



2018 SUMMER LEADERSHIP ACADEMY

Dear current or future Kid Power student and parent/guardian,

This could be the best summer ever! You are cordially invited to participate in Kid Power’s Elementary School Summer Leadership Academy. This program is free to all participants, who must be current 2nd-7th grade students (during the 2017-18 school year) in DC. At the Summer Leadership Academy, you will have the opportunity to:

- Go swimming and take amazing field trips!
- Play fun games while learning!
- Learn how to garden and cook delicious food!
- Practice math and language arts!
- Learn how to start a small business!
- Meet new friends from all over the city!
- Gain leadership skills!

DETAILS:

Location: Capitol Hill Montessori @ Logan
 215 G Street NE, Washington DC 20002

Dates: July 2 – August 3, 2018
 (excluding July 4th Holiday)

Days: Monday – Friday

Time: 9:30am – 4:00pm (optional breakfast begins at 9:00am)

If your child is selected to participate in the summer program, you will receive a phone call from Kid Power staff. This is a small camp, with priority given to Kid Power alumni with a history of positive behavior.

Parents of all summer participants **MUST** report for a mandatory 30-minute drop-in orientation on Friday June 22nd between 12:00pm – 6:00pm at Kid Power’s Program Office, located at 755 8th Street NW. Your attendance will ensure that you and your child receive all the information necessary to have the safest and best experience this summer. Your child will NOT be permitted to attend the Summer Leadership Academy if you do not attend this orientation.

Please note that all camp participants must make their own way to and from camp each day. Capitol Hill Montessori is conveniently located next to Union Station (red line) and is accessible by many bus lines.

Please complete ALL of the attached application pages (front and back) and return the forms to us one of the following ways:

For Elementary School Camp
 (current 2nd - 4th grade students)

- Scan and email to Shana@kidpowerdc.org
- Mail to Shana Townes, Kid Power, 755 8th St. NW, Washington DC 20001
- Fax to the Kid Power office: 202-347-6360 (Attn: Shana Townes, Kid Power)
- Place in the large yellow Kid Power envelope in the main office of a Kid Power partner school

For Middle School Camp
 (current 5th - 7th grade students)

- Scan and email to nikia@kidpowerdc.org
- Mail to Nikia Stevenson, Kid Power, 755 8th St. NW, Washington DC 20001
- Fax to the Kid Power office: 202-347-6360 (Attn: Nikia Stevenson, Kid Power)
- Place in the large yellow Kid Power envelope in the main office of a Kid Power partner school



2018 SUMMER LEADERSHIP ACADEMY APPLICATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Ward _____

Grade (2017-2018 school year): ____ Current School Attending: _____ DCPS Student ID#: _____

Eligible for Free/Reduced Lunch? Yes ____ No ____ Date of Birth: _____

Student Gender: _____ Language spoken at home: _____ Race/Ethnicity: _____

Parent's Last Name: _____ Parent's First Name: _____

Parent's Address (if different) _____

Parent Cell Phone: _____ Backup Phone Number: _____

Email (required): _____

Backup Emergency Contact Person (besides parent listed above): _____

Backup Emergency Contact Phone: _____ Relation to student: _____

Adult(s) authorized to pick your child up from the program: _____

Adult(s) NOT authorized to pick your child up from the program: _____

List any of your child's medical, physical _____ or mental health needs that require special attention: _____

List any medications your child takes regularly: _____

List any food allergies: _____

Do you consent for your child to receive medical attention in the event of an emergency? Yes ____ No ____

PARENT/GUARDIAN STATEMENT

I hereby give permission for my child to participate in all activities conducted by the program, including educational and recreational activities at the local site, performing and visual arts activities at the local (school) site, field trips to educational and recreational activities away from the local (school) site, and sports/pool activities conducted in DCPS and/or DC Dept. of Parks and Recreation facilities. I further grant permission for my child: 1) to appear in person or in voice, video or photographic presentation for non-commercial radio, television, internet or print media reports and/or media campaign(s) resulting from participation in this program and its activities, 2) to complete confidential or anonymous surveys, and 3) to participate in interviews for evaluation purposes. I understand that if my child is not picked up from the local site by 4:30 pm, he/she may be taken to the Office of Child Protective/Emergency Family Services located at 400 Sixth Street, SW (202) 671-SAFE.

Signature: _____ Relationship to Student: _____ Parent/Guardian

Date: _____

form continued on reverse

PARENT/GUARDIAN STATEMENT

By signing this form, I agree to the following:

1. My child has the right to participate in all activities conducted by the program, including educational and recreational activities at the local site, performing and visual arts activities at the local (school) site, field trips to educational and recreational activities away from the local (school) site, and sports/pool activities conducted in DCPS and/or DC Dept. of Parks and Recreation facilities. My child will make a full commitment to Kid Power programs and will attend all program activities unless a valid excuse is provided. Three unexcused absences may be grounds for termination from all programs.
2. Kid Power or any Kid Power personnel (staff or volunteers) will not be held responsible for child injury, death, or loss and/or property damage or loss during Kid Power events or arising from actions associated with the events, including transportation and the provision of meals, except in cases of criminal negligence and/or gross misconduct.
3. My child's picture, likeness, words, voice, and created work can be used for Kid Power or DCPS informational, media, program, or fundraising purposes.
4. Kid Power staff may have access to my child's academic records, including report cards, attendance information, teacher notes, IEP's, and standardized test scores.
5. My child may participate in any assessments, interviews, and/or evaluations administered by Kid Power or Kid Power-approved evaluators.
6. I will be responsible for all transportation to and from programs.
7. I authorize any necessary emergency medical treatment and assume liability for all medical expenses involved. Should a medical emergency arise, I consent to:
 - a. the administration of medical treatment, including surgical procedures deemed necessary by a medical doctor or facility selected by Kid Power personnel, and
 - b. the immediate administration of medication, including aspirin, and other measures deemed necessary by medical or Kid Power personnel under emergency circumstances. All effort will be made by Kid Power to contact child guardian.
8. Kid Power has the right to terminate my child from its programs at any time and for any reason.

Signature: _____ Relationship to Student: _____
Parent/Guardian

Date: _____