

2010 Summer Program Application – Double S Industries Program

Participant Information

Name: _____ Date of Birth: ____/____/____ Age: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () Cell Phone: () Work Phone: ()

Gender (Circle One): Male Female

Current School: _____ Current Grade Level: _____

Parent/Guardian Information:

Name: _____

Relationship to Participant: _____ Relationship to Participant: _____

Street Address: _____ Apt Number: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () Cell Phone: () Work Phone: ()

Names of people authorized to pick up my child at the end of each day, or in the event of an emergency:

- 1.
- 2.
- 3.

Names of people prohibited from picking up my child at the end of each day, or in the event of an emergency:

- 1.
- 2.
- 3.

Emergency Contact Information.

The first attempt will be made to contact the participant's parents/guardians. Emergency Contacts listed below must be able to pick your child up in the event of an emergency.

Emergency Contact I is authorized to pick up my child at the end of each day or in the event of an emergency.

Name: _____ Relationship to Participant: _____

Home Phone: () Cell Phone: () Work Phone: ()

Emergency Contact 2 is authorized to pick up my child at the end of each day or in the event of an emergency.
Name: _____ Relationship to Participant: _____

Home Phone: () Cell Phone: () Work Phone: ()

Additional Authorized Pickup

1. _____
(Name) (Contact #) (Relationship)
2. _____
(Name) (Contact #) (Relationship)

All participants must be picked up by the person (s) authorized by the registering parent/guardian.

Cost

\$75 per week (Fee includes all supplies, snacks, and transportation. Additional cost may be needed for Kelly's Island outing). Scholarships Available through application on a sliding fee scale.

Refunds:

If we cancel a week we will fully refund your fees.

If you cancel, we will fully refund with four weeks notice.

Program attire

Participants should wear comfortable clothing that is suitable for wearing on field trips and for wearing during craft projects and cooking. Clothing should be easily managed when assisting the individual with their personal care needs. A spare set of clothing should be kept on site for emergencies. All personal care supplies are to be furnished by the participant.

Lunch

Snacks are provided for all participants.

All participants must bring a cold lunch that does not require heating and a beverage.

Terms and Conditions of Enrollment

1. Full payment of \$75.00 must accompany this application. No child will be permitted to attend program without full payment. Checks should be made out to "Double S Industries/Summer Program".
2. No child will be properly enrolled without the following paperwork completed and up to date: program application, full payment, medical form and copies of their immunization record and insurance card. All information is due two weeks prior to program attendance.
3. No refund will be granted if the participant leaves program on his/her own account or is removed from program due to an inability to adjust or is unable to function adequately or to comply with the program rules. There is no reduction or refund based on missed days due to absence, illness or to early withdrawal.
4. I am aware that my child must follow the rules and regulations of the summer program and may be terminated from Double S Industries Summer Program if he or she does not comply. Program staff will

make every effort to provide quality behavior support to individuals according to behavior support plan or company policy.

5. I hereby consent to the taking of photographs, movies, Internet use, and videotapes, of my child by Double S Industries or its designated representatives.
6. (a) Grant Permission (b) Do NOT Grant Permission Parent/ Guardians Initials: _____
7. Double S Industries Summer Program is not responsible for any personal items that are lost stolen or damaged while attending program. Please label all personal items for ease of staff.
8. I consent that in an emergency Double S Industries Summer Program may obtain medical treatment if necessary. I understand that if medical treatment is deemed necessary I will be informed as soon as possible.
9. I reviewed the application and all the information provided is accurate and true. I agree to the terms and conditions.

Parent/Guardian Signature Date _____

Please return all forms along with full payment of \$75.00 (cash or check only) to: Double S Industries 4405 Galloway Rd. Sandusky OH 44870

Rules & Regulations

1. I will be respectful to others at all times.
2. I will not use profanity.
3. I understand that no horseplay is allowed .
4. I will stay with my assigned staff and/or volunteer.
5. I understand that my Parent/Guardian may be called to pick me up for continuous disruptive behavior.
6. NO Kicking, Hitting, Spitting,, Fighting, or Shoving
7. NO Running in buildings.
8. Food is only to be consumed in designated areas.

Participant's Name: _____

Participant's Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____