



## PARCA REACH Summer Day Camp Program 2021

### SESSIONS

1. June 21-25
2. June 28 July 2
3. July 5-9 (closed July 5)
4. July 12-16
5. July 19-23
6. July 26-30
7. Aug. 2-6
8. August 9-13
9. August 16-20

### THEMES

- Blast off into Summer
- Bear Hunt Adventures
- Shark Week
- Believe in Magic
- Island Explorers
- Go for the Gold
- Safari Adventures
- Let's Go Camping
- Around the World

\*Please note: Themes are subject to change

### HOURS/RATES

Camp hours are from 8am - 5 pm. The first week of your child's enrollment will be **\$210**, and each subsequent week **\$185**. For children attending summer school, the fee from 12:30-6:00 pm is **\$120** per week. Those who sign up for all 9 weeks will receive a **10%** discount. In addition, for those who have siblings in the program will also receive a **10%** discount.

### RATIO/AGE

Staff to child ratio is 1 staff to 8 children or 1 staff to 3 children. Children must be able to function safely in this ratio. REACH is open to children 5-13 years old.

### LOCATION

PARCA REACH Program (located at the John Muir Elementary School)  
130 Cambridge Lane, portable  
San Bruno, CA 94066

To receive an enrollment packet and begin the enrollment process, please call Cecilia Hinkston at (650) 871-8402 or send an email, [crestmoor@parca.org](mailto:crestmoor@parca.org)



## PARCA REACH Summer Program Application

Please check the appropriate information below.

Session	Session	Camp Hours 8AM-5PM
1	June 21-25	
2	June 28 - July 2	
3	July 6-9	
4	July 12-16	
5	July 19-23	
6	July 26-30	
7	August 2-6	
8	August 9-13	
9	August 16-20	

### Enrollment Days:

\_\_\_Monday \_\_\_Tuesday \_\_\_Wednesday \_\_\_Thursday \_\_\_Friday

\*Please Note: Regardless of the number of days your child is enrolled families are still required to pay the flat weekly rate.

### T-shirt size:

Youth Small\_\_\_ Youth Medium\_\_\_ Youth Large\_\_\_ Youth x-Large\_\_\_  
 Adult Small\_\_\_ Adult Medium\_\_\_ Adult Large\_\_\_ Adult x-Large\_\_\_

### Fee Information:

\_\_\_Full Fee \_\_\_Other: \_\_\_\_\_

\*\*\*\*\*

Child's Name: \_\_\_\_\_

Sex: M or F Birth Date: \_\_\_/\_\_\_/\_\_\_ Ratio at School: \_\_\_:\_\_\_

Parent/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred Method of Communication (e.g. e-mail, phone call, mail)

School: \_\_\_\_\_ Room#: \_\_\_\_\_ Teacher: \_\_\_\_\_

Phone \_\_\_\_\_

**SEE BACK PAGE**



### **ACKNOWLEDGEMENT**

I, the undersigned, verify that the information on this application is to the best of my knowledge, accurate and complete. I understand that any inaccuracies will result in my child being enrolled for inaccurate sessions and/or times. I understand that admission into the PARCA REACH Summer Day Camp Program is contingent upon the fact that my child, named on this application, is not physically aggressive or abusive, nor requires any type of skilled nursing care, and can safely function in the staff to child ratio of the program. I understand failure to provide true and accurate information regarding my child will result in my child being immediately terminated from the PARCA REACH Summer Day Camp Program.

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## REACH Summer Program Admission Agreement

PARCA REACH provides recreational opportunities in after-school, vacation, and summer care for children with and without disabilities. Although located on school grounds, PARCA REACH is a separate organization from the school. REACH is a program of PARCA, a private not-for-profit agency serving people with developmental disabilities and their families.

Fees are charged to assist in the costs of operating the program, while other grants and donations are obtained to subsidize the remaining operation cost. Special donations and grants are secured for the purchase of special equipment and for recreational and educational activities. To maintain "enrollment status" parents are required to abide by all program policies and procedures, including those on the Billing Agreement.

Prior to admission in the PARCA REACH Program, parents/guardians must complete the following:

- Complete the Intake Process
- Be accepted into the program
- Complete and submit all enrollment paperwork
- Submit payment to PARCA's Accounting Department
- Arrange transportation to and from the program

I/We understand that if I/we wish for my/our child to attend the PARCA REACH Program on day(s) other than day(s) he/she has been enrolled, then I/we must call one day in advance to verify if space is available. I/we understand that Drop-in space is not guaranteed, therefore, my/our child cannot attend program without authorization from the Program Manager. I/we also understand that my/our child cannot attend program before his/her designated time without prior approval from the Program Manager.

This acknowledges that I/we have read the above agreement and agree to abide by the conditions. Also, I/we verify that I have received a copy of the PARCA REACH Program Parent Handbook and Billing Agreement and have signed the receipt agreeing to abide by all the policies and procedures. I recognize the right of Community Care Licensing to review my child's records and interview my child at any time.

---

Parent/Guardian Signature

Date

---

PARCA REACH Representative

Date



## Medical and Emergency Information Form REACH Program

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
School Attending \_\_\_\_\_ City: \_\_\_\_\_ Teacher \_\_\_\_\_  
Identifying Information: Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

### Adults Living with Child:

Name:	Relationship:	Work Phone:
Name:	Relationship:	Work Phone:

Home Phone Number: \_\_\_\_\_

**Emergency Contacts and Persons Authorized to Pick up Child:** In the case of an emergency, we will always contact the parent first. In the event a parent cannot be reached, we need to contact at least two other relatives/friends. No adults other than those listed below will be able to pick up your child from our program unless we received advance written notice from you.

Name:	Relationship:	Work Phone:
Name:	Relationship:	Work Phone:
Name:	Relationship:	Work Phone:

### Physician or Dentist to be called in an Emergency:

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Medical Plan & Number \_\_\_\_\_  
Dentist Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Dental Plan & Number \_\_\_\_\_

**Medical History**

	Date mm/dd/yy		Date mm/dd/yy
___ Appendicitis	_____	___ Diabetes	_____
___ Tonsillectomy	_____	___ Epilepsy	_____
___ Mumps	_____	___ Measles	_____
___ Rheumatic Fever	_____	___ Asthma	_____
___ Other Operation(s)	_____	___ Chicken Pox	_____

(Please explain) \_\_\_\_\_

**Allergies (Please check all that apply and explain when needed)**

\_\_\_ Penicillin      \_\_\_ Animals: \_\_\_\_\_

\_\_\_ Bee Stings    \_\_\_ Food: \_\_\_\_\_

\_\_\_ Hayfever      \_\_\_ Other: \_\_\_\_\_

**Medications**

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_

**Please note: if you need your child's medication administered at REACH, please fill out a Medication Release Form.**

\*\*\*\*\*

**Photo Release**

I hereby \_\_\_\_\_ give permission \_\_\_\_\_ do not give permission to REACH to photograph my child, \_\_\_\_\_, for media use (including but not limited to television, magazine, newspaper, lectures, etc.): without limitation to use any pictures, film, and/or stories in connection with any of the work of said REACH; without compensation of any kind. I hereby hold harmless REACH from any claims whatsoever with may arise.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Consent for Medical Treatment**

As the parent, agency representative, or legal guardian, I hereby give consent to PARCA REACH to provide all emergency dental or medical care prescribed by a duly licensed physician (MD) or dentist (DDS) for \_\_\_\_\_.

Child's Name

This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

**Child has the following Medication Allergies:**

---

---

---

---

Parent/Guardian Signature

Date

Note: Please provide a current picture of your child

**Photograph**



## PARCA REACH Summer Program Field Trip Permission Slip

Dear Parents/Guardians,

A distinguishing feature of the PARCA REACH Summer Program is the amount of unique field trips the children participate in throughout the summer. The field trips take place in a variety of venues, but all require leaving the John Muir program site either on foot or in a van driven by one of the REACH Teacher Assistants. It is essential that we have written permission for all the field trips your child will be partaking in. Please fill out and return the information below. Your child will not be able to participate in the Summer Program without this permission slip signed.

.....

I \_\_\_\_\_, give permission for my child  
\_\_\_\_\_, to go on **all** of the field trips offered by the PARCA  
REACH Summer Program. I understand that my child needs to be at the program  
**no later than 10:00 AM** and will arrive back to program by 4:00 PM. If my child  
does not arrive to the program by 10:00 AM on the day of a field trip designated  
for his/her group he/she may not come to program until his/her group returns.  
This is due to predetermined staff to child ratios and helps to maintain the safety  
of all children involved in program.

---

Parent/Guardian Signature

Date





## REACH Client Demographic Form

In order to keep the fees for Children's Services at affordable levels, PARCA receives support from many private foundations and various city and state grants. In order to receive these funds, PARCA is required to provide information on a regular basis to these entities. The following information will be used for statistical purposes only, and your name/name of participating family member will be kept confidential. Thank you for your compliance.

**Name:** \_\_\_\_\_

**City of Residence:** \_\_\_\_\_

### Head of Household Information (please check one):

Male  Elderly (over the age 62)  
 Female  Disabled Head of Household

### Ethnicity Information:

*If you are NOT Hispanic/Latino please check on of the following:*

American Indian/Alaska Native  
 American Indian/Alaska Native and Black/African American  
 American Indian/Alaska Native and White  
 Asian  
 Asian and White  
 Black/African American  
 Black/African and White  
 Native Hawaiian/Other Pacific Islander  
 White  
 Other

*If you ARE Hispanic/Latino, please check one of the following:*

Hispanic/Latino American Indian/Alaska Native  
 Hispanic/Latino American Indian/Alaska Native and Black/African American  
 Hispanic/Latino American Indian/Alaska Native and White  
 Hispanic/Latino Asian  
 Hispanic/Latino Asian and White  
 Hispanic/Latino Black/African American  
 Hispanic/Latino Black/African American and White  
 Hispanic/Latino Native Hawaiian/Other Pacific Islander  
 Hispanic/Latino White  
 Hispanic/Latino Other

### Income Data:

Number of people in your household: \_\_\_\_\_

Your annual combined household income: \$ \_\_\_\_\_