

# Gladden Summer Camp 2024

Summer camp will be June 10th through August 9th. Our hours will be 9am-3pm. We will be feeding the children breakfast, lunch and a snack. We will be going on field trips 2 times a week. We will be doing STEAM and SEL activities. We will participate in a summer reading challenge through the Franklinton Library. We are partnering with Franklinton Farms, Art in the House, Columbus Public Health, Dublin Dance, Jump Bunch, and TechCORPS. It will be a fun and enriching summer! Summer Camp will cost \$100 per child, but payment is not due quite yet.

Please fill out this form and sign up for a slot using the QR code. This is a mandatory summer camp orientation to complete all of the necessary forms for summer camp.

If you have any questions, reach out to the director, Jayde Guy at 614-795-5277.



# GLADDEN COMMUNITY HOUSE

## Summer Camp Program 2024

Date \_\_\_\_\_

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Student's Last Name	First Name	M.I.
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Address: Street \_\_\_\_\_

Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Day/Year

School: \_\_\_\_\_ Grade \_\_\_\_\_

Race/Ethnic Background: White \_\_\_\_\_, Black or African American \_\_\_\_\_, Asian \_\_\_\_\_,

Native American \_\_\_\_\_, Multiple Race \_\_\_\_\_, Other \_\_\_\_\_

Hispanic Yes \_\_\_\_\_ No \_\_\_\_\_

Immigrant? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, from what country? \_\_\_\_\_

Total number of youth living in the home: 1 2 3 4 5 6 7 8 9 10 Other \_\_\_\_\_

Total number of adults living in the home: 1 2 3 4 5 6 7 8 9 10 Other \_\_\_\_\_

Annual Household Income: (Circle One)

Under \$4, 999.00    \$5000-\$9,999    \$10,000-\$19,999    \$20,000-\$39,999    \$40,000-  
\$59,999    \$60,000-\$79,999    Over \$80,000    Unknown

**Note: A parent or emergency contact must be able to be contacted on any given day in case of an emergency or early closing of the agency.**

Parent/Guardian Name (please print)

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Parent/Guardian Signature

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Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**\*Emergency Contact Person:** (someone other than parent)

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Name	Phone #	Relationship to Youth
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Name	Phone #	Relationship to Youth
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Name	Phone #	Relationship to Youth
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Name	Phone #	Relationship to Youth
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**Any Medical or Allergy Issues?**

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**Note: A parent or emergency contact must be able to be contacted on any given day in case of an emergency or early closing of the agency.**

# Gladden Community House Summer Camp Program

## CODE OF CONDUCT POLICY

Gladden Community House provides appropriate supervision for children at our summer camp programs at all times. All participants must be enrolled in school and present in school to attend programming.

While attending Gladden Community House (GCH) After-School Program, the child must:

1. Be responsible for their actions.
2. Follow all Gladden Community House rules and directions given by staff.
3. Walk in the hallways.
4. Use appropriate language.
5. Show respect to all staff and participants.
6. Respect all materials and equipment.
7. Respect others' culture, religion, race, or sexual orientation.

**Students may be subject to disciplinary action for violating the above rules.**

**Severe Behavioral Infractions will result in immediate removal from the summer program.**

**Severe Behavioral Infractions shall be defined as:**

1. Any action or words by a student that threatens their own safety, or the safety of others (adult or student).
2. Any action that wholly disrupts program activities.
3. Any repeated physical or verbal refusal by a student to adhere to GCH policy and/or procedure as directed to them by staff.

Signing this form signifies your agreement with the Code of Conduct Policy and your support of Gladden Community House Staff in providing the best possible environment for your child.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



WALKER PASS AND LIABILITY WAIVER

I (Parent/Guardian), \_\_\_\_\_, authorize, consent, permit, acknowledge and agree that Gladden Community House (GCH) release (my child), \_\_\_\_\_, from the after-school program without parental or staff supervision (Please check one):

**My child may be released by/from GCH as a walker without my prior notification.**

**My child may be released by/from GCH as a walker only upon my prior notification. I can be contacted at this phone number \_\_\_\_\_.**

**My child may be released by/from GCH as a walker only if I (or an authorized person) is not able to pick him/her up at the GCH by 5:30 p.m. In this event, I acknowledge and agree that the GCH may release my child as a walker without my prior notification.**

Liability Waiver: I/we understand that the release of my child from the GCH without parental, staff or adult supervision includes risk of injury that may range in severity from minor to disabling to even death, and that it is impossible to eliminate the risk. I/we understand that the release of my child from the GCH as a walker without parental, staff or adult supervision is voluntary and I/we are free to choose not to grant the GCH permission to release my child from the Club. I/we consent to my child's release from the GCH as a walker without parental, staff or adult supervision as checked above. I/we understand that the GCH, its employees, directors, volunteers, representatives, staff and agents will not be liable for personal injuries and/or property damage as a result of my child's voluntary release as a walker as checked above.

I/We, on behalf of myself and my minor child, agree to release, hold harmless and indemnify GCH, its employees, directors, volunteers, representatives, staff and agents, from any loss, cost, damage and/or expense of any nature, including all attorneys' fees and costs which I or my child may have resulting, either directly or indirectly, from my child's voluntary release as walker from the Club. I/We give permission for our son/daughter to be released as walker from GCH as checked above, and do forever release GCH and its employees, directors, volunteers, representatives, staff and agents from any and all actions, all known and unknown personal injuries or property damage of said minor arising out of said activities, and also all claims or right of action for damages which said minor has or hereafter may acquire. By signing this Agreement, I/we acknowledge that I/we have read and understand this document and accept the risk and responsibility of participation in the voluntary release of my child from the GCH as checked above.

Parent's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**GLADDEN COMMUNITY HOUSE**  
**Youth Services**  
**PERMISSION/RELEASE FORM**

YOUTH NAME \_\_\_\_\_

Please **initial each** of the following permissions you are granting to *GCH/Staff/Clinical Consultant and Student Interns*. Please **sign and date at the bottom of this form**. Permissions will remain in effect until further notified.

\_\_\_\_\_ **Transportation (if applicable):** I grant *GCH* permission to transport my child to and from special events and field trips. I understand that I will always be notified in advance about the dates, times, and destinations of all events. I will not hold *GCH* or its staff responsible for any accident or injury that may occur.

\_\_\_\_\_ **Publicity:** I grant *GCH* and associated volunteers permission to use photographs for publicity and information purposes. This may include, but not be limited to articles in the *Franklinton News*, *GCH* social media, *GCH* website, *GCH* newsletter, *United Way Service* announcements, agency bulletin boards, displays, and professional portfolios.

\_\_\_\_\_ **Emergency Medical Release:** I give *GCH* permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

\_\_\_\_\_ I give *GCH* permission secure emergency transportation for my child in the event of an illness or injury, which requires emergency treatment.

\_\_\_\_\_ If not, I wish for the following action to be taken:

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\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## **Gladden Summer Camp Field Trip General Permission Slip**

I give permission for my child(ren)

\_\_\_\_\_ to attend all of the field trips this summer. We understand that there will be weekly field trips on Tuesdays and Fridays.

I will make sure my child(ren) are dropped off at Gladden at the regular time of 9am and picked up at 3pm. Gladden will still providing the meals for the children.

Our field trips will include and are not limited to:

- Walking to UDF for Ice cream
- Walking to Avondale
- Hiking at Columbus Metro Parks
- Yellow Brick Pizza
- Franklinton Farms Food truck
- Dodge Recreational Pool
- Fire Station
- Art Museum
- Clippers Game
- Get Air
- Skate Zone 71
- Ohio State Fair

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Name

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Signature

In case you can not be reached we will call an emergency contact from the forms you gave us.



## Gladden Community House Release of Learning Information

Release for school grades, attendance and behavior information, learning circles EWI:

I hereby grant permission for Gladden Community House to share my child's program information with \_\_\_\_\_(school/district). I understand that information will only be shared about my child if it is relevant to my child's education. Gladden Community House may also request access to my child's academic records, attendance records and behavior records for the current, prior and future school years at \_\_\_\_\_(school/district) that they can provide better services to my child and understand the impact of this program. I understand that this information will be kept confidential. I understand that I am able to revoke the consent at any time in writing.

Legal Guardian Print \_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_

Student Birthday \_\_\_\_\_

Student ID \_\_\_\_\_

Current School \_\_\_\_\_

Current Teacher \_\_\_\_\_