



A COMMUNITY SERVICE PARTNERSHIP

LYDIA SANTONI-WILLIAMS, Executive Director

## Summer "H.E.L.P." Program 2010 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 ("H.E.L.P."), summer program. Summer "H.E.L.P." 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 6<sup>th</sup>-August 6<sup>th</sup>

**Grades:** Kdg. (5 years old) to 5<sup>th</sup> grade.

Time 8:00am - 4:30pm **early drop off 7:30 - 8:00 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 for early registration, with a non-refundable deposit received by June 1, 2010.

**Please attach proof of 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 Monday, June 28, 2010 at the G.N. Rogers Cafeteria at 6:00pm to 8:00pm.**

### 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 "H.E.L.P." 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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### Summer "H.E.L.P." Program 2010 Intake Form

**Child's information:**

Last name		First name	Middle initial
Street address		Town	State ZIP code
Home phone number		Social Security number	
Age	Grade	M _____ F _____ Gender	Date of birth 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 "H.E.L.P." Program 2010 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 "H.E.L.P." Program 2010 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

