

SUMMER

CAMP



Registration

Communities In Schools of Robeson ELISS Summer Camp Application

Saint Pauls Middle

July 5 – August 2

Grades 5th -8th

Name: (Primer Nombre del estudiante) (first) _____ (last) los dos
apellidos del estudiante _____

Current Grade: _____ **Last School Attended:** _____

School ID # (Número de Identificación del estudiante) _____

Gender: _____ male
_____ female
_____ N/A

Date of Birth: _____
(Fecha de nacimiento)

Address: (Direccion complete) _____
(Street Address)

_____ (City) _____ (State) _____ (Zip Code)

Email (Correo electronico): _____

Parent/Guardian Information (nombre de los padres)

Contacts:

1. Name: _____ Phone: _____
Relationship: _____
2. Name: _____ Phone: _____
Relationship: _____
3. Name: _____ Phone: _____
Relationship: _____

Emergency Contact Information: (nombre y número telefónico de un contacto de emergencia)

Name: (first) _____ (last) _____
Relationship: _____ Phone Number: _____

Health Information

Family Doctor (Doctor familiar):

Name: (first) _____ (last) _____

Clinic: _____

Phone Number: _____

Allergies: _____

(type)

Medications Currently Taking: _____

Child can participate in regular physical activities: (Yes) _____ (No) _____

Additional necessary health information: (Si respondió que si arriba, por favor enumere las preocupaciones específicas, esto incluye alergias, condiciones crónicas, medicamentos, órdenes de dieta, etc.) If no, state why.

Transportation:

Transportation will be provided for the students. (Se proporcionará transporte para los estudiantes)

Meals:

Breakfast, Lunch and Snacks will be provided to the students daily. (Se proporcionará desayuno, almuerzo, y refrigerios para los estudiantes todos los días.)

Camp Schedule:

Camp Times: 8:00 am. – 3:00 pm. Monday – Thursday beginning July 5th and ending August 2.

Parent Signature _____

PRINT NAME

SIGN NAME

CODE OF CONDUCT

I, _____, on my honor, promise:

1. That I will do my best, by being on time, and
Paying full attention during all classes and activities.
2. That I will be on my best behavior at all times.
3. That I will fully contribute and play an important role in
the team by being patient and helpful to all the team
members.
4. That, as a student of Summer Camp, I will make an effort to
participate and enjoy the camp activities.
5. That I will always show proper respect to all staff and
fellow campers.
6. That I will not resort to violence for any reasons and help
keep the environment safe for everyone.

Media Release Opt- In/ Opt-Out Form

Sign & Return

Request to use/prohibit use and/or release of photographs, video and audio recordings, comments, and/or name of student.

In the event that you do or do not want a photo of your child and/or a video of your child taken on a school bus, on school grounds, in school buildings, at summer camp released, you must complete the Media Opt-In or Opt- Out Policy form no later than the third day of Summer Camp.

Check the box to Opt- In or Opt-Out

DO photograph, videotape, and/or interview my child for publication.

Do not photograph, videotape, and/or interview my child for publication.

Date: _____

Parent/Legal Custodian/Guardian Signature: _____

Student Name (Please Print): _____

PUBLIC SCHOOLS OF ROBESON COUNTY
PROPOSED SCHOOL SPONSORED TRIP-INFORMATION FROM HOME

Name of Proposed Trip:	
Date(s) of Proposed Trip:	
Destination:	
Time of Departure:	Time of Return:
Cost Per Student:	Mode of Travel:
<p>1. As parent/guardian, I submit the following special health considerations and instructions are needed for my son/daughter on this trip (such as needed medication, information on history of seizures, motion sickness, etc.):</p>	
<p>2. Personal Safety Information: As parent/guardian, I certify that my son/daughter requesting this trip has health/accident/medical insurance coverage as follows: School: <input type="checkbox"/> yes <input type="checkbox"/> no Other Medical Insurance Coverage - if yes, list the company name below: Insurance Company Name: _____ Policy #: _____</p> <p align="center">(The school system is not responsible beyond the limits of insurance coverage)</p>	
<p>3. As parent/guardian, I give permission to the chaperon to request usual and customary medical or legal services for my son/daughter if needed on this trip with the understanding that I will be responsible for all such emergency costs not covered by insurance. In case of an emergency, please call me at phone# _____</p>	
<p>4. I understand and agree to the conditions of the field trip as described in "Information from School", and "Information from Home", and give permission for _____ to make this trip.</p> <p align="center">(Name of Student)</p>	
<p>Signed: _____ (Parent /Guardian) _____ (Date)</p>	



Internet & Media Acceptable Use Policy Agreement

I have read the Rules and Regulations regarding the Acceptable Use Policy for Internet and Media in the Public School of Robeson County and I understand that this access is designed for educational purposes only. I also recognize that it is impossible to restrict access to all inappropriate materials. However, I accept full responsibility for my compliance with the above Rules and Regulations and hereby agree to abide and ensure that my child is also in compliance. I further understand that any violation will result in loss of access privileges and is also subject to student behavior guidelines of the Public Schools of Robeson County, and local, state, and federal laws.

Please return this card to your child's teacher and keep the Internet & Media Acceptable Use Policy brochure for your records.

I hereby grant permission for my child for each of the areas.

PLEASE CIRCLE:

- YES NO** I hereby give permission for my son/daughter to have Internet access privileges.
- YES NO** I hereby give permission for my son/daughter to have electronic mail privileges for collaboration within the class and any approved electronic pen-pal programs.
- YES NO** I hereby give permission for my son/daughter's work samples to be posted on the Public Schools of Robeson County's website. All work submitted by students for posting will be listed by first name and/or teacher and grade.

Parent Name (Print) Phone

Parent Signature Date

Student Name (Print) Grade

Student Signature Date

Homeroom Teacher



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Parent Signature Date

Student Name (Print) Grade

Student Signature Date

Homeroom Teacher

Cut along dotted line



Acuerdo Y Póliza Para El Uso Aceptable Del Internet Y Medios De Comunicación

He leído las reglas y regulaciones en cuanto a lo que se refiere al acuerdo y póliza para el uso aceptable del internet y medios de comunicación en las escuelas públicas del condado de Robeson y yo entiendo que este acceso es designado con propósitos educacionales solamente. También reconozco que es imposible restringir totalmente el acceso a todos aquellos materiales inapropiados. Sin embargo, yo acepto una completa responsabilidad y conformidad con las reglas y regulaciones antes mencionadas y por este medio estoy de acuerdo con obedecer y asegurarme de que mi hijo(a) también este en conformidad con ellas. Y además entenderé que cualquier violación de dichas reglas resultará en la pérdida de derechos y acceso a dichos privilegios y también sé que será juzgado de acuerdo a las reglas del comportamiento del estudiante de las escuelas públicas del condado de Robeson, leyes locales, estatales y federales.

Por favor regrese esta tarjeta a el/la maestro/a de su hijo/a y mantenga el folleto de acuerdo y póliza para uso aceptable del internet y medios de comunicación en sus records (historial educativo). Por este medio concedo el permiso para mi hijo/a en cada una de las áreas señaladas. Por favor circulé uno.

- | | | |
|----|----|--|
| Si | No | Por este medio doy mi consentimiento para que mi hijo(a) tenga privilegios de acceso al internet. |
| Si | No | Por este medio doy mi consentimiento para que mi hijo(a) mande y reciba correo electrónico para la colaboración dentro del salón de clases y cualquier otro programa aprobado de intercambio de correo electrónico |
| Si | No | Por este medio doy mi consentimiento para que los trabajos de mi hijo(a) sean puestos en la página del internet de las escuelas públicas del condado de Robeson. Todo los trabajos presentados por los estudiantes serán escritos llevando el primer nombre del (la) estudiante y/o el nombre del/a maestro/a. |

Nombre del Padre o Tutor	Teléfono
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Firma Del Padre o Tutor	Fecha
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Nombre del/a Estudiante	Grado
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Firma del/a Estudiante	Fecha
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Teacher Signature/Firma del/a Maestro/a



Office of STEM Education Partnerships
 Northwestern University
 Annenberg Hall
 2120 Campus Drive
 Evanston, Illinois, 60208



**NORTHWESTERN
 UNIVERSITY**

**Child Online Privacy Protection (COPPA)
 Parent Authorization Form**

We need your permission for your child to create an account on the FUSE website. The FUSE website (fusestudio.net) collects personal information during account creation. This personal information includes first and last name, gender, ethnicity, birthday, FUSE studio location, and could include parent contact information. The FUSE website also keeps track of each member's individual progress on FUSE challenges. The FUSE website is password protected and is only accessible to registered members who have been authorized by a FUSE facilitator (teacher or librarian).

This data is collected and used in accordance with our Privacy Policy, which you can access at www.fusestudio.net/privacy

Please fill out the following section with your permission (yes or no), your child's name and FUSE location, and your name and signature. To allow your child to create an account on the FUSEstudio.net website, please check the 'Yes' box. If you do not want your child to create an account, please check the 'No' box. If you select 'No' your child may still be able to participate in the FUSE program by using a guest account. The guest account does not track progress on challenges and collects no personal information.

Yes No My child has my permission to create a personal account on the FUSE website. I understand that this website will collect personal information about my child.

Child's Name: _____

Child's FUSE location (School/Library): _____

Parent or Guardian Printed Name: _____

Parent or Guardian Signature: _____ Date: _____

Parental Consent Form for Google Applications

Student First Name _____

Student Last Name _____

Student Email Address _____

Parent/Guardian Name _____

Home Phone Cell Phone _____

Parent/Guardian Email _____

By check this box, you give your student permission to use the following Google applications:

Google Play Store

Age Restrictions. In order to use Google Play, you must have a valid Google account ("Google Account"), subject to the following age restrictions. If you are considered a minor in your country, you must have your parent or legal guardian's permission to use Google Play and to accept the Terms.

Third-Party Fees. You are responsible for any access or data fees incurred from third parties (such as your Internet provider or mobile carrier) in connection with your use and viewing of Content and Google Play.

Purchases and Payments

Free Content. Google may allow you to download, view or use Content free of charge on Google Play. Additional limitations may apply to your access and use of certain free Content.

Purchase of Content. When you buy Content on or using Google Play you will enter into a separate sale contract.

More information about Google Play Store may be found at:

https://play.google.com/intl/en-US_us/about/play-terms/index.html

Google Education Fundamentals includes: Gmail, Calendar, Meet, Docs, Sheets, Slides, Forms, Classroom

More information about Google "GSuite for Education" may be found at:

<https://support.google.com/a/answer/139019?hl=en>

Loss of Privileges

The use of technology is a privilege, not a right, and inappropriate use may result in a loss of those privileges. In cases of inappropriate use, school and CIS staff will decide what consequences are appropriate. Students can lose privileges for inappropriate use. Some examples are unlawful activities, commercial purposes, inappropriate sexual or other offensive content, threatening another person, misrepresentation of CIS staff, or students.

Parent/Guardian Name _____

Printed

Date

Parent/Guardian Name _____

Signature

Date

Summer Camp Handbook

Parents/ Guardian and Students' Signature Page

In order to have a safe and orderly environment here at Summer Camp, we have sent you this handbook, which contains the rules and regulations governing the conduct of the students.

We encourage you to read over the regulations/rules and discuss them with your child or children.

We ask that you sign this to show your support for the Camp and agree to uphold the policies in this handbook.

Please initial below if you agree to the policies in this handbook.

_____ I have read the Parent/Student Handbook and have discussed all areas with my child.

Sign:

Student's

Name _____

Date _____

Parent/Guardian Name _____