



2024 Vision for Excellence Summer Camp Program

Directions: Please complete all sections of the application packet and attach required proof of eligibility.

Child's Name: _____ DOB _____ Sex: M or F (circle)

Address: _____ City _____ Zip _____ T-shirt Size _____

Parent/Guardian Email Address: _____

DCPS Student # _____ Social Security # (last 4) _____

Ethnic Group: 1) __ White/Caucasian 2) __ African American 3) __ Native American

4) __ Hispanic 5) __ Asian/Pacific 6) __ Multi-racial 7) __ Other

Eligibility Criteria (attach proof): To be eligible for V.F.E. Summer Camp Program, applicants must provide at least one of the following documents including report card (check one):

- Proof Free/Reduced Lunch (attach certificate) or DCPS School Report Card **must be provided**
- Individual Education Plan (attach IEP) or Step Up for Students, McKay Scholarship,
- Verification household family income does not exceed 185% of the Federal Poverty Level

Parent/Guardian/Foster Care/Primary Caregiver (completing the application):

Name: _____	Employment: __ full time	Education: __ Grade Level Completed
Address: _____	__ part time	__ College Level Completed
Home Phone #: _____	__ temporary	Household:
Cell Phone #: _____	__ retired	__ both parents __ other
Employer: _____	__ homemaker	__ mother only
Work #: _____	__ unemployed	__ father only
Annual Income: _____	__ other	__ relative
		__ non- relative

Person to contact in case of illness, accident, emergency, and authorized to remove the child from the facility in the absence of a parent/guardian.

Name: _____ Address: _____

Phone: _____ Relationship: _____

Physician Name: _____ Phone: _____

Does your child have any special medical (physical/mental) needs? __ Yes __ No If yes, please explain:

Is your child on a special diet or allergic to any food? Yes __ No __ (If "Yes" please explain):

General Release of Liability:

In consideration of being allowed to participate in any of the Summer Camp Program, related events and activities offered,

The undersigned agrees to the following:

I acknowledge and fully understand that each participant will be engaging in activities that may involve risk or serious injury; including permanent disability and severe social and economic losses, which might result from their actions, or negligence, and of others, the rules of play, the condition of the premises or of any equipment used. Additionally, there may be risks not known to us or not reasonably foreseeable now. To the best of my knowledge, my child is physically fit to engage in all V.F.E activities. I understand that Vision for Excellence and their agents will exercise reasonable supervision while my child is participating in activities by the Vision for Excellence Staff. I agree not to hold Vision for Excellence organization, employees, and agents harmless from any liability, personal injury, illness or any loss of property, which may result while exercising their duty of supervision participating in the V.F.E. Programs. I agree to release and discharge Vision for Excellence, it's agents and employees exercising reasonable care within the scope of their employment, from liability (all claims and demands/rights and causes of action) growing out of personal injuries and property damage resulting or occurring during all activities or in transit to and from said activities.

Authorization for Emergency Care:

In case of accident or serious illness, and the V.F.E program is unable to reach me, I hereby authorize the V.F.E. program staff to contact the physician indicated on the application and to follow his/her instructions: If it is impossible to contact this physician, the V.F.E. staff may make necessary arrangements to provide care and treatment for my child.

In case of accident/serious illness where the immediate treatment of my child is not necessary, but is unable to remain at V.F.E., the program personnel will contact me or arrange transportation for my child. If the V.F.E. staff is unable to reach me, I authorize them to contact one of the persons indicated on the enrollment form (as emergency contacts) and ask them to pick up and transport my child home.

Administration of Medication & Medical Release Statement:

A policy has been established in Duval County to govern the administration of medicine to students in public schools. The Vision for Excellence Program follows this same policy. The policy states that before medicine can be administered, a statement with instructions from the physician concerning the medicine must be on file at the program. Directions taken from the prescription bottle or box will not suffice. Only a written statement from the physician is acceptable. I waive any claims or liability that may result against any V.F.E. personnel relative to the administration of medication of my child.

Survey/Photo/Media Release:

I acknowledge and understand that publicity activities such as interviews, photos, and videotaping and surveys may occur. I consent and permit my child, as a participant in the V.F.E. Program, events, and to be photographed, videotaped, surveyed and/or interviewed for publicity activities.

I decline to have my child photographed, surveyed, interviewed or videotaped during V.F.E. activities.
_____ (please initial)

School Records Release Statement

I give Vision for Excellence Personnel permission to have access to my child's school records and academic reports for gathering data for analysis of program effectiveness. The data accumulated will be aggregated without identifying any individual child.

Field Trip Permission Form I give permission for my child _____ to participate in Vision for Excellence scheduled field trips.

Do Your KIDS NEED COVERAGE? Yes! I _____ would like to know more about affordable health coverage for my kids. **Please contact me. No! My child current has health insurance coverage.**
(Please circle Yes or No)

By signing below, I acknowledge that I understand and agree to all of the above information on this application.

Child's Name

Parent or Guardian's Signature

Date



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Parent Agreement

This agreement outlines the terms and condition between the parents/Guardians of the children enrolled in the Vision for Excellence program. All parents/guardians are required to adhere to the terms and conditions of this agreement.

Registration Fee: \$90.00 weekly

Registration Fee for Non-eligible families: \$20 per application

Payment must be received at time of registration.

Attendance Policy:

- Parents/Guardians or authorized adults are required to pick up their child by 5:30pm every day No exceptions. Child must attend program for a minimum of 6 hours per day. Excessive tardiness may subject your child to suspension, dismissal or ineligible to continue attending the program. Late fee: \$5 the first minute and \$1.00 for every minute thereafter. Program schedule and hours are **Monday through Friday 7:30am – 5:00pm**.
- Parents/Guardians are required to attend a mandatory orientation meeting (Zoom) and attend any required conferences.
- Parents/Guardians are required to remain professional, respectful and communicate in a cordial manner towards staff, parents and all children. This applies during program hours, while on VFE property, during all VFE activities and special events. Profanity will not be tolerated.
- All adults other than parents requesting to remove a child from the program must be listed on the release authorization form and must provide valid identification. Children will not be released to individuals under the age of 18. **Must show ID**
- Parents/Guardians must sign child in and sign them out the program daily before removing them from the program.
- I agree that my child will attend the summer camp program in two week sections every day for the program duration (40 days). I agree that my child will not be absent and understand that if my child is absent, they be withdrawn from the program or return with Doctor Note.
- Parents/Guardians are responsible for updating student records and parent information when there are changes.
- Parent/Guardians must sign the application packet with a VFE Staff signing as the witness to your signature.
- I hereby acknowledge, understand and concur with this agreement. I am fully aware that if I fail to comply, it may result in my child being terminated from the program and ineligible to attend next summer.

Parent/Guardian Signature: _____ Date: _____

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Child Release Authorization Form

Parent(s) of Guardian(s) are required to list the names of individuals authorized to pick up their child at any given date or time if they are unable to do so during program hours.

Please inform each person you give authorization, to provide a State or Government Registered Photo I.D. at the time of pick-up. Children will not be released to anyone unless they are authorized by the Parent(s) or Guardian(s).

Students will not be released to individuals less than 18 years of age (including relatives).

Child Information (Please Print)

Name: _____ Age: _____ Grade: _____

Parent(s) Guardian(s) Information (Please Print)

Name: _____ Emergency Contact Number: _____

Person(s) authorized to remove child from program

Name	Relationship	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/guardians are responsible for providing the Vision for Excellence personnel with updated information for children(s) files as needed.

Parent/Guardian Signature: _____ Date: _____



2024 Summer Camp Program Code of Conduct Policy

PARTICIPANT CODE OF CONDUCT:

I. ALL STUDENTS REQUIRED TO ADHERE TO THE FOLLOWING:

- A. Respect all ADULTS and PARTICIPANTS
- B. Respect others suggestions AND feelings
- C. Listen and follow ALL instructions directed by ALL staff
- D. Participate in all learning activities
- E. Report any incidents to THE STAFF immediately
- F. Be honest at all times
- G. Keep their environment and transportation vehicles neat & clean
- H. Be a team player
- I. Be a productive citizen
- J. Have Fun

II. GENERAL CONDUCT RULES:

- A. Abide by all rules of program and directives given from staff.
- B. Zero tolerance for fighting; tobacco products, alcohol or illegal substance.
- C. No stealing.
- D. No foul language at any time.
- E. No weapons at any time.
- F. No vandalism to property.
- G. Appropriate clothing must be worn at all times.
- H. Leaving the program facilities without approval is prohibited.
- I. Remain seated and wear seat belt in vehicle at all times.
- J. Do not place any items out side window of vehicles.

NOTE: Depending on the severity of the offense, The Vision for Excellence Staff will use discretion on the level of disciplinary action that will be taken. All participants will be given the proper opportunity to correct their behavior before being suspended or terminated from the program. Participants must also adhere to the same code of conduct policies mandated by Duval County Public School.

III. DISCIPLINE POLICY:

- A. 1st Offense: Student will be counseled by Staff/Teacher
- B. 2nd Offense: Student will be counseled by Program Manager with Parent(s)
- C. 3rd. Offense: Student will be dismissed from the program.

PARTICIPANTS WHO THREATEN OR ENDANGER THE SAFETY AND WELL-BEING OF OTHER PARTICIPANTS OR ADULTS WILL BE IMMEDIATELY TERMINATED FROM THE PROGRAM.

PARENT SIGNATURE

STUDENT SIGNATURE

DATE