



____ Activity Fee Paid

**Project Transformation Oklahoma
Summer 2022 Application Form
St. Paul United Methodist Church**

(Please complete one form per camper.)

CAMPER INFORMATION

CAMPER FIRST NAME: _____ **CAMPER LAST NAME:** _____

Sex: M _____ F _____ **Date of Birth (MM/DD/YYYY)** ____/____/____ **GRADE** _____ (As of FALL 2022)

CAMPER AGE: _____ **SCHOOL:** _____

STREET ADDRESS _____ **CITY** _____ **ZIP** _____

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

African American **Asian/Pacific Islander** **Caucasian** **Hispanic** **Other:** _____

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?

Please Circle One

CAMPER T-SHIRT SIZE: Youth XS S M L XL Adult S M L

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1

FIRST NAME _____ LAST NAME _____

EMAIL: _____ CELL # _____ WORK # _____

PARENT/GUARDIAN #2

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#
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Emergency Contact #2	relationship	email	cell#	work#
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PICK UP INFORMATION

CHECK ONE: _____ My child has permission to walk home

_____ 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 9:00am and stay until 3:00pm 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.

GENERAL

- ☐ 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.

Covid Waiver

FOR PARENTS/GUARDIANS

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Project Transformation (PT) has put in place preventative measures to reduce the spread of COVID-19. These measures include the vaccination of all AmeriCorps members and That being said, PT cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending PT could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending PT and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at PT may result from the actions, omissions, or negligence of myself and others, including, but not limited to, PT employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any exposure or infection by Covid-19 to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at PT or participation in PT programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless PT, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of PT, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any PT program.

Signature of Parent/Guardian Date: _____

Name of Parent/Guardian: _____

Name of PT Participant(s) *[kids enrolled in PT]*: _____

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 6th – July 28th

St. Paul United Methodist Church

Monday thru Thursday; 9AM to 3PM; 1st thru 5th Grades

918.687.7571

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 and may instruct his/her child to walk to and from the program. 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. Parent/guardian will be called if a child becomes ill.

Discipline Policies and Consequences

Children are expected to act with respect towards 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) 687-7571. If space is not available, you will be put on a waiting list.

2021 Covid Policies

Each child and parent must adhere to PT Covid Policies. Each child will be expected to bring a clean mask/face covering each day, and follow all other social distancing guidelines set in place by the camp staff. Parents are required to wear a face covering when picking up or dropping off their child.