

Summer Application Packet

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Summer Food Program Information

What you must return:

Energy Express Application (if you have not already done so)

Chapel Application Form

WVU Energy Express Health Form

Thank you! If you have any questions, call us at 304.232.2630 or email us at laughlinchapel@lumos.net.

Happy Summer!

Remember, Summer Program is June 17 to July 26, 8:30 to 3:00. Regular attendance is required. Your child cannot be in both the Chapel program *and* Ohio County Summer School!

Dear Parent/Guardian,

We are now making the full summer program application available. We have received your Energy Express application, but you must complete the enclosed application for the Chapel in order to participate in the summer. You must complete the packet for each child you have enrolled.

We have limited spots available, with a waiting list. *Please consider your child's availability to participate and complete the program, as enrollment is limited.* We understand that there are family events and vacation, but the curriculum is on-going, which makes regular attendance important. **If your child is signed up for 4-week Ohio County Summer School, they are not eligible to attend Energy Express.**

Energy Express is Monday – Friday, 8:30 am until 3 pm. Afternoons are spent in recreational activities, including visits to local parks and pools. We will begin on Monday, June 17 and end on Friday, July 26th. The 4th of July is a holiday.

Even if your child does not want to attend afternoon recreation, we encourage you to have them attend the morning session of Energy Express. Our ability to offer this effective program through WVU is maintained by having regular attendance.

You may find duplication in some of the application packet forms. This is because Energy Express is a partnership with WVU Extension programs. We have done our best to limit paperwork!

For information regarding summer programs at the Chapel, *including the opportunity to volunteer*, please contact me at the Chapel at 304-232-2630 or programs@laughlinmemorialchapel.org. We look forward to spending the summer with your child!

Sincerely,

Judi Saunders
Program Coordinator



Summer Program Application

Child Information

Child's Full Name _____

Child's Preferred Name/Nickname: _____

Child's Date of Birth ___/___/___ Age _____ Male Female

Entering Grade: _____ School: _____

Select One: ___ Hispanic ___ Non-Hispanic

My child identifies as (you may select more than one):

___ Asian ___ Black/African Amer. ___ White

___ American Indian/Alaska Native ___ Native Hawaiian/Pacific Islander

Medical Information – Complete the Extension Service Health Form

Caregiver/Parent Information

Parent/Guardian: _____

Best Phone: _____ Additional Phone _____

Parent/Guardian: _____

Best Phone: _____ Additional Phone _____

Additional People Who May Pick Up My Child:

Name

Phone

By legal/court order, the person(s) named below is not permitted to pick up my child and/or have contact with my child. We cannot deny contact or make special arrangements without verifying documentation.

Changes in contact information, emergency contact information, pick up information, etc. must be communicated to the Chapel. Changes in pick up/drop off locations must be submitted in writing.

Medical Release

I understand that Laughlin Memorial Chapel is not a medical facility and that they do not have licensed medical professionals on the premises. I understand that my child, [REDACTED], will be properly supervised during activities but that sometimes, accidents do occur. I understand that medical and/or hospital care will be sought if a serious injury or illness develops while by child is at LMC. I also understand that Laughlin Memorial Chapel does not have medical insurance coverage on my child. The cost of emergency medical transportation and/or treatment is solely my responsibility. I will not hold Laughlin Memorial Chapel, its Board of Directors, its staff, its volunteers or its supporters liable for accidental injury, illness or death. I have informed Laughlin Memorial Chapel about all medical conditions and/or allergies relating to my child. I further understand that in the case of serious injury or illness attempts will be made to notify me and/or those I have listed as emergency contacts. If it is not possible to contact me, I give my permission for emergency treatment or surgery as recommended by any qualified medical facility or personnel.

- I agree to the statement regarding emergency medical treatment. Initial: _____
- I *do not* agree to the statement regarding emergency medical treatment. Initial: _____

Medication

I understand that Laughlin Memorial Chapel is not permitted to dispense medication of any kind (over the counter or prescription) to my child at any time. Please do not send medication to the Chapel with your child.

Media Release (you must mark one statement)

I give permission to Laughlin Memorial Chapel to use photos and/or video of my child, named on this application, taken during LMC activities for promotion and publicity of Laughlin Memorial Chapel programs. These photos and/or video may be used in publications of the organization, posted to the Laughlin Memorial Chapel website, posted on social media sites operated by Laughlin Memorial Chapel and/or released to the news media for use in articles or news stories about the organization and/or to be used in promotional advertising for the organization on television or in other media. I understand that these photos and/or video are the property of Laughlin Memorial Chapel and may be used by them for the purposes of promotion and/or news stories for an indefinite period of time. I will in no way expect or accept payment or royalties for use of these photos and/or video. I understand that I may revoke this permission at any time by giving written notice to Laughlin Memorial Chapel, PO Box 6195, Wheeling, WV 26003.

I do not give permission for photos and/or video of my child to be taken by Laughlin Memorial Chapel.

Sickness Policy

The Chapel will follow recommendations of the CDC and/or Ohio County Schools. Children showing signs of illness such as cough, fever, chills, muscle pain, sore throat, nausea, vomiting, or diarrhea should not attend Chapel.

Policies for Chapel Participation

1. Updated contact information (home phone, cell phone, address, etc.) must be on file with the LMC office.
2. Changes to arrangements for pick-up or drop-off of children must be made in writing and be signed and dated by the parent or guardian.
3. Any message you may have for your child can be phoned into the Chapel and left with whoever answers the call.
4. Children are not permitted to use cell phones, tablets or other electronic devices while participating in Chapel activities unless furnished for the learning environment.
5. The Chapel fosters respect for people and the learning environment. Violence, vandalism, theft, bullying, disruptive/unsafe behavior, bad language – at the Chapel, on the bus, or at off-premise activities -- will result in disciplinary action.

By signing below, I agree that I have reviewed the policies above and understand that I may receive notification if my child does not practice appropriate behavior at Chapel, during off-site activities, or on the bus. Repeated disruptive or unsafe behavior may result in disciplinary measures, up to and including expulsion.

Parent/Guardian Signature

By my signature I agree that I have reviewed all information in the application regarding transportation, policies, conduct, media participation, and medical care. I give permission for the below named child to participate in Chapel programs.

Child's Name: _____

Parent Signature

Date

Energy Express Child Enrollment Application

Completing this application does not guarantee enrollment. The number of child applications we receive may exceed the number of openings we have available. If your child is offered enrollment in Energy Express, you will be notified prior to the start of the program.

Name: _____

Gender: Male Female Birth Date: _____ / _____ / _____

What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.

Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: a person having origins in any of the black racial groups of Africa.

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.

Age: _____ Number of years child has attended Energy Express: _____

School: _____

Current teacher's name: _____ Grade entering this coming fall: _____

Directions to home: _____

Energy Express site location preference: _____

CUSTODIAL PARENT/GUARDIAN: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

SECONDARY PARENT/GUARDIAN: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

EMERGENCY CONTACT: _____

Relationship: _____ Phone: _____

Will your child have to miss any days of Energy Express? Yes No

If yes, when? _____

Does your child qualify for free or reduced lunch? Eligible for free lunch Eligible for reduced lunch Not eligible

Does your child receive services through special education? Yes No
If yes, what kind? LD PD ED/BD MI Speech Gifted Other

Does your child receive individual or small group Title I services? Yes No

- If your child requires disability-related accommodations in order to participate in Energy Express, please contact Jill Hess, ADA Coordinator, WVU Division of Diversity, Equity and Inclusion, at 304-293-5600.
 - A copy of your child’s Individualized Education Plan, Section 504 or other appropriate documentation is required to determine reasonable accommodations.
 - Personal attendant services are not provided by Energy Express, but the use of a personal attendant will be authorized to ensure the full participation of your child, if needed. A personal attendant may be necessary in some instances, such as to provide toileting needs, GI tube feeding, injectable medications or if your child requires 1-to-1 behavioral supervision. Contact Jill Hess for additional information.
- * **All accommodation requests should be made as far in advance as possible, as the accommodation process may take time to complete.**

WVU EXTENSION MEDIA RELEASE

Please choose one:

I do not consent to the publication of the image and likeness of the above named participant to be videotaped, audio taped or photographed.

I hereby give my consent for the image and likeness of the above named participant to be videotaped, audio taped or photographed for the following uses:

- Educational/instructional media
- Recruitment/outreach media
- Development media
- Newsworthy media documentation

I further authorize West Virginia University, WVU Extension and/or West Virginia University Hospitals, Inc. and their component parts to use this electronic media and/or photographs in any manner – whole or in part.

This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions thereof for the production of educational, instructional, promotional or institutional advancement materials, which support the educational and outreach activities of West Virginia University.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs, and I release West Virginia University and its component parts from all liability which could result from its use.

Energy Express is made possible through grants from various nonprofit agencies. In order to continue receiving these grants, Energy Express is asked to show its effectiveness through an annual evaluation conducted by an independent evaluator. Energy Express staff may test your child or ask them questions about the program as part of this evaluation to see how much progress he/she makes during the program. This information, along with basic demographic information, will be shared with the independent evaluator. **Any information received by the Energy Express staff or the independent evaluator from your child will be kept confidential, recorded only as group data and used only for the evaluation.**

For more information about the evaluation, contact Melissa Calabrese, Director of Energy Express, at 304-293-8762 or melissa.calabrese@mail.wvu.edu.

Signature of Parent or Legal Guardian (required)

Date

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, WVU is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal of retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs).

WVU is an EEO/Affirmative Action employer — Minority/Female/Disability/Veteran. Reasonable accommodations will be made to provide this content in alternate formats upon request. Contact the WVU Extension Office of Communications at 304-293-4222. For all other ADA requests, contact Division of Diversity, Equity and Inclusion at diversity@mail.wvu.edu.

Health Form

Provide complete information and return this form with the child enrollment application to the local WVU Extension office in your county.

PARTICIPANT INFORMATION

Name: _____

Home Address: _____

Gender: _____ Birth Date: _____ / _____ / _____ Age at Event: _____

Custodial Parent/Guardian: _____

Home Address (if different from above): _____

Home Phone: _____ Cell Phone: _____ Other: _____

EMERGENCY CONTACT INFORMATION

Name 1: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Name 2: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Other: _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No

If so, name of insurance company: _____ Group #: _____

Name on Insurance Card: _____ Phone: _____

PHYSICIAN INFORMATION

Physician's Name: _____ Phone: _____

ALLERGY INFORMATION

Do you have any allergies? Yes No

If yes, do you carry epinephrine, such as an Epi-Pen? Yes No

If yes, have you ever been hospitalized for these allergies? Yes No

Describe your allergies, including severity and other pertinent information: _____

PARTICIPANT INFORMATION

- Mentors **cannot** administer medication to children.
- Site supervisors will only be able to administer medication for **emergency purposes only** (i.e., Epi-Pen, Inhaler).
- Prescription medication must be taken before Energy Express and timed so that the next dosage will be after the child arrives home from the program.
- Over-the-counter medication will not be administered during Energy Express.
- There are no nurses on site. Medication should be administered at home whenever possible.

OTHER PERTINENT HEALTH INFORMATION

Does your child have any mental health needs that may interfere with them fully participating in this event?

Is there any additional information about your child’s health that you think is important or that may impact their ability to participate in this event?

ACCURACY STATEMENT

I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. In consideration for the opportunity to participate in the activity, I understand the state of West Virginia, West Virginia University, its Board of Governors, officers, employees, agents and volunteers are not liable in case of accidental injury or illness. I hereby further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I hereby give permission for emergency treatment or surgery as the attending physician recommends.

This health form is correct and complete as far as I know, and the person herein described has permission to engage in all Energy Express activities except as noted. I hereby give permission to Energy Express to provide routine health care, administer prescribed medications and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to Energy Express to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Energy Express to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of Energy Express.

Signature of Parent/Guardian: _____ **Phone:** _____



West Virginia
**SUMMER FOOD
SERVICE PROGRAM**

Nondiscrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

5. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
6. **fax:**
(833) 256-1665 or (202) 690-7442; or
7. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.