

LINKS Summer Camps 2020!

T-Shirt Size:

Youth: S M L

Adult: S M L

Please Indicate Which Weeks Your Child Will Attend:

_____ June 15 – 19 (A Bug's Life!)

_____ June 22 – 26 (A Bug's Life!)

_____ July 6 – 10 (Get Lost in Montana)

_____ July 13 – 17 (Get Lost in Montana)

_____ July 20 – 24 (Go Team!)

_____ July 27 – 31 (Wet and Wild!)

_____ Aug 3 – 7 (Wet and Wild!)

Cost Per Week: \$100.00 Each additional child is ½ price.

Scholarships available for children who qualify for free/reduced priced lunch and can be requested below.

A 31-day notice is required for all refunds minus a \$30.00 processing fee.

1st Child's Name _____ Grade entering: _____
(Last) (First)

2nd Child's Name _____ Grade entering: _____
(Last) (First)

Mailing address: _____ Email address: _____

Home Phone _____ Cell Phone #s: _____

Student lives with (names/ relationships) _____

My child qualifies for: _____ **Reduced/Free Lunch**

I would like to request a scholarship: _____

Parent/Guardian Information: Please check who we should call first if the child does not show up to LINKS or in an emergency..

Mother's Name _____ Employer _____ Work Phone _____

Father's Name _____ Employer _____ Work Phone _____

Additional local adults authorized to pick up your child from LINKS and to be contacted in case of emergency if we can't reach you.

Name #1 _____ Relationship _____ Phone _____

Name #2 _____ Relationship _____ Phone _____

PHOTO RELEASE

I give LINKS for Learning permission to photograph, tape and/or interview my child while participating in the program for publicity and promotional purposes. Photos may be used on our Facebook and Instagram page.

Parents Initials: _____

It is important for the LINKS for Learning staff to have information that could expedite care during program hours, should a medical problem arise. This information will be kept confidential.

Existing Medical Conditions (allergies, asthma, ADHD, etc.): _____

Current Medications (NOTE: Medications will NOT be administered by LINKS staff): _____

In case of an emergency, our procedure will be:

- Step 1. Appropriate staff administers basic first aid
- Step 2. Call 911, if necessary
- Step 3. Attempt to contact parent/legal guardian, and/or emergency contact
- Step 4. Staff accompanies child to emergency facility, if necessary transports child to such facility
- Step 5. Staff completes incident, injury/accident report and submits to parent/guardian

Medical Release:

I hereby authorize LINKS for Learning staff in charge of my child to obtain all necessary medical care for my child (named above). I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatment to my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. I recognize that some of the LINKS for Learning classes involve physical activities that have risk of injury associated with participating in these classes. I hereby waive, release and agree to hold harmless LINKS for Learning and School Districts # 1 and # 4 and their staff members from any claims resulting from participation in LINKS for Learning classes or activities. I acknowledge that I have notified LINKS staff of any of my child's medical conditions requiring special attention. I give my permission for LINKS staff to transport my child to the nearest emergency facility in the case of an emergency.

Parent/Guardian Signature	Printed Name	Date
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FIELD TRIP PERMISSION

Students must have parental/guardian permission to leave the school grounds. LINKS activities may include nature walks, science exploration walks, excursions to Sacajawea Park or the Public Library, or other "walking distance" destinations and will be supervised by LINKS for Learning staff. LINKS field trips may include bus rides in the school district busses. LINKS field trips may also include roller skating at the Civic Center or attending the Livingston Farmer's Market. A calendar with scheduled field trips will be posted in the classrooms.

I give my permission for my child to participate in planned Field Trip activities. **YES** **NO**

Parent/Guardian Signature	Printed Name	Date
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PERMISSION TO WALK HOME

My child has permission to walk home at 5:00 pm from the LINKS program at East Side School. **YES** **NO**

Parent/Guardian Signature	Printed Name	Date
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CHILD BEHAVIOR GUIDELINES

Keeping children feeling respected, secure and safe during LINKS for Learning is of utmost importance, as is providing the opportunity for children and staff to develop relationships built on honesty and respect. One of the components needed to meet these goals is a defined set of Behavior Guidelines. Please share the following Behavior Guidelines with your child. It is important that he/she understands and agrees to participate in LINKS for Learning in accordance with these guidelines. If your child is unable to follow these guidelines, he/she will not be permitted to attend LINKS for Learning.

- **Treat everyone with respect, courtesy and kindness.**
- **Use positive statements when addressing other people**
- **Verbal or physical abuse, swearing, rude gestures or "put-downs" will not be tolerated.**
- **Respect school property, and property of other institutions.**
- **Follow all directions given by staff.**