



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 my 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 the Chapel afterschool program.

Child's Name: _____

Parent Signature

Date

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 Application Packet

Contents:

Letter to Parent/Guardian

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!



In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

Fax: (202) 690-7442

Email: program.intake@usda.gov

This institution is an equal opportunity provider.

