



Camp LEARN Monroeville 2024 Registration Form

Please mark if you will need: Before Care Aftercare Both Before & Aftercare

| Child #1 | Child #2 |
|--|--|
| Last Name _____ | Last Name _____ |
| First Name _____ | First Name _____ |
| Street Address _____ | Street Address _____ |
| City _____ Zip _____ | City _____ Zip _____ |
| Birthdate ____/____/____ Gender <input type="checkbox"/> M <input type="checkbox"/> F | Birthdate ____/____/____ Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| Age _____ Grade entering Fall 2024 _____ | Age _____ Grade entering Fall 2024 _____ |
| School attending _____ | School attending _____ |
| Ethnicity: <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, not Hispanic or Latino | Ethnicity: <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, not Hispanic or Latino |
| Race: Please check one or more <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Other Race _____ | Race: Please check one or more <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Other Race _____ |

Child lives with: Mother only Father only Both Parents Parent & Step-parent
 Legal Guardian Other _____

Please check all that apply: Free School Textbook Fees Reduced School Textbooks Fees
 SNAP/Food Stamps Energy Assistance Hoosier Healthwise TANF (Cash Assistance)

Parent/Guardian #1 Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Cell phone: _____ Work phone: _____
Employer: _____ Email _____

Parent/Guardian #2 Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Cell phone: _____ Work phone: _____
Employer: _____ Email _____

EMERGENCY CONTACTS (List two local people who can be reached during program hours if a parent/guardian is not available).

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Optional In addition to the above names listed, the following people have permission to pick up my child(ren):

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Is there anyone to whom your child SHOULD NOT be released? _____

Is there a custody agreement in place? YES NO **Paperwork must be on file.**

INSURANCE/MEDICAL INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Are there any special needs to consider? If so, a special needs **INTAKE FORM** is required with registration.

Child's Name: _____

- Allergies Asthma ADD or ADHD Autism Diabetes Epilepsy Hearing/Visually Impaired Learning Disabilities
 Physical Disabilities Behavior Management Plan IEP (Individual Education Plan) Other: _____

Medications: We prefer not to give any medication to children. Under very limited circumstances we will administer medication prescribed by a physician. Parents/guardians **must** provide a physician signed permission form **before** staff may administer any medication. A physician and parent medical permission forms, as well as the pharmacy label directions must match up. Please don't send medications with your child. Medications should be given directly to the Program or Site Director. Medication release forms are available at **LEARN Resource Center**.

I certify that I am the parent/legal guardian of this child(ren) and that I have authority to make the representations and grant the authorizations contained herein. I have read and fully understand the terms and conditions of participation in the Summer LEARN Program.

I acknowledge that I have access to the Summer LEARN Parent Handbook on the agency's website (learnresourcecenter.org) and agree to adhere to LEARN policies and procedures outlined in the Parent Handbook.

Parent's Signature

Date

Email forms to michele@learnresourcecenter.org
LEARN Resource Center
610 Professional Park Drive
New Haven, IN 46774
(260) 749-9516



LEARN Summer 2024 Program Consent Form

Child #1 Last Name: _____ First Name: _____

Child #2 Last Name: _____ First Name: _____

Child #3 Last Name: _____ First Name: _____

Emergency Medical Release

In case of a serious accident/injury/illness, I hereby authorize LEARN Resource Center staff to call "911" BEFORE notifying me or my physician. If an ambulance is necessary, I understand that LEARN Resource Center will not be held responsible for any costs this action may incur.

Child's Doctor _____ Preferred Hospital _____

Photo Release

I give LEARN Resource Center permission to publish in print, electronic, or video format the likeness or image of my child(ren). I release all claims against LEARN Resource Center with respect to copyright ownership and publication including any claim for compensation related to the use of the materials in publicity, illustration, advertising, and Web content.

Signature of Parent/Guardian

Date

Consent to Share Educational Records and Information

I authorize East Allen County School Corporation and LEARN Resource Center and partner agencies to exchange information related to my child. This information includes, but is not limited to:

- Permission to interact with your child's teacher on a regular basis.
- Access to attendance, class work/homework and report card grades.
- Access to test scores (i.e., DIBELS, I-READ, I-LEARN)

All information will be kept confidential by the receiving organization or agency. The information exchanged will be used to meet grant requirements. I understand the personal records are protected by various federal and state laws and cannot be disclosed without this, my written consent, unless otherwise authorized.

I have read and fully understand the above statements.

Signature of Parent/Guardian

Date



**Financial Qualification Form
Camp LEARN 2024 - Monroeville**

This form will be used to determine if your family qualifies for the free Camp LEARN Monroeville Program held from 9 AM – 3:30 PM, June 3-July 26. Please type/print clearly and fill out all information completely. We cannot make a determination without complete information. This form **will not be processed** if not completed.

Any inaccurate or falsified information will disqualify you from the program (i.e. failure to identify actual household income or other assistance).

By completing and signing this application, you authorize a representative of LEARN to contact agencies or businesses listed to verify the information recorded by you. You will be notified by email if you have or have not met the financial qualifications. If you do not have an email, you will be notified by phone. Please allow a minimum of two weeks for this application to be processed.

You may be asked to submit a copy of any of the following documents to verify all household income:

- Your most recent 1040 federal income tax return (if you file “Married Filing Separately,” please provide both returns) **AND**
- Most recent 30 days income for all wage earners
- Verification of any government assistance
- Current SSI documentation
- Proof of unemployment
- Documentation of any Federal Assistance such as food stamps, rent financial assistance or Aid to Dependent Children, TANF, **AND**
- Court order verifying child support

PERSONAL INFORMATION

Please print or type

| | |
|--|--|
| Parent’s Name: _____ | Parent’s Date of Birth: ____/____/____ |
| Marital status: Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> | |
| Home Address _____ | Home Phone _____ |
| City _____ | State ____ Zip _____ Cell Ph. _____ |
| Employer _____ | Work Phone: _____ |
| Email Address: _____ | |

LIST ALL ADDITIONAL ADULTS AND ALL DEPENDENTS LIVING IN HOUSEHOLD:

| Name | Birthdate | Age | School Attending | Relationship |
|------|-----------|-----|------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I/household member receive:
(Please mark all that apply)

Energy Assistance

Hoosier Healthwise

Brightpoint (Headstart)

Brightpoint (Childcare Vouchers)

TANF (Cash Assistance)

SNAP (Food Stamps)

| Income | Adult 1 | Adult 2 | Adult 3 |
|-------------------------------------|---------|---------|---------|
| Gross income (for all wages & tips) | | | |
| Child support | | | |
| Social Security Benefits | | | |
| Unemployment | | | |
| Government Assistance | | | |
| Any other income | | | |

| Expenses | |
|---------------------------|--|
| Mortgage/Rent | |
| Utilities | |
| Groceries | |
| Cell Phone(s) | |
| Auto (loan and insurance) | |
| Satellite/cable | |
| Credit card payments | |
| Childcare | |
| Other Expenses | |
| TOTAL | |

Questionnaire:

Number of children you are applying for scholarships for: _____

Why are you applying for scholarship funding?

What volunteer service can you provide to LEARN Resource Center?

What is the dollar amount that you are able to pay each week?

\$ _____

I certify that all information on my application is true and complete to the best of my knowledge and any misrepresentations may result disqualifying for the 2024 Camp LEARN Program in Monroeville. I further understand that qualification is only for Summer 2024.

Signature of Applicant _____ Date _____