



Dayton Scholars Summer Program 2024

Pre-K to 5th Grade (based on 23-24 school year)

Program Dates: June 3rd - July 12th, 2024

Completed applications can be emailed to daytonscholars@gmail.com or mailed to 5301 Free Pike, Dayton, Ohio 45426, c/o Dayton Scholars

Incomplete applications will not be accepted.

Please direct any questions to daytonscholars@gmail.com or 937-671-0470

Student Information:			
Student's First Name:		Middle Name:	Last Name:
Student's Birth Date (mm/dd/yyyy):	Gender: Male Female	23-24 Grade level	
Student's First Name:		Middle Name:	Last Name:
Student's Birth Date (mm/dd/yyyy):	Gender: Male Female	23-24 Grade level	
Student's First Name:		Middle Name:	Last Name:
Student's Birth Date (mm/dd/yyyy):	Gender: Male Female	23-24 Grade level	
Home Address:	City:	State:	Zip:
Home Phone:	School		
Race: (Circle One): <div style="display: flex; justify-content: space-between; padding: 0 10px;"> Caucasian African American Hispanic Other: _____ </div>			
Languages spoken in the home (Circle all that apply): <div style="display: flex; justify-content: space-between; padding: 0 10px;"> English Spanish Other: _____ </div>			
Parent/Guardian Information:			
Name of Parent/Guardian (first middle last):			Relationship to student(s):
Home Phone:	Cell Phone:	Email address:	
Employed: Yes No	Employer:	Employer's Phone	

Employer's Address:	City:	State:	Zip:
Do you have health insurance (Circle One) YES NO If YES, who is your provider _____			
For demographic purposes, indicate the annual family income (please check one): <input type="checkbox"/> 0-\$14,999 <input type="checkbox"/> \$15,000 - \$24,000 <input type="checkbox"/> \$25,000 - \$34,999 <input type="checkbox"/> \$35,000 and above			
Application Submission Date (to be completed by Staff): 			
General Information:			Please circle Yes or No. Leave none blank.
During the 23-24 school year, was your household eligible for the free or reduced lunch program?		Yes	No
Are there any activities your student cannot participate in due to physical, social or religious reasons? If YES, please specify:		Yes	No
Are you willing to volunteer in the classroom during the Dayton Scholars summer program?		Yes	No
Releases:			Please Initial Each Release. Leave none blank.
ASSESSMENT & RECORDS RELEASE: I allow Dayton Scholars to assess my student's reading and cognitive skills to measure progress.			
PERSONAL RELEASE STATEMENT: I understand that there are risks of injury in any recreation activity and that I voluntarily assume such risks. I take full responsibility for the actions and physical condition of my student. I agree to indemnify and hold harmless Dayton Scholars from Liability, Loss, Costs or Expenses (including but not limited to: attorney fees, medical, dental or ambulance costs) that my student may incur while participating in the Dayton Scholars program.			
INFORMATION UPDATE AGREEMENT: I understand it is my responsibility to keep the information on this form current. I will inform Dayton Scholars immediately when my phone number, address, employment, student's health or emergency contact information changes.			
MEDIA RELEASE: I GIVE PERMISSION TO Dayton Scholars to take and use photographs and video tapes of my student for education and promotional purposes. My student's pictures may be seen in any media outlet including print, on the internet, and on TV. My student may appear in media coverage and promotional information approved by Dayton Scholars and other partners as they arise.			
MOVIE/VIDEO/DVD RELEASE: I give permission for my student to view G-rated and/or PG rated movies during the Recreational program when relevant to SEL.			
FIELD TRIP/SPECIAL EVENT PERMISSION: I give my permission for my student to participate in all special trips or excursions where he/she will be walking; riding on a bus, in a private transportation company bus or in church vans for the program site; away from the school. <i>(Parents will be notified of dates and destinations of each excursion.)</i>			

ATTENDANCE and BEHAVIOR AGREEMENT: I will notify Dayton Scholars when my student will be absent. If my student misbehaves or staff has other concerns, I understand Dayton Scholars staff will communicate and work with me to create a plan that will allow my student to participate in a more positive way in the program. A student who is potentially dangerous to other students or staff, or who continually disrupts the program or goals created for the group as a whole will not be allowed in the program. Additional information on **Attendance** and our **Discipline Policy** will be available in the **Parent/Student packet**.

Please remember to notify Dayton Scholars of any and all emergency phone number changes

Parent Signature _____

Date _____

Please Indicate your location preference below with 1 being the most preferred location, 2 second best option, 3 being the least preferred location.

College Hill Community Church _____

1547 Philadelphia Drive, Dayton, Ohio 45406

Corinthian Baptist Church _____

700 S James H McGee Blvd. Dayton, Ohio 45402

St. Margaret's Church _____

5301 Free Pike Trotwood, Ohio 45426