



LYDIA SANTONI-WILLIAMS, Executive Director

2009 Summer H.E.L.P. Program
In partnership with The East Windsor Regional School District

The summer is soon approaching and Rise is gearing up for the Hightstown/East Windsor Learning Partners (HELP), summer program. Summer HELP offers parents the opportunity to get their children involved in a summer academic enrichment while enjoying summer recreational activities and trips.

Where: Walter C Black School

Tuition: Based on family income

When: July 6th-August 7th

Grades: Kdg. (5) – 5th grade.

Time 8:00 am-4:30 pm **early drop off 7:30 and late stay 4:30 – 5:30** \$10 per ½ hour.

Breakfast and Lunch: Free (if you qualify)

Parents must show proof of income upon registration in order to qualify

Summer HELP is licensed by the State of New Jersey, Department of Health and Senior Services. Rise offers a \$25 discount (per application) for early registration, with a non-refundable deposit received by June 1, 2008.

Please attach proof of household income upon registration.

All forms must be completed and signed and fees must be paid in full prior to your child's attendance at camp. No exceptions.

All fees and deposits are nonrefundable.

There is a mandatory parent/guardian orientation Thursday. We will provide you with more information when you register.

Registration Fees & Tuition

Income Guidelines	Number of Children Attending			
	01	02	03	04
Up to \$14,999.00	\$260.00	\$280.00	\$350.00	\$400.00
\$15,000-\$30,000	\$295.00	\$355.00	\$395.00	\$450.00
\$30,000 and Above	\$600.00	\$850.00	\$1255.00	\$1,800.00

There is an additional \$10 fee for Summer HELP T-shirts. These T-shirts are mandatory for all campers to wear on all field trips and will be available for purchase at the camp.

Do not write below this line

RISE Case Manager: _____
 Intake Date: _____
 Number order: _____
 Immunization Records _____
 Medical Clearance _____

Check number _____
 or Receipt for Cash _____
 Amount _____
 Copy of Insurance Card _____
 T-shirt size _____

116 North Main Street • P.O. Box 88 • Hightstown, NJ 08520 • Phone: (609) 443-4464 • Fax: (609) 443-4866



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Front Page
Camper Copy



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Summer HELP Program Intake Form

Child's information:

_____		_____		_____	
Last name		First name		Middle initial	
_____		_____		_____	
Street address		Town		State	
_____		_____		_____	
Home phone number		Social Security number		Date of birth	
_____		_____		_____	
Age		Grade		M _____ F _____	
_____		_____		Gender	
_____		_____		Ethnicity	

Parent/Guardian Information:

Name	Employer	Work Location	Work Phone #

Emergency Contact person (must be available between 8:00 am – 4:00 pm):

Name: _____ Relationship to child: _____

Address: _____ Phone #: _____

List your child's medical/health conditions, chronic illnesses, allergies, etc.:

What kind of medication does your child take? What is it for?

What should we know about your child's special needs (i.e., classification, talents, abilities, concerns)?

Who is authorized to pick your child up at the end of the day?

My child has permission to walk home: YES ___ NO ___

**** BE SURE TO ATTACH YOUR CHILD'S IMMUNIZATION RECORDS****

Parent/Guardian Signature: _____ Date: _____



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Summer HELP Program Release Information

This will authorize _____

Agency Name

Agency Address

to release/exchange information to/with:

**Rise- A Community Service Partnership
116 N. Main St., PO Box 88, Hightstown, NJ 08520**

The following information may assist in locating the requested records:

Child's Name: _____ D.O.B: _____

Address: _____

S.S.# _____ \ _____ \ _____

You are required to disclose any special needs that your child may have.

The information to be discussed will be used for professional purposes only and will consist of:

CST Evaluation/Recommendations _____ Psychological Tests _____ Alcohol/Drug Info _____
Medical History _____ Other _____

The information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42-CFR-Part 2) prohibits you from making any further disclosures of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. This consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon, and will expire on

Date, Event, or Condition

Parent Signature _____ Date _____

Child Signature _____ Date _____



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Summer HELP Program Emergency Treatment Permission Form

If your child becomes ill or injured, a reasonable attempt will be made to contact the parent, guardian or emergency contact person. Any incidents that occur locally will be treated at:

Medical Emergency Treatment (MET)
441 Rt. 130 North, Hightstown
(609) 443-5555

RISE requires a photo copy of your insurance card. Your insurance will be billed for any medical expenses incurred; RISE insurance will be secondary.

In the event of an emergency, I give my permission for authorized staff of Rise to bring my child, _____, for medical treatment.

I understand that I am responsible for payment of emergency medical treatment for my child.

Emergency contact person *(must be available between 8:00 am – 4:00 pm):*

Name _____ Emergency phone # _____

Relationship to child _____

Doctor's name _____ Phone # _____

I understand that I am required to fully disclose any illness or special needs that my child may have.

Parent/Guardian's signature

Date



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Summer HELP Program Permission Form

I _____ give consent for my child _____ to participate in the program activities while enrolled in Rise youth programs. I understand that all reasonable precautions and safety measures are in place to promote the safety and well being of all youth enrolled in RISE activities. I will not hold RISE liable in the event of an accident or injury to my child.

Please note any activity that is culturally, religiously or philosophically unacceptable for your child to participate in.

I further agree to the use of my child's picture and/or video in any agency promotions, advertising or news articles.

Parent/Guardian Signature

Date



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Summer HELP Program Guidelines for a safe and fun summer

1. Participants are expected to arrive on site at 8:00am.
2. All parents/guardians must sign participants in and out. No Exceptions.
3. Participants are expected to be appropriate at all times. Parents will be notified if a child is dismissed from the program for the day.
4. NO FIGHTING before, during or after the program. Fighting is cause for suspension or expulsion and will be reviewed on an individual basis.
5. All conflicts will be resolved in a peaceful manner.
6. All participants will remain under the supervision of a staff person until a parent or guardian signs them out. Children who have permission to walk home must sign out before leaving the program.
7. Participants must attend a minimum of 3 days per week to be eligible for a field trip. Illness accompanied by a Doctor's note is the only exception.
8. No one is allowed in or around the pool/lake/ocean without the supervision of qualified staff.
9. Youth can be permanently expelled for bullying, hitting, biting, kicking, fighting.
10. Summer HELP T-shirts must be worn on all Field trips.
11. No collectibles, Walkmans, Game Boys, Video Games or Cell Phones allowed.
12. No roller- skate sneakers (Heelys).

I have reviewed these rules with my child and we agree to abide by them.

Parent Signature: _____ Date: _____

Child Signature: _____ Date: _____



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Medical Examination Form

Camper's Name _____ Sex _____ DOB _____
 Doctor _____
 Address _____
 Phone _____ FAX _____
 Primary Health Insurance _____
 Policy # _____ Group # _____

Physical Assessment

Allergies _____
 Height _____ Ears _____ Neck _____
 Weight _____ Skin _____ Chest _____
 BP _____ Eyes _____ Heart _____
 Urine _____ Nose _____ Lungs _____
 Vision _____ Mouth _____ Hernia _____
 Hearing _____ Gums _____ Abdomen _____
 Scoliosis _____ Teeth _____ Genito-Urinary _____
 Orthopedic _____ Nodes _____

****Copy of updated immunizations required, please attach.****

Medication Administration

Diagnosis _____
 Medication _____
 Mode/Dosage/Frequency/Time of Administration _____
 Side effects, if any _____

Diagnosis _____
 Medication _____
 Mode/Dosage/Frequency/Time of Administration _____
 Side effects, if any _____

Physician's Comments _____
 Signature of Physician _____ Date _____

To be completed by Parent/Guardian:

I hereby request that the health director administer the above medication as directed by our physician to my child _____ while they are in attendance at the Summer Help Camp. I will supply the medicine in its ORIGINAL CONTAINER and a copy of the prescription. I will notify the health director promptly of any change.

Parent's Signature _____ Date _____