



CITY KIDS WILDERNESS PROJECT ANNUAL ENROLLMENT FORM

DC Address: 2437 15th St NW, Washington, DC 20009 • Phone: 202.525.4930

WY Address: 13055 S. US Hwy 191 Jackson, WY 83001 • Phone: 307.739.0859

Fax to 1-888-317-8831 or email to monique@citykidsdc.org

A Parent or Legal Guardian must complete this form except where indicated otherwise. Every section must be completed and signed where indicated in order for the applicant to be considered for our program. **Unsigned forms will be rejected.** Please use ink and print clearly.

PARTICIPANT INFORMATION

Child's Name		Program Level	
Preferred Name	Gender	Birth Date	Age
Address		Apt #	
City	State	Zip	
Student Cell Phone ()		Student E-Mail	
Primary Guardian Phone ()		Primary Guardian E-mail	
Present School (2018-2019)		Grade Level	Ward

GUARDIANSHIP & EMERGENCY CONTACTS

Please list all adults living in the same household(s) as the applicant. If there is an issue of guardianship City Kids Wilderness Project (CKWP) should be aware of please explain below.

Name	Relationship	Name	Relationship
Name	Relationship	Name	Relationship

Parent(s) or legal guardian(s): Please give your full address, place of employment, and phone numbers where you can be reached. Tell us your relationship to the applicant, such as parent, grandparents, foster parent, etc.

Primary Guardian	Relationship	Primary Language
Home address	Apt#	Home phone ()
City	State	Zip
Workplace		Work phone ()
Email		Cell phone ()
Secondary Guardian	Relationship	Primary Language
Home address	Apt#	Home phone ()
City	State	Zip
Workplace		Work phone ()
Email		Cell phone ()

Additional contacts: In an emergency, if we are unable to reach you, who else may we contact?

Name	Relationship	
Work phone ()	Home phone ()	Cell phone ()
Name	Relationship	
Work phone ()	Home phone ()	Cell phone ()

In addition to the Primary Guardian listed here, is there an additional Guardian that should receive, review, and sign the waiver? If so, please list their contact information here:

What is the best way to communicate upcoming City Kid's Trips and Events with you and your child?

In case of emergency, is there anything you would like us to know about the contact information provided? (i.e. are some numbers better at different times of day; if there are multiple guardians we should call)

Are there any specific ways you would like us to support your child this year?

CITYKIDS

PARTICIPANT, STAFF AND VOLUNTEER WAIVER AGREEMENT

Assumption of Risk and Agreement of Release and Indemnity

Please read and sign this statement. If you have any questions regarding this statement contact us.

In consideration of the activities, trips, and associated services provided by City Kids Wilderness Project, its directors, employees, officers, volunteers, agents, trustees, contractors and all other persons or entities associated with it (collectively referred to as "City Kids"), I, the student or other participant participating in, or staff or volunteer in connection with, the activities described below (in either case, the "Participant"), or the parent or legal guardian of a minor Participant, hereby enter into this agreement (this "Agreement") and acknowledge and agree as follows:

Acknowledgment and Assumption of Risks

I understand that City Kids has taken reasonable steps to provide, or cause to be provided by or through one or more other organizations identified by City Kids, appropriate equipment and suitably skilled staff for its programs so that the Participant may participate in an activity for which the Participant may not be skilled. Nevertheless, I acknowledge that the activities of the program have risks, including certain risks which are inherent and cannot be eliminated without changing the unique character of the activity. I understand that City Kids does not want to frighten or reduce enthusiasm for the activity, but I acknowledge that City Kids has informed me that it is important for me to know in advance what to expect and to be informed of the activities' inherent risks. City Kids offers a wide variety of activities that may be strenuous, physically and emotionally. The inherent risks of these activities can include, without limitation, the loss of or damage to Participant's equipment or other personal property, injury, illness, or in extreme cases, permanent physical or emotional trauma, disability or death. The following describes many of those activities and their inherent risks.

Participants in City Kids programs or any program with which City Kids has cooperated or coordinated to provide any of the activities described herein ("Other Programs") live, camp and travel outdoors. The activities will depend on the program but may include some or all of the following: hiking, backpacking, skiing, snowboarding, and/or snowshoeing; camping and solo camping, including cooking over stoves, open fires or by other means; ropes and/or challenge courses, which involve strenuous activities conducted at significant heights above the ground; rock, wall or tower climbing; general sports; physical problem-solving activities; water activities including flatwater or white water boating, tubing, paddle-boarding, rafting, canoeing, or kayaking; or sea kayaking; surfing, or swimming; river crossings; bicycling; horseback riding; fishing; caving; indoor and outdoor rock climbing; vehicle travel and travel by public or chartered transportation or by taxi service; community and other service projects that may involve using tools, power equipment, ladders, or construction materials. Participants may engage in other activities not listed above, including training workshops and afterschool program activities. The program plan or activity may be modified to include an activity not listed above for any number of reasons, including convenience, weather, emergencies, or unexpected conditions.

Travel may be by vehicle, canoe, kayak, bike, on foot and by other means, over rugged and unpredictable off-trail terrain, including without limitation boulder fields, downed timber, rivers, rapids, river crossings, high mountain passes, snow and ice, steep slopes, and

slippery rocks. Attendant risks include collision, falling, capsizing, drowning, and other risks usually associated with such travel, as well as environmental risks. Environmental risks and hazards may include, without limitation: rapidly moving, deep or cold water; insects, reptiles, and predators, including large animals; contact with poisonous plants; falling and rolling rock; lightning, avalanches, flash floods, earthquakes, falling trees; discharge of weapons in or near the area of activity; and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include without limitation food and water related illness, hypothermia, frostbite, high altitude illnesses, sunburn, heat exhaustion, heatstroke, dehydration, fatigue; injury to limbs and extremities, including inflammation, cuts, burns, strains, nerve damage, and broken bones; and other mild or serious conditions up to and including death. Without limiting the foregoing, additional risks could include equipment failure or malfunction, risks caused or complicated by any mental, physical, or emotional conditions any Participant may have, inability to follow directions, being separated from other participants and leaders, physical contact with other participants or other individuals, and other natural or man-made hazards.

Trips occur in remote places where rescue or medical facilities or expertise may be hours, or even days away. Communication and transportation are difficult and sometimes evacuations and medical care may be delayed. Activities may be supervised or unsupervised; in particular, Participants may spend time alone in remote areas such as on a program solo. I understand that City Kids and/or the sponsors of Other Programs cannot and will not provide constant and total supervision and that Participants have responsibilities for their own welfare, including following directions and staying with the group. Additionally, Participants may be in urban or other areas with exposure to individuals who are not under the supervision or control of City Kids or the sponsors of Other Programs. Among other things, participants may be transported to and/or from activities by taxi without a chaperone.

Decisions are made by the staff/volunteers, contractors, students and other participants in a wilderness setting and are based on a variety of experiences, perceptions and evaluations which by their nature are imprecise and subject to errors in judgment. Misjudgments may pertain to, among other things, a Participant's capabilities, environment, terrain, water and weather conditions, natural hazards, routes and medical conditions. Throughout the program, Participants are responsible for their own safety and for the safety of other members of their group.

I have read and I understand all of the information above, and I am aware that City Kids programs and Other Programs include risks of injury or death. I understand that the descriptions of these risks above is not complete and that other unknown or unanticipated risks may result in property loss, injury or death. I agree to assume responsibility for the inherent risks described above and all other inherent risks of the activity. The Participant's participation in this activity is purely voluntary, no one is forcing Participant to participate, and Participant elects to participate in spite of and with full knowledge of the inherent risks. I acknowledge that I understand the information presented in this Agreement, that I have had the opportunity to ask any and all questions that I might have about the risks described in this Agreement. I also acknowledge that the staff of City Kids and/or the staff of Other Programs has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this program.

Agreements of Release and Indemnity

I hereby release, hold harmless, and agree not to sue City Kids, its officers, directors, trustees, agents, and staff, including employees, volunteers, interns, and all other persons or entities acting under their direction ("Released Parties"), with respect to any and all claims or losses of any kind, including, but not limited to, claims of loss or damage to person or property by reason of injury, disability, death, or otherwise suffered by the Participant, arising in whole or in part from my, or the minor Participant's, participation in the City Kids program or any Other Programs. I agree further to indemnify ("indemnify" meaning to defend, and pay or reimburse, including costs and attorney's fees) Released Parties against any claim or loss of any kind brought or caused by a member of my or the minor Participant's family, a rescuer, another participant, or any other person, which claim or loss arises in whole or part from an injury or

other loss suffered by me or caused by me, or suffered or caused by the minor Participant, in connection with my, or the minor Participant's, participation in the City Kids program or any Other Program. These agreements of release and indemnity include claims of negligence of a Released Party, but not of gross negligence or intentionally wrongful conduct. They are intended to be enforced to the fullest extent permitted by law.

The National Park Service and certain other public lands services may not allow for the assumption of risks other than the inherent risks or for the release of liability for claims of negligence. Therefore, for activities that occur on lands controlled by these agencies the assumption of risk in the above paragraph shall be enforced to the fullest extent allowable, and may be limited in certain circumstances.

Additional Provisions

I have verified with a physician and other medical professionals that I, or the minor Participant, have/has no past or current physical or psychological condition that might affect participation in the program, other than as described on the health form. City Kids has the right to fully rely on this information and I hereby confirm that it is accurate. However, if Participant's physical, medical or psychological condition changes during the course of an activity, the Participant will immediately alert staff. I authorize City Kids and/or the sponsor of an Other Program to obtain or provide evacuation transportation, emergency hospitalization, surgical or other medical care for the Participant, including routine tests and treatment. I understand that situations may arise in which third-party medical care is not available and which require staff to provide first aid and possibly more advance procedures, occasionally employing Wilderness First Responder or Wilderness First Aid training, as they deem necessary. I specifically hereby authorize any third-party medical care provider to exchange pertinent medical information about the Participant with City Kids, the sponsor of an Other Program, and/or other medical personnel as necessary, and I authorize City Kids personnel to share any pertinent medical information about Participant with any such medical care provider. I confirm that I have adequate medical/dental insurance to cover Participant's medical/dental expenses without recourse to City Kids or any other person or entity, and I further acknowledge that any medical/dental expenses not covered by my insurance shall be paid by me.

I agree, on behalf of myself and the minor Participant, to accept and abide by City Kid's honor code and rules and that violating these rules and regulations could place the Participant and others in danger of injury or death. I understand that City Kids has the right to dismiss any participant that disrupts the group or violates safety rules, or may otherwise be a risk to themselves or the group. I agree to be responsible for any damage that I, or the minor Participant, may cause, including to facilities, gear, property, or other participants. City Kids is not responsible for loss, theft or damage to a participant's personal belongings stored at City Kids facilities or the facilities of any Other Program. I understand and agree that City Kids may search my, or the minor Participant's, belongings at any time in search of prohibited or other items.

I authorize City Kids to have my, or the minor Participant's, image, voice, name, and/or story collected during or in connection with participation in any activity with City Kids or otherwise provided to City Kids, and use such image, voice, name and/or story in any format, including video, print or electronic as City Kids may deem appropriate to carry out its mission, including on the website and social media sites.

I agree that this Agreement and all other aspects of my, or the minor Participant's, relationship with City Kids, contractual or otherwise, are governed by the laws of the District of Columbia, disregarding "conflict of law rules" which might make applicable the laws of another jurisdiction. Further, any suit, mediation, or arbitration arising out of or relating to the Participant's enrollment or participation in this City Kids program or any Other Program or any other dispute with City Kids must be brought in or removed to the

courts of the District of Columbia. I hereby irrevocably and unconditionally waive, and agree not to plead or claim, any objection to the laying of venue of any action, suit or proceeding arising out of this letter agreement in such courts or that any such action, suit or proceeding brought in any such courts has been brought in an inconvenient forum. TO THE FULLEST EXTENT PERMITTED BY LAW, I HEREBY WAIVE ALL RIGHTS TO A TRIAL BY JURY IN ANY LEGAL ACTION TO ENFORCE OR INTERPRET THE PROVISIONS OF THIS AGREEMENT OR THAT OTHERWISE RELATES TO THIS AGREEMENT

I, the Participant, and my parent(s) or guardian if I am a minor, have carefully read, understood and accepted the terms and conditions stated herein and acknowledge that this Agreement shall be effective and binding upon myself, my heirs, assigns, personal representatives and estate and all members of my family.

Participant Printed Name _____

Participant Signature: _____

Date _____

If participant is a minor:

Parent / Guardian Signature: _____

Date _____

GENERAL HEALTH & FITNESS- This section must be completed by a parent or guardian.

****The General Health & Fitness form must be filled out each year, and all campers must submit a physical signed by a physician at least every two years. For the physical you may provide EITHER your child's most recent DC Universal Health Form OR a signed copy of the City Kids Health Exam Form.****

Health Insurance Information (please provide a front and back copy of the insurance card)

Is your child covered by family medical insurance? ☐ Yes ☐ No

Name of company _____ Name of policy holder _____

Policy #/Member ID _____ Company phone # _____

Does your child exercise regularly? ☐ Yes ☐ No

Activity	Frequency	How long?

How well does your child swim? ☐ Strong ☐ Intermediate ☐ Beginner ☐ Doesn't swim

Does your child have any allergies? ☐ Yes ☐ No

Allergies	Reaction	Medication (if any)

Does your child currently take any medications? ☐ Yes ☐ No

Include all medications your child is taking (including non-prescription or over-the-counter medication)

Medication	What is it for? (condition/symptom)	Dosage (how much/how often)	Start date	Side effects (if any)

Has your child been hospitalized, visited the emergency room or urgent care in the last 2 years? ☐ Yes ☐ No

List any hospital, emergency department, or urgent care visits

Date of visit	Reason for visit	Length of stay

Dietary Restrictions

My child has food allergies ☐ No ☐ Yes (please list) _____

Please check any dietary restrictions that apply

My child **DOES NOT** eat ☐ Beef ☐ Poultry ☐ Pork ☐ Seafood ☐ Eggs ☐ Dairy ☐ Gluten

My child is ☐ Vegetarian ☐ Vegan

Has your child had a tuberculin (TB) test? ☐ Yes ☐ No Date given _____ ☐ Positive ☐ Negative

Are your child's immunizations up to date? ☐ Yes ☐ No

Please attach a copy of the your child's latest immunization record from the doctor

Conditions and Symptoms (fill in every square)

Does your child currently have or have had any of these conditions in the past?

Condition	Y	N	Condition	Y	N	Condition	Y	N
Vision impairment (including glasses/contact)			Frequent dizziness or fainting			PMS/menstrual problems		
Hearing impairment			Seizure disorder/epilepsy			Shoulder problem		
Motion sickness			Seizure in past year			Knee problem		
Headaches/migraines			Diabetes			Elbow problem		
Circulation problems			Hypoglycemia			Wrist/hand problem		
High blood pressure			Cancer			Back problem		
Heart disease			Skin problems			Neck problem		
Heart murmur			Frostbite			Broken bones		
Irregular heart beat			Stomach ulcers			Ankle problem		
Family history of heart attack			Intestinal problems			Leg/hip problem		
Unexplained chest pain/pressure			Bladder infection			Foot problem		
Heart palpitations			Difficulty urinating			Frequent muscle cramps		
Frequent heartburn			Kidney problems			Head injury		
High cholesterol			Thyroid problems			Neurological impairment		
Bleeding disorder			Endocrine problems			Physical aids/medical equipment		
Blood disorder			Heat stroke			Bed-wetting		
Chronic cough			Altitude problems			Recurrent lung infections		
Asthma			Intolerance to cold/warm temperatures			Sleeping problems (including sleepwalking)		

If you answered yes to any of the above boxes please explain below

If you need more space please attach a separate sheet of paper (asthma plans, relevant medical records)

Condition	Detailed description

Are there any other physical conditions that may limit your child's participation in City Kids programs?

☐ No, my child is capable of participating fully ☐ Yes, I have concerns about my child's ability to participate

Other _____

MENTAL HEALTH & PERSONAL HISTORY

City Kids programs are physically and emotionally challenging. Therefore, some of the following questions are very personal and sensitive. It is important you answer these questions honestly and thoroughly for us to make informed decisions when you child is away from home on a City Kids program. **Please attach any additional information we should know about your child's health and behavior.**

Please help us get to know your child:

	Always	Often	Sometimes
My child is comfortable sleeping away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is cooperative in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is respectful of other children and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child likes to be active in sports, games, or clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child works hard in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is helpful at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My child is afraid of _____

My child enjoys _____

When my child is angry he/she is calmed by _____

When my child is sad or upset he/she is calmed by _____

Is your child in counseling now or has he/she been in counseling within the last two years? ☐ No ☐ Yes

If yes, when, for how long, and reason for treatment: _____

Has your child ever been diagnosed, counseled, or been involved with the justice system for any of the following?

- | | | | | |
|----------------------------------|---|--|---|--|
| <input type="checkbox"/> NO | <input type="checkbox"/> Suicide | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Depression | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Violent behavior | <input type="checkbox"/> Other |

If yes, explain _____

Has your child ever been convicted of a crime or accused of sexual misconduct? ☐ No ☐ Yes

If yes, explain _____

Has your child been suspended from school in the past 12 months? ☐ No ☐ Yes

If yes, please explain how many times, for how long, and for what reason: _____

Does your child receive Special Education services in school (or have an IEP)? ☐ No ☐ Yes

If yes, explain _____

Is your child identified as Limited English Proficient (LEP) at school? ☐ No ☐ Yes

Does your child have intellectual or emotional conditions that may affect his or her ability to participate in our programs or our ability to manage your child's needs? ☐ No ☐ Yes

If yes, explain _____

I feel good about sending my child on City Kids programs, including Wyoming ☐ Yes ☐ I have concerns

Please explain any concerns _____

TO BE COMPLETED BY DOCTOR ONLY- Health Exam by Licensed Medical Professional

The City Kids Wilderness Project camp programs include backpacking, white-water rafting, canoeing, horseback riding, and other strenuous physical activities in and around remote wilderness areas with limited access to medical care. A recent physician's exam is required of all participants. Examinations must be current within the past year. *****This form can be replaced with the DC Universal Health Certificate and any other prescribed action plans (i.e. Asthma Action Plan).***

Camper's name _____ Birth date ____/____/____

Date of most recent exam ____/____/____

Please check the appropriate recommendation, based on your examination for the camper.

The camper is fully able to participate in an outdoor adventure program in Wyoming.

☐ Yes ☐ No ☐ Yes, but only with restrictions or special needs accommodations (attach recommendations).

Please provide the following measurements and answer the questions that apply to this camper.

Height _____ Weight _____ Blood pressure _____

Are the above measurements within normal range for this camper? ☐ Yes ☐ No (attach explanation)

If the camper is currently under the care of a physician, please describe the condition.

What treatment is the camper currently receiving?

What medications are currently being used by the camper (name; dosage; frequency)?

Will camper continue treatments during City Kids program? ☐ Yes ☐ No

Does the camper have any of the following conditions or special needs? Please check the appropriate response.

Asthma ☐ No ☐ Yes (attach prescribed plan)

Epilepsy ☐ No ☐ Yes (attach prescribed plan)

Diabetes ☐ No ☐ Yes (attach prescribed plan)

Medically prescribed dietary plan ☐ No ☐ Yes (attach prescribed plan)

Known allergies ☐ No ☐ Yes (attach prescribed plan)

Check here if you have attached additional information for health care during the school year or at camp: ☐ Yes

Signature of Licensed Medical Professional : _____

Please print your name _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Date _____

CAMPER QUESTIONNAIRE – To be completed by Student Only

Complete the following statements in your own words and printing. Use ink and please be neat!

My favorite activity or thing to do is:

The accomplishment I am most proud of in the last year is:

As a part of the City Kids program, I am excited to do the following activities:

I am most nervous about the following:

What calms you when you are angry or upset?

These are my most recent grades in

Reading _____ Math _____ Science _____ Social Studies _____

Campers, please check one answer for each of the following:

- | | | | |
|---|--|-------------------------------------|---|
| 1. I feel comfortable sleeping away from home | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> I'm not sure |
| 2. I can swim in... | <input type="checkbox"/> Shallow water | <input type="checkbox"/> Deep water | <input type="checkbox"/> I don't like to/I'm afraid to swim |

Camper Signature

Date

CITY KIDS WILDERNESS PROJECT
Sign Out Permission Form

I, _____ approve of my child, _____'s participation in the City Kids afterschool program and/or City Kids outdoor trip programs. I have read and signed the program description and Participant Agreement included in the application, and understand that City Kids Wilderness Project will sometimes escort my child to locations other than the regular afterschool site as a part of daily activities and field excursions.

I understand am responsible for supervising and picking up my child promptly at the close of the afterschool program at 7:00pm or at the designated end-time of outdoor trips, unless City Kids staff have previously informed me of a change in schedule, or other arrangements have been made as indicated below. I understand that City Kids staff are unavailable to supervise my child past the close of the program.

City Kids will not dismiss students to unauthorized adults, or allow them to walk or take the metro without your parental permission.

Please check all that apply: ☐ *My child will be picked up every day by an adult*

☐ *My child is allowed to walk*

☐ *My child is allowed to take the Metro*

Other adults who may pick up or sign out my child:

Is authorized to pick up my child	Relationship	Phone Number
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Is authorized to pick up my child	Relationship	Phone Number
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Is authorized to pick up my child	Relationship	Phone Number
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Parent/Guardian's Name	Email	Phone Number
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Signature	Date
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**Office of Out-of-School Time Programs**1200 First Street, NE 8th Floor

Washington, DC 20002

202-442-5002

OutofSchoolTime@dc.gov

Dear Parents/Guardians,

In an effort to serve your child better in the afterschool program at his/her school, and to ensure that the program meets your child's academic needs, DCPS works with organizations that specialize in providing afterschool programs (Afterschool Providers). In order to more effectively tailor the afterschool program to your child's needs, further cultivate his/her strengths, and identify and develop areas where he/she is in need of improvement, DCPS would like to share certain student records related to your child with his/her school's Afterschool Provider(s). Under the Family Educational Rights and Privacy Act (FERPA), DCPS must first obtain your consent before sharing education records with the Afterschool Provider(s) at your child's school.

Please indicate below whether you consent to give the Afterschool Provider(s) at your child's school access to your child's demographic data, test scores, quarterly grades and, if applicable, Individualized Education Program materials. If you choose to consent to DCPS' sharing of this information about your child with the Afterschool Provider(s), you may request that DCPS provide you with a copy of the records disclosed. All staff members of the Afterschool Provider(s) with a right to access your child's education records have signed confidentiality agreements regarding the privacy of your child's education records.

_____ I **consent** to DCPS' sharing of my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with the Afterschool Provider(s) at my child's school for purposes of academic enrichment.

_____ I **do not consent** to DCPS' sharing of my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with the Afterschool Provider(s) at my child's school.

Signature of Parent/Guardian_____
Date_____
Printed Parent/Guardian's Name_____
Printed Child's Name_____
Your Child's School



Parental Release of Records and Information Consent Form

In an effort to serve your child better at City Kids Wilderness Project and to ensure that the program meets your child's needs, City Kids Wilderness Project would like your permission to obtain certain student records related to your child. Under the Family Educational Rights and Privacy Act (FERPA), City Kids and your child's school must first obtain your consent before sharing education records.

Please indicate below whether you consent to give City Kids Wilderness Project access to your child's demographic data, test scores, quarterly grades and, if applicable, Individualized Education Program materials. If you choose to consent to the school's sharing of this information about your child with City Kids Wilderness Project, you may request that the school also provide you with a copy of the records disclosed. All staff members of the City Kids Wilderness Project with a right to access your child's education records have signed confidentiality agreements regarding the privacy of your child's education records.

_____ I consent to my school sharing my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with City Kids Wilderness Project for purposes of academic enrichment.

_____ I do not consent to my school sharing my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with City Kids Wilderness Project for purposes of academic enrichment.

Signature of Parent/Guardian

Date

Printed Parent/Guardian's Name

Printed Child's Name

Your Child's School

FAMILY & FINANCIAL INFORMATION

Our program was established to serve financially disadvantaged children from the Washington, D.C. community. Therefore, it is important that we have some information about your household income and family. This information is kept confidential and only used for reporting and statistics for fundraising efforts.

Does your child qualify for free or reduced price school meals?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your family receive any of the following benefits?		<input type="checkbox"/> TANF	<input type="checkbox"/> SNAPs <input type="checkbox"/> Other
How many individuals are living in your home?		Minors (aged 0-17) years:	Adults (18 and older):
What is the employment status of adults in your household?			
# of Full-time workers:	# of Part-time workers:	# of Disabled Adults:	# of Adults in School:
What is the total yearly household income, including child support before tax deductions?			\$
What is the total yearly noncash income (free housing, food stamps, or other support)?			\$
What is the highest level of education among the child's parents?			
<input type="checkbox"/> Some high school <input type="checkbox"/> High school diploma <input type="checkbox"/> GED <input type="checkbox"/> Some college <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters			

SUMMER FOOD SERVICE PROGRAM

City Kids is a recipient of funding from the Summer Foods Service Program, a part of the USDA free & reduced school lunch program. This program provides significant funding for City Kids delicious food in the summer! In order to receive reimbursement for meals served at camp, **all campers must fill out the federal Meal Benefit Income Eligibility Form**, found on the next page. Please fill out the form reflecting your family's income for this year. Forms are kept confidential. 1st year applicants that qualify for free and reduced lunch will be prioritized during the application process. Please reach out to a City Kids staff member if you have questions about how to fill out this form, and thank you!

(For Use by Camps and Closed Enrolled Sites)

Apply online at www.abcdefgh.edu

Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Grade	Student?
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

 λ_1

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI?

IF YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income

every 17

4

B. All Adult Household Members (including yourself)

Pensions/Retirement/
All Other Income

Figure 1: A schematic diagram of a 2D grid representing a 10x10 array of elements. The grid is divided into four quadrants by a vertical line at column 5 and a horizontal line at row 5. The top-left quadrant (rows 1-4, columns 1-4) is labeled '1'. The top-right quadrant (rows 1-4, columns 6-9) is labeled '2'. The bottom-left quadrant (rows 6-9, columns 1-4) is labeled '3'. The bottom-right quadrant (rows 6-9, columns 6-9) is labeled '4'. The grid is surrounded by a border of '0's. The grid is labeled '10x10' at the bottom right.

THE

I certify (promise) that all information on this application is true and that all income is reported. Understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Daytime Phone and Email (optional)

Zip

State

Signature of adult completing the form

Today's date

APPLICATION AND PLANNING

2020 SUMMER 2020 Prototype Household Application for Free and Reduced Price Summer Meals

SERVICE PROGRAM (For Use by Camps and Closed Enrolled Sites)

Apply online at www.abcdetgh.edu

INSTRUCTIONS Sources of Income

Source of Income for Children	
Sources of Child Income	Example(s)
- Earning from work	- A child has a job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives social security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) - Strike benefits If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits	- Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Income from trusts and estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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, religious creed, disability, age, political beliefs, 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, audiotape, 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.asc.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; or
email: program.intake@usda.gov

This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income How often? ☐ Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐ Household size

Categorical Eligibility ☐

Eligibility:

☐ Free ☐ Reduced ☐ Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

