Summer STAND 2017

We are all very excited about the events planned for this year’s Summer STAND program. This year’s camp will again be at Stout Middle School and will run Tuesdays through Thursdays starting Tuesday, June 27th to Thursday, August 3rd. Camp hours are from 9:00 a.m. until 2:00 p.m. Transportation and lunch will be provided.

We will try to accommodate as many 4th and 5th graders, as well as all middle schools students as possible. There is very limited availability for this program. Students will be selected on a first come, first served basis. Please make a serious commitment to attend the entire summer.
A parent/student orientation will be held at Ten Eyck Administrative Service Center on Tuesday, June 22, 2017 at 7:00 p.m. in the Boardroom. Please return application by May 27, 2017 (All forms MUST be completed) to:

Dearborn Public Schools
Jacqui Rivait
Student Services
18700 Audette
Dearborn, MI 48124

Questions—Contact Carol Ball by phone: 827-3096
Questions—Contact Jacqui Rivait by e-mail:
rivaitj@dearborn.k12.mi.us
APPLICATION/PERMISSION TO PARTICIPATE & ACCIDENT WAIVER FORM

(PLEASE PRINT)

Student's Name: ____________________________________________
Street Address: ____________________________________________
City: __________________ State: ____ Zip: ________

Date of Birth: __________________
Home Phone: __________________

School: __________________

Mother/Guardian’s Name: _____________________________________
Email Address: ____________________________________________
Place of Employment: _______________________________________

Father/Guardian’s Name: _____________________________________
Email Address: ____________________________________________
Place of Employment: _______________________________________

Relative/Neighbor who will assume temporary care of your child if you cannot be reached.
Name: __________________________________________________
Name: __________________________________________________

Daytime Phone: __________________

List any and all physical/medical conditions which may affect participation in any SUMMER STAND Program physical activity. Please explain:
______________________________________________________________

List any learning differences, psychiatric issues or family issues your child is dealing with: _________________________________

List any medication student is taking: (If your child is taking medication for ADD or ADHD, please don’t take him/her off of their medication for the summer.)

____________________________

Family Doctor ___________________________ Phone # where doctor can always be reached
Doctor’s Address __________________________

PARENT/LEGAL GUARDIAN

I, ____________________________ , give my permission for my child to participate in the SUMMER STAND Program and release the Dearborn Public Schools SUMMER STAND Program from any and all liabilities or responsibilities pertaining to accidents, injuries, or complications resulting from activities, or while transporting participants to activities. Transportation may consist of bus, van, or car. Activities will include field trips within city limits and extended field trips away from Dearborn Public Schools. A schedule will be provided.

I authorize the SUMMER STAND Program leadership to transport the above name participant to the nearest hospital in case of injury or suspected injury while the participant is involved in a SUMMER STAND Program activity.

I authorize the hospital attending physician to administer necessary emergency professional medical care to the above named participant upon his/her arrival at the hospital.

__________________________

PARENT/GUARDIAN SIGNATURE

DATE

NOTE: THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE THE NAMED PARTICIPANT CAN BE ASSIGNED TO THE PROGRAM.
HELP US GET TO KNOW YOUR CHILD

(PLEASE PRINT)
Child's Name: ____________________________ Date Of Birth: ____________________________

Address: ________________________________

Home Phone #: __________________________ Parent/Guardian Cell Phone: __________________

Parent's Email Address: ____________________ Child's Email Address: ______________________

Child lives with: Both Parents      Mom      Dad      Other: _______________________________

Parent/s-Guardian/s Occupation/s:
Dad: __________________________ Mom: __________________________ Guardian: ______________________

Please list the names and ages of siblings: _______________________________________________

________________________________________

Type and name of pet/s: ____________________________

*My child's strengths are as follows:

__________________________________________

__________________________________________

*My child has challenges with:

__________________________________________

__________________________________________

My child has interests in: ____________________________

My child's hobbies are: ____________________________

My child has played (sports): ______________________

My child's favorite games are: ______________________

My child's favorite foods are: ______________________

My child's least favorite foods are: __________________

My child is allergic to: ____________________________

Does your child have any specific medical concerns that we should be aware of? ______________________

__________________________________________

My child's fears are: ____________________________

*What are some challenges you would like us to address this summer? ______________________

__________________________________________

*What would you like your child to get out of Summer STAND? ____________________________

__________________________________________

*Any other information you would like to share with us about your child that you may feel would be helpful? ____________________________

__________________________________________

PLEASE MAKE SURE TO FILL IN THE BLANKS OF ALL QUESTIONS, ESPECIALLY THOSE MARKED WITH AN *.
SUMMER STAND GROUND RULES

*RESPECT OTHER'S OPINIONS: YOU CAN AGREE TO DISAGREE.

*AVOID PUT-DOWNS, OF YOURSELF OR OTHERS.

*RESPECT PEOPLE'S PRIVACY: "I KNOW SOMEONE WHO..." (DO NOT USE THE PERSON'S NAME)

*ASK WHEN YOU DON'T UNDERSTAND OR WHEN YOU NEED HELP.

*ALWAYS ASK PERMISSION TO GO TO THE RESTROOM.

*GIVE EVERYONE A CHANCE TO SPEAK.

*LET OTHERS FINISH WHAT THEY HAVE TO SAY BEFORE YOU SPEAK.

*OUR DRESS CODE IS THE SAME AS YOUR DEARBORN ELEMENTARY, MIDDLE SCHOOL, OR HIGH SCHOOL.

*YOU MUST ADHERE TO THE DEARBORN SCHOOLS CORE VALUES.

*YOU WILL NOT LET YOUR WORDS OR ACTIONS HURT OTHERS.

*YOU WILL DO YOUR PART TO MAKE SUMMER STAND A SAFE PLACE BY BEING KIND TO OTHERS.

*NO PROFANITY.

*NO TEASING OR BULLYING.

*TELL YOUR LEADER OR DIRECTOR IF SOMETHING MAKES YOU FEEL UNCOMFORTABLE.

*IF YOU DO NOT FOLLOW THE GROUND RULES, YOU WILL BE ASKED TO DISCONTINUE THE PROGRAM IMMEDIATELY.

If you understand and accept the rules - please sign:

PARENT: ____________________________________________

STUDENT: __________________________________________

LEADER: ___________________________________________