Summer Camp Enrollment Registration Checklist

Please make sure to bring this check list with you upon registration. Please make sure you have all the following when coming in to register your child/children. We **will not** accept any paperwork unless its **100% complete** with all documents signed. (Registration will occur annually). **All Balances need to be at $0 before registration can be accepted**. We will be accepting registration Monday – Friday, 1:00pm – 5:00pm starting March 4, 2024.

Summer Camp Packet

All Programs and Services

(This includes Full week paid programming families and CCDF receiving families)

____ Registration Packet with appropriate signatures
____ Registration Fee of $40 (CCDF $0)
____ Payment for 1st week
____ Up to date immunization records
____ Physical dated within 30 days of admission and signed by a Doctor or NP
____ Birth Certificate
____ CCDF Approval Letter (if receiving vouchers)

Office Use Only:	**Date**	**Initials**
Payment & All Documents Complete:	_____	_____
Contract:	_____	_____
Updated Info in Procare:	_____	_____
Tuition Updated:	_____	_____

Staff Signature: _____ **Date**:_____

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HAWTHORNE SUMMER CAMP
INTAKE AGREEMENT

Parent Initials

_____ 1. I have received a copy of the Parent Handbook which contains these policies. I understand that for my child to be enrolled and attend Hawthorne Community Center, I agree to follow and abide by the policies. I understand that if I fail to follow and abide by the policies, childcare services can be terminated. I understand that Hawthorne Community Center sets all policies and procedures based on compliance with state licensing regulations. I understand that at times there may need to be an addendum made to the handbook and I must read and sign that I agree to follow any new policies.

_____ 2. I understand the center is open from 6:30AM to 6:00PM Monday through Friday except for Closing dates in the Youth Programs Handbook and Posted on the parent board or in extreme circumstances.

_____ 3. I understand my child will only be released to those persons I have named on the "Emergency & Participant Release Form".

_____ 4. I understand the payment and tuition policies of Hawthorne Community Center.

_____ 5. I understand the Discipline Policy and Behavior Management Procedures as presented in the Parent Handbook and understand the behaviors that will not be allowed by my child.

_____ 6. I understand the following items as presented in the Parent Handbook:

- Youth Programs and Activities
- Parental Involvement
- Health, Nutrition and Safety
- Center Hours and Routine
- Registration and Fees
- General Policies and Information
- Discipline
- Early Childhood Information
- School Age Information

_____ 7. I understand that childcare for my child may be terminated for failure to comply with any the policies and procedures listed in the Parent Handbook.

_____ 8. I give my permission for Hawthorne to report the name and birthdate of my child to the Division of Family and Children Services pursuant to IC12-17.2-2-1.5

_____ 9. I understand my child will have the opportunity to access technology and online activities through the internet. I understand that this is a privilege that may be taken away if my child does not adhere to the Acceptable Use of Technology Consent form included in the registration packet.

_____ 10. I give Hawthorne permission to contact me via text message and email with important information like center closings. I understand that standard message and data rates may apply.

_____ _____

Parent/Guardian Signature Date

_____ _____

Hawthorne Intake Signature Date

HAWTHORNE COMMUNITY CENTER
2440 W. OHIO ST,
INDIANAPOLIS, IN 46222

PHONE (317)637-4312
FAX (317)637-8216

United Way
United Way of Central Indiana

HAWTHORNE SUMMER CAMP REGISTRATION 2024

This registration represents a request for admission. It must be accompanied by a registration fee of $40-and first-week payment, which will be returned only if the Center is unable to accept the registration. The registration is not binding. A place will be reserved for the participant when the contract, duly executed, is returned to the Center.

(Please Print)

CHILD'S FULL NAME: _____

CHILD'S GRADE: _____ CHILD'S SCHOOL: _____
FOR THE 2024/25 SCHOOL YEAR

NAME OF PARENTS/GUARDIANS

PARENT _____
ADDRESS _____
CITY/STATE/ZIP CODE _____
BIRTH DATE _____
EMPLOYER NAME _____
EMPLOYER ADDRESS _____
EMPLOYER PHONE _____
CELL PHONE _____
EMAIL _____

PARENT _____
ADDRESS _____
CITY/STATE/ZIP CODE _____
BIRTH DATE _____
EMPLOYER NAME _____
EMPLOYER ADDRESS _____
EMPLOYER PHONE _____
CELL PHONE _____
EMAIL _____

CHILD'S LEGAL RESIDENCE: _____

HAWTHORNE COMMUNITY CENTER APPLICATION AGREEMENT

My signature below indicates my understanding and acceptance of the following conditions that must be met for my family's account to remain in good standing and maintain enrollment.

- The market rate is $239/week during school breaks; Hawthorne discounts this rate to $65/week.
- Payment is due no later than Friday of the week preceding attendance, by close of business.
- All payments must be made on time and in full.
- Returned checks will result in a $36 fee and personal checks will no longer be accepted.
- Availability of financial assistance is dependent on space and demand.
- Hawthorne Community Center reserves the right to increase tuition at any time. Hawthorne Community Center will provide as much advance notice as possible.
- A signed enrollment agreement must be on file for my child.
- Failure to comply with any of the conditions listed above may result in loss of enrollment eligibility.

I have reviewed and agree to the terms and conditions listed above.

_____ _____
Parent/Guardian Signature Date

_____ _____
Hawthorne Intake Signature Date

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EMERGENCY AND PARTICIPANT RELEASE FORM

CHILD'S NAME: _____

PERSONS WITH LEGAL CUSTODY OF CHILDREN:

I understand that by listing the following names and phone numbers, I hereby give permission to Hawthorne Community Center to release the above-mentioned participant to these persons. I understand that the participant will not be released to anyone not listed on this form unless the parent/guardian has communicated via telephone with Director of Youth Programs. You will have 24 hours to come in to complete a new Emergency and Participants form. I understand that whoever brings or picks up my child, must make sure that the appropriate staff member is aware of their arrival or departure, sign for the child's release and present ID upon request. Children will not be released to anyone, including parents, who appear to be under the influence of drugs or alcohol. Emergency contacts will be called to transport the child home.

MOTHER OR GUARDIAN:

Names: _____

FATHER OR GUARDIAN:

Name: _____

OTHER EMERGENCY AND PICK UP CONTACTS OTHER THAN PARENTS/GUARDIANS:

1. _____ _____ _____
   NAME / RELATIONSHIP ADDRESS PHONE

2. _____ _____ _____
   NAME / RELATIONSHIP ADDRESS PHONE

3. _____ _____ _____
   NAME / RELATIONSHIP ADDRESS PHONE

*If needing to add more emergency and pick up contacts please ask staff member for additional sheet.

If there is anyone prohibited by court order, from having contact with your child, their names must be listed below, and we must have the order on file.

Name: _____

Name: _____

I have read and understand the information required on this form. I understand that it is my responsibility to keep the information on this form current, and that my child may be discharged if I fail to do so.

_____ _____
Parent/Guardian Signature Date

_____ _____
Hawthorne Intake Signature Date

Hawthorne the of the Community

MEDICAL EMERGENCIES INFORMATION

Permission is hereby granted to the Center and its staff to procure medical treatment for the participant in case of injury or accident or otherwise by a doctor, hospital or clinic chosen by the Center, at the expense of the undersigned. This agreement and the rights and duties hereunder may be assigned or delegated, in whole or in part, by either party hereto. I further grant the facility and its staff, to render lifesaving medical care such as CPR and First Aid to my child. I also agree to resume financial responsibility for any medical treatment my child needs.

Child's Name: _____

Known Allergies: _____

Medications: _____

Medical Conditions: _____

If the emergency is critical, we will send your child **to Riley Children's Hospital at 705 Riley Hospital Drive, Indianapolis, IN 46202 Phone (317)944-5000.**

Preferred Hospital: _____ _____ _____
NAME Phone Number ADDRESS

Physician's Name: _____ _____ _____
NAME Phone Number ADDRESS

Dentist's Name: _____ _____ _____
NAME Phone Number ADDRESS

Name of Insurance: _____ Policy#_____

Child's MRN#: _____

Does your child receive mental health services? YES or NO

IF YES, WHO IS THE CHILD'S MENTAL HEALTH PROVIDER: _____

PLEASE LIST ANY INFORMATION REGARDING THE SOCIAL, EMOTIONAL AND PHYSICAL DEVELOPMENT OF YOUR CHILD: _____

_____

I have read and understand the information required on this form. I understand that it is my responsibility to keep the information on this form current, and that my child may be discharged if I fail to do so.

_____ _____ _____
Parent/Guardian Printed Name Parent/Guardian Signature Date

_____ _____
Hawthorne Intake Signature Date

Hawthorne the of the Community

FIELD TRIP & TRANSPORTATION WAIVER PERMISSION FORM

I hereby give permission for my child to attend field trips and other excursions offered as a part of this program. I understand the children will be transported in a motor vehicle and agree to hold harmless the Hawthorne Community Center, their board, employees, and other volunteers, from any and all liability, claims, suits, demands, judgement costs, interest and expense (including attorney's fees and cost) arising from such activities, including any accident or injury to the student and the cost of medical services. Hawthorne School Age staff will escort your child to the following areas: gym, stage, learning commons, art room, pacer room, snack room, and community room of its facility for special activities aimed at enhancing the quality of its daily programming. Hawthorne staff will also escort your child to the playground during outside time. By filling out the form below you are granting permission for your child to participate in these activities outside of their classroom.

Child's Name: _____ _____
First Last

In case of emergency, I can be reached at _____ during the hours of the field trip.
(Phone Number)

Parent/Guardian Printed Name: _____

_____ _____
Parent/Guardian Signature Date

_____ _____
Hawthorne Intake Signature Date

PHOTO RELEASE/WAVIER

I hereby give my consent without further consideration to allow the Hawthorne Community Center to take pictures/video of my child for use in things such as classroom activities, publication, and broadcast media for advertisement purposes on Hawthorne Community Center's organizational sites and promotional brochures. I also understand that Hawthorne Community Center's staff agrees not to use my child's pictures for staff's personal use such as social media sites i.e. Facebook or Instagram.

Child's Name: _____ _____
First Last

Parent/Guardian Printed Name: _____

_____ _____
Parent/Guardian Signature Date

_____ _____
Hawthorne Intake Signature Date

Hawthorne the of the Community

DROP-OFF/PICK-UP FORM

Drop-off:

- Hawthorne Community Center doors open at 6:30AM.
- Parents/guardians must come inside the building and sign-in children when they arrive. There will be **no exceptions** to this policy. When a parent/guardian signs a child in, this acknowledges that the child is now under the care and supervision of Hawthorne Community Center and remains Hawthorne Community Center's responsibility until pick-up at the end of the day.
- All children must be signed in in the system before 9:00AM during the summer. Failure to do so may result in your child not being able to attend Hawthorne's summer camp unless prior arrangements have been made with Director of Youth Programs (ex. Doctor's statement.)

Pick-up:

- Hawthorne Community Center's doors close promptly at 6:00PM.
- All students must be picked-up no later than 6:00PM. If a parent/guardian is late, the parent's account will be charged $1 per minute, per child after 6:00PM.
- Parents/guardians must come inside to sign-out their child out. There will be **no exceptions** to this policy. When a parent/guardian signs a child out, this acknowledges that the child is now under their care and supervision and is no longer Hawthorne Community Center's responsibility.
- If a parent/guardian is unable to pick up their child, the student will ONLY be released to individuals listed on the "emergency and participant release form" list on that child's program application form unless the parent/guardian has communicated via telephone with the Youth Directors. You will have 24 hours to come in to complete an update/change information form. Staff will ask to see I.D. and verify their name to the child's application, if someone they do not know arrives to pick up a child.
- Students will not be released to anyone, including parents, who appear to be under the influence of drugs or alcohol. Emergency contacts will be called to transport the child home.

By signing below, I certify that I have read and agree to abide by the Hawthorne Community Center Drop-off/Pick-up Policy as listed above.

_____ _____

Parent/Guardian Signature Date

_____ _____

Hawthorne Intake Signature Date

Hawthorne the of the Community

ACCEPTABLE USE OF TECHNOLOGY CONSENT FORM

We are pleased to offer our youth access to the Center's computers, network, and technology for educational purposes. Parents and youth are advised that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. The Center cannot guarantee that filtering software will in all instances successfully block access to all inappropriate materials.

To gain access to the Internet, any online digital locker or network storage accounts, email, and any other Center electronic technologies, all participants must sign this form.

Access to Center technology is a privilege, not a right. The Center's electronic network is part of the curriculum and is not a public forum for general use. Please carefully read the Acceptable Use of Technology policy. Violations may result in disciplinary action. Violations can include but are not limited to:

- **Sending or displaying offensive pictures or graphics.**
- **Using obscene language.**
- **Harassing, insulting, threatening or abusing other network users.**
- **Violating copyright laws.**
- **Using another user's account and password.**
- **Damaging computers, personal or network files.**
- **Trespassing in another user's private files.**
- **Attempting to circumvent network security.**

Unless otherwise instructed by Center personnel, youth shall not disclose, use, or disseminate personal identification information about themselves or others when using email, chat rooms, or other forms of direct electronic communication. Youth are also cautioned not to disclose such information by other means to individuals contacted through the Internet without the permission of their parents/guardians. Personal information includes the youth's name, address, telephone number, Social Security number, or other individually identifiable information

By signing this agreement, I/we are signifying that I/we agree to abide by the terms of the Acceptable Use Policy. I/we understand that the computer network/computers are to be used solely for educational purposes and that there is no expectation of privacy with respect to the use of the same.

Youth & Parent Review

I understand that my child's computer use, the use of other technologies while at the Center or connected to its servers, and any electronic communication and storage systems (including email and student folders, digital lockers, and class/student websites) are not private and that the Center has the right to monitor my activity.

I have read and reviewed with my child the Acceptable Use of Technology policy and agree to abide by these rules. I understand that violation of the policy may result in disciplinary action, including loss of technology privileges, suspension or expulsion, or legal action.

Parent/Guardian Signature _____ Date _____

Parental Consent

I have read the Center's Acceptable Use of Technology policy. In consideration for the privilege of my child using the District's electronic communications system, and in consideration for having access to the public networks, I hereby release Hawthorne Community Center its operators, employees, or agents and any institutions with which they are affiliated from any and all claims and damages arising from my child's use of, or inability to use, the system, including, without limitation, the types of damage identified in the Center's Acceptable Use of Technology policy and administrative regulation.

_____ _____
Parent/Guardian Signature Date

_____ _____
Hawthorne Intake Signature Date

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Student First Name _____ Student Last Name _____

Student Date of Birth: _____ School State Testing Number (STN): _____

Gender: _____ Student Race _____ Ethnicity: _____

Primary Language spoken at home: _____

Student's Completed grade for 2023 - 2024 School Year: _____

Name of School Student attended for 2023 – 2024 School Year: _____

Student's Grade for 2024-2025 School Year: _____

Name of School Student is attending for 2024 – 2025 School Year: _____

Student Street Address: _____

Student Zip Code: _____ City: _____ State: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Relation: _____

Does your child qualify for free or reduced lunch: [circle] Yes / No

Has your student received tutoring through Indiana Learns program: [circle] Yes / No

Does the student currently attend a charter school in Indianapolis: [circle] Yes / No

Does child have an Individualized education plan or 504 plan and receive special education services: [circle] Yes / No

Hawthorne the of the Community

HAWTHORNE COMMUNITY CENTER CLIENT STATISTICAL INFORMATION 2024/2025

Application Date: _____

PROGRAM CODE: _____

PARTICIPANT'S NAME: _____ **SEX:** _____
Last First MI

ADDRESS: _____ **ZIP CODE:** _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL: _____ **BIRTHDATE:** _____ **AGE AS OF 8/1/2024** _____

RACE: ___Caucasian ___African American ___Asian ___Bi-Racial ___American Indian/Alaskan Native ___Other

ETHNICITY: ___Hispanic ____Latino ____No Hispanic/No Latino **FREE OR REDUCED LUNCH: YES OR NO**

RESIDE W/ BOTH PARENTS: YES OR NO **SINGLE PARENT:** ___Male ___Female ___Grandparent __Other_____

DISABILITY: _____ **21ST CENTURY SCHOLAR: YES OR NO**

EMERGENCY CONTACT: _____ **PHONE:** _____

FAMILY MEMBERS

LAST	FIRST	MI	REL	AGE	Birthdate MO DA YR	SEX	College Graduate YES/NO

Total Number In Household: _____

Monthly Family Income	Income
SOURCE	*AMOUNT*
Wages	
TANF	
SSI Disability	
Social Security	
Pension	
Unemp. Comp.	
Food Stamps	
Child Support	
Total Monthly Income	$
TOTAL YEARLY INCOME $	

▲ **RELATIONSHIP**
1. Spouse
2. Child
3. Other Relation
4. Not Related
5. Parent
6. Grandchild
7. Grandparent

DISCLOSURE PRIVACY STATEMENT

SERVICES WILL BE PROVIDED WITHOUT DISCRIMINATION BECAUSE OF RACE, AGE, COLOR, RELIGION, SEX, HANDICAP, NATIONAL ORIGIN OR ANCESTRY
THIS AGENCY IS REQUESTING INFORMATION NECESSARY TO COMPLY WITH THE REQUIREMENTS OF FUNDERS OF THIS PROGRAM. I UNDERSTAND THE INFORMATION ON THIS FORM WILL BE KEPT CONFIDENTIAL BUT MAY BE SHARED WITHOTHER AGENCIES TO WHICH I MAY BE REFERRED FORSERVICES. I UNDERSTAND I MAY BE REQUESTED TO VERIFY THESE STATEMENTS, AND GIVE MY CONSENT TO THIS AGENCY TO MAKE ANY NECESSARY CONTACTS TO VERIFY ANY STATEMENT. DISCLOSURE OF INFORMATION RELATING TO RACIAL/ETHINIC BACKGROUND, SEX, MARITAL STATUS, OR HANDICAP IS STRICTLY VOLUNTARY. STATISTICAL INFORMATION WILL BE PROVIDED TO THE FUNDERS OF THIS PROGRAM. FOR THE PURPOSE OF BETTER PLANNING AND DELIVERY OFSERVICES TO THE COMMUNITY. I UNDERSTAND THAT MY REFUSAL TO ALLOW THIS WILL NOT PREVENT MY RECEIVING ANY SERVICES FOR WHICH I AM ELIGIBLE AND THAT I HAVE THE RIGHT TO CORRECT OR DELETE ANY PORTION OF IT AT ANY TIME.
I HERE BY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.
I UNDERSTAND MY RIGHTS AND OBLIGATIONS AND HAVE RECEIVED A COPY OF THEM.

_____
Client Signature

_____
Intake Signature

Hawthorne the of the Community

WAIVER, RELEASE OF LIABILITIES, AND CONSENT TO MEDICAL ATTENTION

In exchange for my being allowed to participate in, receives services from, be eligible for any program/service provided by Hawthorne Community Center or collaborative agency, I and if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

1. Obligation to inspect the Facilities and Equipment. I agree that prior to participating/receiving services, I will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise Hawthorne Community Center of such unsafe condition(s) and refuse to participate /accept services.
2. Identification of Risks. I understand that participant's receipt of services involves risks and may result in injury, including permanent disability and death, and other losses, both to person and property. I understand that these injuries and losses might result from the actions, inactions, negligence, or conduct of others, the rules of the activity/service or the condition of the premises or of any equipment used.
3. Assumption of Risk. I assume all risks, known and unknown, in any way connected with my participation receipt of services at/from Hawthorne.
4. Waiver and Release. I waive, release, and hold harmless Hawthorne Community Center and each affiliated organizations, divisions, directors, officers, successors, and assigns from all claims for any liability, injury, loss, or damage in anyway connected with my participation/receipt of services at Hawthorne, whether or not caused in whole or part by the negligence or other misconduct of any organizations or individuals mentioned above. I intend for this waiver and release also to apply to any relatives, personal representatives, heirs, beneficiaries, next to kin, or assignees who might pursue any legal action or claim for such liability, injury, loss or damage.
5. Consent to Medical Treatment. I agree that Hawthorne may provide to me through medical personnel of its choice, customary medical of training assistance, transportation, and emergency medical services. The consent does not impose a duty upon Hawthorne to provide such assistance, transportation, or services.

I HAVE READ THIS WAIVER, RELEASE, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY. I WAS AFFORDED THE OPPORTUNITY TO HAVE THIS DOCUMENT READ TO ME.

CHILD'S NAME	PARENT/GUARDIAN SIGNATURE	DATE

If the person participating/receiving services from Hawthorne is not yet 18 years old, a parent or legal guardian must sign below:
As parent or legal guardian of the above named child, I verify that I fully agree to, understand, and accept all provisions of this Waiver, Release, and Consent.

CHILD'S NAME	PARENT/GUARDIAN SIGNATURE	DATE

AGREEMENT

I understand and will comply with the following conditions:

1. I will comply with all of the Hawthorne Center operating policies and all of the program policies or service delivery policies appropriate to the program or service I am participating in and/or a service recipient of said activity/service.
2. Failure to comply with policies and/or guidelines may result in my being denied services, participation, and being asked to leave the premises.
3. All programs and/or services are provided without regard to sex, race, religion, national origin, ancestry, handicap, or sexual preference.
4. I have been given policies which relate to specific programs and/or services, as appropriate and I know the overall agency policies are posted.
5. I understand I may not participate without having paid my program fees and no refunds are given unless cancellation of the program.
6. I understand that under Center staff supervision, participant will be allowed to participate on any equipment, be transported to and from the agency, or field trips, and participate in Center sponsored activities outside the facility.
7. I understand that as a participant, I may be transported by Hawthorne and Hawthorne assumes no liabilities as a passenger.

CHILD'S NAME	PARENT/GUARDIAN SIGNATURE	DATE