KENNEDY

SUMMER DAY PROGRAM

Sponsored by City of New Bedford Parks Recreation & Beaches

Kennedy Summer Day Program hosts children ages 5-14 who are looking for a fun and exciting summer experience. Participants take part in many outdoor activities, on site learning explorations, arts and crafts, environmental education, swimming at the beach and much more!
Additionally, participants can access a FREE lunch and breakfast.

LOCATION

Ft. Taber Community Center

COST

$145 NB residents per session
Financial Aid is available to residents only, if space allows ($70 per session)
Non-residents may register for sessions at the cost of $180/session.

Registration packets are available now! Call (508) 961 -3015
Space is limited, register early to ensure a fun filled summer!

Available Sessions

Session 1: July 6 – July 17
Session 2: July 20-July 31
Session 3: August 3 – August 14
Session 4: August 17-August 28
8 am – 3 pm daily

Payment Information

Payment for Session 1 is due upon registration.
Session 2– Due July 6
Session 3- Due July 20
Session 4– Due August 3

For more information call or visit the
Administrative Offices of Parks Recreation & Beaches at:
(508) 961-3015
181 Hillman St. Building 3
New Bedford, MA 02740

KENNEDY SUMMER DAY PROGRAM

REGISTRATION PACKET

2015

Please carefully complete all the information enclosed and provide all the required documentation. Return completed packages to: 181 Hillman Street, Building #3, Parks Recreation & Beaches Administrative Offices.

Page 2...Child Information

Page 3-4...Medical Information

Page 5...Medication Policy

Page 6...Medication Permission Form

Page 7-9...Financial Aid Application

Page 10...Transportation Schedule

Page 11...Waiver – Signature Form

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CITY OF NEW BEDFORD

JONATHAN F. MITCHELL, MAYOR

KENNEDY SUMMER DAY PROGRAM

REGISTRATION PACKET

1 PACKET PER CHILD PLEASE

Child's First Name _____Last Name_____

Address_____

City _____Zip_____ ***Submit proof of residency for resident rate.***

Sex: Male _____Female_____

Date of Birth _____/_____/_____ Age _____ Grade in Sept. 2014 _____ ***Submit copy of child's Birth Certificate***

Mother/Guardian _____Father/Guardian _____

Address_____Address_____

City_____Zip_____City_____Zip_____

Home Phone_____ Home Phone_____

Work _____Cell_____ Work _____Cell_____

Emergency/Pick-up Information (other than parent/guardian) ***Must show i.d. each time at pick-up***

Name_____Relationship_____Phone_____

Name_____Relationship_____Phone_____

Please circle sessions attending: **July 6 – July 17** **July 20 - July 31**

August 3 – 14 **August 17 - August 28**

My child has permission to walk home from Fort Taber Yes_____ No_____

My child has permission to walk home from the bus stop Yes_____ No_____

My child will use provided transportation: ROUTE#_____ Location:_____

*****Please see page 10 for route information**

MEDICAL INFORMATION

Medical History *(please check all that apply)*

Heart condition _____ Diabetes _____ ADD/ADHD _____ Migraines _____ Depression _____

Other *(specify)* _____

Allergies *(food, insects, medications, environment)* _____

Hearing problems *(specify)* Left ear _____ Right ear _____ Hearing Aid(s) _____

Vision Problems *(specify)* Eyeglasses _____ Contact lenses _____

Are there any activities that your child cannot participate in? *(specify)* _____

_____

Please list any medications your child currently takes _____

_____

A written order from a Doctor AND parent is necessary if medication is to be taken at the program. No medication (OTC included) will be given to any child without this. Medication will ***ONLY*** *be dispensed by the nurse. Children are* ***NOT ALLOWED*** *to carry any medications on their person. Please contact the Parks Recreation & Beaches Department for appropriate medication order form. (See Medication Policy on Page 5)*

DATE OF LAST PHYSICAL EXAM _____

IMMUNIZATION RECORD

IMMUNIZATION RECORD

	DATE	DATE	DATE	DATE	DATE	DATE
DPT						
TD/Tdap						
IPV/Polio						
Varicella (or documentation of Chicken Pox disease						
HEP B						
MMR (Measles, Mumps, Rubella)						

Signature of Physician _____ **Date** _____

All applicants are required to certify that they have received the above immunizations and that these immunizations are current. Please have form filled out and certified by Physician and returned.

Name of Family Physician _____ *Phone* _____

Name of Family Dentist _____ *Phone* _____

I give permission to the program nurse to share information relevant to my child's health condition with appropriate personnel when needed to meet my child's health and safety needs and to exchange information with my child's primary care physician for the purpose of referral, diagnosis, and treatment.

Signature _____ Date _____

I give permission for my child to participate in the Dental Hygiene Program.

Signature _____ Date _____

MEDICATION POLICY

To ensure the health and safety of all children attending the Kennedy Summer Day Program, hereupon referred to as the "**program**", a health supervisor, hereupon referred to as the "**nurse**", will administer all medications. The nurse is a contracted employee of the City of New Bedford, Department of Parks Recreation & Beaches. According to regulations from the Massachusetts Department of Public Health, 105 CMR 430.160, which pertains to the standards regarding the storage and administration of medications to children, an adaptation will be applied to the program.

All medication administered (prescription and over the counter) must have the physician's order (prescription) and parent/guardian permission forms complete.
All medication must be delivered to the program by the parent/guardian or responsible adult and counted or reviewed with the nurse or designated staff person.

All prescribed medication shall be sent to the program in the original containers bearing the pharmacy label with its name, address, and pharmacist's initials, the date filled, the prescription number, the physician's name, the patient's name, the name and amount of the medication prescribed with the directions for use and cautionary statements.
*****Ask the pharmacist for a duplicate labeled container for the medication to be dispensed while the child attends the program.**

All over the counter medications, with written permission from the physician and parent/guardian, must be kept in the original container with the label and directions for use intact and brought to the program as stated above.

No child will be allowed to carry medications with the following exemptions:

a. A child in grade 7 or 8 who is capable and has self-medicating orders, parental permission, and approval of the program nurse. A child may be allowed to carry an inhaler at all times and self-administer but this must be done under the supervision of the nurse.
b. The permission/approval of the use of self-monitoring and self-injecting devices is permissible but must be taken in the presence of the nurse and according to the physician's orders. (i.e., diabetics)

Medication delegation: the MDPH has authorized "limited delegation" for unlicensed personnel to administer medication in limited situations. The individuals will be trained to administer an Epi-pen to a child with a known allergy and for whom Epi-pen has been prescribed. This does not allow the trained individual to administer the Epi-pen to a child without his/her own prescription. That decision is to be made only by the program nurse, in the event of an emergency situation.

NO *medications will be administered without meeting these program requirements. If you have any questions, please contact Parks Recreation & Beaches.*

Please keep this page for your records! Thank you.

MEDICATION PERMISSION FORM

I give the Kennedy Summer Day Program nurse permission to administer the following medication(s) to

_____ (*Child's Name*)

PLEASE LIST MEDICATIONS AND TIMES TO BE ADMINISTERED:

_____ @ _____

_____ @ _____

_____ @ _____

I realize that this is a service and I agree to the guidelines stated in the Medication Policy.

_____ _____

Parent/Guardian Signature *Date*

2015 FINANCIAL AID APPLICATION

*Please **PRINT** all information and answer **ALL** questions. This information is essential to better serving your child. All information is confidential. Financial Assistance is limited. Please provide all requested information

*Your application must be returned with your ***registration form*** and ***completed 2014 Tax Returns*** and your ***last three (3) pay stubs***. **You will not be considered for Financial Aid if you do not submit the materials listed above. **To qualify for financial aid you must fall within the "Very Low" to "Extremely Low" income bracket on the attached CDBG form.**

If you have questions or need any assistance in filling out this form, please contact the office at (508)961-3015.

Parent/Guardian #1

Name _____

Address _____

(Street) (City/Town) (State) (Zip Code)

Home Phone _____ Cell Phone _____

E-Mail _____

Employment _____Full Time Employed _____Self Employed _____Part Time Employed

_____ Unemployed (Please provide documentation)

Parent/Guardian #2

Name _____

Address _____

(Street) (City/Town) (State) (Zip Code)

Home Phone _____ Cell Phone _____

E-Mail _____

Employment _____Full Time Employed _____Self Employed _____Part Time Employed

_____ Unemployed (Please provide documentation)

Employer

Name _____

Address _____

(Street) (City/Town) (State) (Zip Code)

Phone _____ Your Position _____

Pay _____ Salary _____ Hourly Annual Income _____

Employer

Name _____

Address _____
(Street) (City/Town) (State) (Zip Code)

Phone _____ Your Position _____

Pay _____ Salary _____ Hourly Annual Income _____

** If there are any additional employers, please attach the information to this application

Please identify any and all sources of additional income & support (ex. Child Support, AFDC, TANF, alimony…)

Parent/Guardian #1

Description: _____ Monthly Amount: _____
Description: _____ Monthly Amount: _____
Description: _____ Monthly Amount: _____

Parent/Guardian #2

Description: _____ Monthly Amount: _____
Description: _____ Monthly Amount: _____
Description: _____ Monthly Amount: _____

Income Information

Number of members in household: _____
Total monthly income for the household: $_____
Gross yearly income for household: $_____

Expenses

Rent/Mortgage	$_____
Food	$ _____
Medical	$ _____
Car	$ _____
Utilities	$ _____
Tuition	$ _____
Other	$ _____
Total Expenses	$ _____

Name(s) of Participants	**Date of Birth (M/D/Y)**	**Grade in Sept. 2015**
_____	_____	_____
_____	_____	_____
_____	_____	_____

For how many sessions of the program are you seeking assistance? _____

Child(ren) lives with (please circle all that apply):

Parents **Guardians** **Mother** **Father** **Foster Parent(s)** **Grandparent(s)**

Other _____

Please attach three (3) recent pay stubs (or unemployment statements) and a copy of the most recent tax return for each parent/guardian.

*I certify that the information on this application is complete and accurate.

*If the information contained in this application changes (ex. Income, employment status…) before or during my child's time in the program, I promise to notify the Parks Recreation & Beaches Department no later than ten (10) days after the change.

*I understand that providing false, incomplete or misleading information may result in the loss of financial assistance and make me ineligible for receiving future assistance.

*New Bedford Parks Recreation & Beaches cannot award assistance without proof of income and expenses.

_____ _____

Parent/Guardian Signature Date

Note: If there are compelling circumstances or important information that you wish to share which would help give us a more accurate and complete picture of your financial situation, please feel free to attach a letter.

KENNEDY SUMMER DAY PROGRAM
BUS ROUTES/JULY 6 – AUGUST 28, 2015

	Route 1 (Far North- Acushnet Ave- Ashley Blvd- County St- Brock Ave)
1	Corner of Acushnet Ave & Fieldstone Dr. (1 block south from braley rd)
2	Child and Family Services Parking lot (Accu-Billards at 140 highway sign)
3	Corner of Phillips Ave & Morton Ave. (Campbell School)
4	Greater New Bedford Voc-Tech (infront of sign)
5	Corner of Tarkilnhill Rd & Orleans st (Normandin Middle School Sign)
6	Wilks Library on Acushnet Ave (at sign)
7	Corner of Ashley Blvd & Glennon st (Lincoln School)
8	St. Anthony's Church (Acushnet Ave)
9	Hayden McFadden School (County St. at Crosswalk)
10	Corner of County st & Parker St (Parker School)
11	Corner of County st & North st (St. Lawrence Church)
12	Corner of County st & Court St. (N.B. Public Schools)
13	Corner of County st & Allen st.
14	Corner of County st & Rivet st.
15	Corner of County st & Jouvette st.
16	Coner of Brock Ave & David st.
17	Coner of Brock Ave & Valentine st.
18	Corner of Brock Ave & Oaklawn st.

	Route 2 (Kings Highway Mount Pleasant St-Shawmut Ave-West End-Rockdale Ave- Hemlock)
1	Corner of Mount Pleasant & Rayno st. (Across from Kings Hwy park and ride)
2	Mt. Pleasant St. & Barret St. (Eddie James Park Sign)
3	Carlos Pacheco Elementary School (doord on the Buchanan st. side)
4	Corner of Shawmut Ave. & Durfee st.
5	New Bedford High School (at the sign)
6	Corner of Rockdale Ave & North st (behind Rodman School)
7	Corner of North & James st (Boys and Girls Club)
8	Corner of North st & Park st
9	Corner of Court st & Tremont st (Hathaway School)
10	Corner of Court st & Jonathan st (one block east of Rockdale Ave.)
11	Corner of Rockdale Ave & Hawthorn st.
12	Corner of Palmer & Bedford st (Behind Winslow School)
13	Corner of Oak st & Dartmouth st
14	Corner of Hemlock & Thompson St. (Condon School)
15	Corner of Dunbar st & Dartmouth St (Dunbar School)
16	Corner of Hemlock & Rockdale Ave (storage center)

CITY OF NEW BEDFORD
Office of Housing and Community Development
INCOME CERTIFICATION FORM
FISCAL YEAR 2015

Income Limits required by the U.S. Dept. of Housing & Urban Development – *please circle one*.

INCOME LEVEL	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Extremely Low Income (30%)	0 - 12,850	0- 14,700	0 - 16,550	0- 18,350	0- 19,850	0- 21,300	0- 22,800	0- 24,250
Very Low Income (50%)	12,851- 21,450	14,701- 24,500	16,551- 27,550	18,351- 30,600	19,851- 33,050	21,301- 35,500	22,801- 37,950	24,251- 40,400
Low Income (80%)	21,451- 34,300	25,001- 39,200	27,551- 44,100	30,601- 48,950	33,051- 52,900	35,501- 56,800	37,951- 60,700	40,401- 64,650
Over Income	34,301- above	39,201- above	44,101- above	48,951 above	52,901 above	56,801- above	60,701- above	64,651- above

Ethnicity: (*select one only)* _____ Hispanic or Latino ____ Not Hispanic or Latino

Race: (select *one)*

____ White
____ Black /African American
____ Asian
____ American Indian/Alaskan Native
____ Native Hawaiian/Other Pacific Islander
____ American Indian/Alaskan Native & White
____ Asian & White
____ Black/African American & White
____ Am. Indian/Alaskan Native & Black/AfricanAm.
____ Other Multi-Racial
____ Asian/Pacific Islander

Other: *(select all that apply)*

Seniors (62 years or older)
Handicapped or Disabled
Female Head of Household
Minors (up to age 18)

_____ _____
Applicants' Signature Typed or Printed Name

If client is below 18 years of age, parent or legal guardian must verify income and sign form.

I certify, under the penalties of law, this income information is correct and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the City of New Bedford Office of Housing and Community Development, and the U.S. Department of Housing and Urban Development. **This information will be kept confidential and used for HUD monitoring purposes only.**

Signature of Parent/Legal Guardian:_____ **Date:** _____

Program Consents

Swimming **Initial**

I give permission for my child to go swimming, and participate in swim lessons, at East Beach next to Fort Taber Park in New Bedford, Massachusetts throughout their Kennedy Summer Day Program Session. Participants will be WALKING to the beach and supervision will be provided. I understand that my child must bring a swimsuit, a towel, and sunscreen to swim.

Field Trips **Initial**

I give permission for my child to attend all trips associated with the program. This includes field trips that may involve walking and travel by bus. I understand that all field trips will take place during program hours and that my child will be back in time to catch their bus back home.

Photo Release **Initial**

I hereby give permission for my child's photograph to be taken and for him/ her to be captured on video in connection with the activities of the Kennedy Summer Day Program and to be used in newspaper and magazine articles, on television and other presentations concerning the grogram, or on the internet. I understand that my child would only be identified by first name, if at all.

Food Release **Initial**

I give permission for my child to participate in all events that incorporate special snacks such as but not limited to chips, juice, fruit, and cake. I have listed all known allergies of my child below.

Food Allergy _____

Behavior **Initial**

I understand that the Kennedy Summer Day Program is responsible for maintaining a safe and interactive environment and if my child's behavior is disruptive or in violation of the Kennedy Summer Day Program rules for participants, he/ she may be dismissed from the program without a refund.

WAIVER – SIGNATURE

Waiver: In consideration of this application and/or the right to participate in this activity, I or my child, release the City of New Bedford, its employees, agents, representatives, and other persons or organizations for whose conduct the City may be responsible from any and all liability, loss damage, costs, claims and/or causes of action, including but not limited to all bodily injury claims and property damage resulting from or arising out of the use of premises, facilities, or equipment of the City of New Bedford, and/or caused in any way by the City of New Bedford, its employees, agents, representatives, and other persons or organizations for whose conduct the City may be responsible. I and/or my child are in the necessary physical condition to participate in the registered activity. I authorize the staff to seek emergency medical care on my behalf or on behalf of my child if needed. I will assume all costs associated with any such treatment. I have been informed of the program's policies, including the refund policy, if applicable. I fully understand this waiver and voluntarily accept its terms. I certify, under the penalties of law, this information is correct and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the City of New Bedford Office of Housing and Community Development, and the U.S. Dept of Housing and Urban Development. This information will be kept confidential and used for funding monitoring purposes only.

Parent/Guardian Signature: _____ Date: _____

Office Use Only

Sessions Enrolled: 1 2 3 4 Total Amount Due: $ _____ Deposit/ck.# _____

Birth Certificate ____ Immunizations _____ Proof of Residency _____ Employee Initials _____

Bus Pickup a.m. _____ Bus Drop-off p.m. _____

KENNEDY

SUMMER DAY PROGRAM

What to Bring!
(EVERYDAY)

Participants Will Need…

- Loose-fitting and appropriate clothing. Clothes should cover the stomach and back. Participants must also wear or bring sneakers.
- Everyone will receive a Kennedy t-shirt. Participants are asked to wear their Kennedy t-shirt on WEDNESDAYS!
- Swim suit, towel, and flip flops for the beach and other water activities
- Lotion based sunblock (No Spray), a hat, and a water bottle
- Breakfast and lunch is provided daily however, participants may bring their own food and snacks.
- A jacket or sweatshirt for days when the weather is cool
- A change of clothing in case of an emergency (Strongly recommended).

*Please keep in mind that cell phones and electronic devices are **NOT** permitted at the Kennedy Summer Day Program.*

Floatation devices are not allowed on the beach or in the water.