



Application Form/Packet

Date: _____

Please read and fill out the 21st Century Community Learning Center (21st CCLC) Summer Odyssey enrollment packet material in its entirety. Packet includes Application, Field Trip Permission, Photo/Media Release, and Emergency Contact/Medical forms. Please print.

Name of Student: _____ Grade (entering 2019-2020): _____

Enroll my child in the following program(s) (All of which run from Monday 7/1/19 through Tuesday 8/13/19, with the exception of Thursday 7/4 and Friday 7/5 when we are closed):

_____ Summer Journey, open 9am-3pm

_____ Summer School (Grades 9 to 12), open 9am-3:00pm. **By invitation only.**

Parent/Guardian Information (Please print):

Name of Parent/Guardian: _____

Address: _____

Email: _____

Phone: _____

Emergency Contact (Please Print):

Name: _____

Relationship: _____

Phone number: _____

Who can your child be released to for pick up? (Please print name) _____





Photo/Media Release

Throughout the year, students may be photographed and videotaped at 21st CCLC events and activities. Such photographs, videos, and other illustrating material may be used in newsletters or publications produced by the Maritime 21st CCLC programs, slide presentations, videos and other forms of communications and marketing. This form allows you as a parent/guardian to choose whether your child may be in video, photograph or other illustration used by the MACHS 21st CCLC programs, Maritime School literature or the news media. Please note that MACHS will never use student images for financial gain.

Please check one:

_____ I hereby consent and authorize MACHS 21st CCLC its employees, officers, agents and production company to receive, reproduce, market, and use any and all photographs produced of my child and any reproduction(s) thereof, in perpetuity, in any and all media. I further understand that any reproduction(s) will be distributed as widely as possible and that portions maybe use for advertising and promotional purposes.

I understand that MACHS 21st CCLC holds sole ownership interest to the original photographs/videos and/or any reproduction(s). I relinquish and assign any rights to the original photographs/videos and/or any all reproduction(s) and relinquish and assign any rights to compensation for the use of the original photographs/videos and/or reproduction(s).

_____ I do not consent to my child being included in any photography/video. I understand that he she will be included in all program activities but will not be included in any group or class photographs/videos with any of his/her class or activity.

Signature of Parent/Guardian: _____

Date: _____





Field Trip Permission Form

Trips are planned for the Summer Journey program. These field trips supplement and enhance the curriculum of Maritime Academy Charter School 21st CCLC. Trips may include walking to nearby parks, pools or sporting/recreational activities. At other times, students go off site for a specific venue such as the Cobbs Creek Environmental Center, which may require transportation (MACHS or its vendors will provide transportation when required). You will be notified in advance of any field trips and will be provided with specific itinerary and venue information. If, for any reason, you do not want your child to participate in a field trip, you must notify the Program Director in writing prior to the trip. If your child is excused from the field trip, you will be responsible for your child on that day. Reasonable precaution will be exercised to ensure the safety and welfare of your child. However, we shall not be responsible, either financially nor any other respect, should an accident occur.

Please sign this form authorizing your child's participation in field trips for the coming school year.

I hereby give permission for my child to participate in 21st CCLC sponsored field trips.

Parent/Guardian (Please print): _____

Signature of Parent/Guardian: _____ Date: _____

I also grant permission for my child to receive emergency medical treatment while on a field trip and/or to be hospitalized if necessary. It is understood that every attempt will be made to contact me or the person listed below before taking this action.

(Please print) Home/cell phone: _____ Business phone: _____

If I cannot be reached, please call: _____

Relationship to student: _____

Phone Number to reach emergency contact person: _____

Medical Insurance Provider: _____

Name of Insured subscriber: _____

Policy Number: _____





Emergency Medical Care and First Aid Authorization

Child's name: _____ Birthdate: _____

I hereby give permission that my child, _____, be given emergency treatment to include first aid and CPR by a qualified 21stCCLC program staff person. I further authorize and consent to medical, surgical, hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician in order to safeguard my child's health. This consent should be used in the event I cannot be contacted in a timely fashion. I waive my right to informed consent to such treatment. I also give my permission to inform said physician of my child's medical history and/or to release my child's medical records.

Permission is also granted for my child to be transported by ambulance or car to an emergency center for treatment.

Please list any medications your child is currently taking (please print clearly): _____

Please list all your child's allergies: _____

Signature of parent/guardian: _____ Date: _____

Best phone number to reach you: _____

Name of insurance company: _____

Policy number: _____

Family Physician and contact number: _____

Emergency Contact(s) other than parent/guardian:

Name: _____

Relationship: _____ Phone Number: _____

Name: _____

Relationship: _____ Phone Number: _____





Frequently Asked Questions

Q: My child currently attends Maritime Academy Charter School and is in good academic standing. Which program should I enroll him/her in?

A: **Your child is the perfect candidate for the Summer Journey program where he/she will receive academic lessons each day with an enrichment component in the afternoons.**

Q: I want my child to enroll only in particular enrichment activities. Is this possible?

A: **Yes, high school students can enroll in particular programs.**

Q: My child is in high school and has to attend summer school. Does he/she have to participate in the afternoon recreational activities?

A: **High school students may enroll and attend the summer school classes.**

Q: Where do I send the completed packet? When will I find out if my child is enrolled in the program?

A: **Completed packets are to come back to the school to the attention of Ms. Lindsey. Enrollment is on a first-come, first-serve basis, if you complete the packet your child will be enrolled unless we inform you that we are currently filled and your child will have to go on the waiting list.**

Q: I enrolled my child but now have changed my mind. How do I go about canceling my enrollment?

If for any reason you need to cancel, please contact the Program Director as soon as possible. Cancellations will be accepted up until the last day of school, June 7th you may call 215.535.4555 ext. 332.





Additional Comments

If you have more than one child attending the Summer Odyssey, please fill out a complete packet for each child.

Breakfast and lunch will be provided each day by Linton Services at no cost.

If you have any additional questions regarding the program, contact:

Scott Walsh
Program Director
215.535.4555 Ext. 332 or walsh.s@maritimecharter.org

