



**Summer Fun Program
Application**

Child's name _____

Parent/Guardian's name _____

Address _____

Town _____ Zip _____

Phone _____ School _____ Grade _____

Transportation to and from the program

Please answer the following questions:

1. Do you participate in any other summer activities? If "yes", please list below. (Please include sports, clubs, or groups)

2. What do you like to do for fun during your summer vacation?

3. Are you supervised during summer vacation? If so, by who?



2009 Summer Fun Program
Participation and Transportation Release Form

The Summer Fun Program will be participating in a variety of different activities throughout the summer including field trips in which we will leave the premises of Penquis. Penquis will provide transportation to and from the premises of Penquis for these activities. We will be renting a bus and driver through Rowell's Garage, Dover-Foxcroft.

I _____ give permission for my child, _____, to participate in The Summer Fun Program of Penquis C.A.P., Inc. and to take part in any program activities and field trips. I will not hold Penquis, The Summer Fun Program, or their officials or employees responsible for any injury to my child resulting from transportation to and from, or participation in, The Summer Fun Program, or from anything that happens in conjunction with the summer program. I understand that I will be informed in advance of any activities requiring transportation. In the event of a medical emergency, I authorize the summer program and Penquis to obtain medical treatment for my child until I can be notified.

Participant's name: _____

Parent/Guardian's Signature: _____

Date: _____



Summer Fun Program

50 North Street ~ Dover-Foxcroft, Maine 04426 ~ Tel:(207) 564-7116

Participant's Name _____ Date of Birth _____ age _____
 Mailing Address _____
 Street Address _____ City _____ State _____ Zip _____
 Parent/Guardian's Name _____ Home Phone _____
 Place of Employment _____ Work Phone _____
 Parent/Guardian's Name _____ Home Phone _____
 Place of Employment _____ Work Phone _____
 Parent/Guardian's Signature _____ Date _____
 Person(s) allowed to pick up my child: _____

EMERGENCY CONTACT

Name/Relationship _____ Phone _____
 (this should be someone who can assume temporary care of your child if we cannot reach you)
 Family Physician _____ Phone _____
 Family Dentist _____ Phone _____

MEDICAL CONDITIONS

Medications that your child may need to take during the program

Allergies _____

Rules of The Summer Fun Program

1. Treat each other with respect.
2. Absolutely NO threatening others! No hitting, no pushing, no swearing or yelling and no throwing things.
3. Follow all instructions given by the program staff. If you have questions or concerns about the instructions you can discuss it with staff.
4. Participate in all program activities or other accepted activity.

DISCIPLINE POLICY

- 1.) Verbal warning
- 2.) Call to parent/guardian
- 3.) Child asked to leave for the day
- 4.) If behavior continues, dismissal from the program.

I have read and understand the Rules and Discipline Policy ____ (parent's initials) ____ (child's initials)

OPEN/CLOSED DOOR POLICY

____ Closed Door Policy: After arrival at the Summer Fun program, participant will remain unless picked up by a parent/guardian.

____ Open Door Policy: Participant may arrive and depart from Summer Fun program as they choose, however, participant must sign in and out. Penquis CAP and staff of the Summer Fun program will not be responsible for my child once they leave the grounds.



Summer Fun Program Photograph Release Form

The Summer Fun Program and Penquis have permission to photograph my child while participating in various activities throughout the program. I also give permission for Penquis staff to use my child's photograph and my child's name for informational purposes related to the Summer Fun Program. Such informational purposes may include, but are not limited to, newspaper articles, progress reports to our funding sources, reports to Penquis Board of Directors or reports to other community partners. I understand Penquis will give me, as the parent/guardian of this child, access to see the pictures that have been taken.

I, _____, give permission for Penquis to photograph my child _____ and for Penquis and to use my child's name and photograph for the purposes stated above.

Parent/Guardian signature _____

Participant _____

Date: _____