

**UP ON TOP**

**2020 SUMMER PROGRAM APPLICATION**

**After School and**

**Summer Program**

# This form is required to apply for the UP ON TOP SUMMER PROGRAM. Our program is open to San Francisco residents who are in kindergarten through 6th-grade.

We offer a welcoming program for ALL students regardless of their abilities or background.

Student's Name \_ Male / Female Birthdate -------

Current School Current Grade

Classroom Teacher \_

Parent/Guardian Name(s) \_ Home Address San Francisco, CA Zip Code \_

Are you currently working? Yes/ No If yes, place of employment \_ Home/Cell Phone Email \_ Do the parents/guardians speak English? Yes/ No/ Some If no, what language do you prefer? \_

Does your child qualify for free or reduced lunch program? Yes or No

Does your child have any special needs that you would like us to know about before Summer Program? Yes or No

If yes, please explain ­

The UP ON TOP Summer Program runs from June 29th through August 7th from 8:45am until 4:45pm and is located at St. Mark’s Square 1111 O’Farrell Street (@ Franklin). Our program includes morning academics, enrichment opportunities, community building and many special field trips. We want our students to benefit from the entire program, and so we require the family's best effort to have their student attend program EVERY day, ALL day.

Will your student make every effort to attend Program EVERY day from 8:45am until 4:45pm? Yes or No

Would you like to enroll your student in the UP ON TOP After-School Program beginning in the Fall? Yes or No

Signature of Parent / Guardian Signature of Student

Questions? Contact [summer@upontop.org](mailto:summer@upontop.org%20) or call BILL at 415-912-9737.



**UP ON TOP**

**After-School & Summer Program**

### WELCOME TO UP ON TOP's 2020 COMMUNITY SUMMER PROGRAM!

Monday June 29 through Friday August 7, from **8:45am** until **4:45pm.**

Student drop-off and pick-up is OUTSIDE St. Mark’s Square 1111 O’Farrell Street (@ Franklin).

PLEASE pack a back pack with sun block; bathing suit, towel and extra t-shirt/pants. PLEASE DO NOT bring any electronics, toys, food or anything that can be distracting.

**PLEASE CONTACT John at 415-225-6558 in an emergency.**

UP ON TOP expects all enrolled students to be able to listen carefully and follow all appropriate staff instructions and directions. Everyone (students, staff and families) is expected to respect the feelings and possessions of other students, staff and families. Fighting, threats, bullying and any other form of physical or verbal aggression (including vulgarity, lying, taunting, etc.) are not considered acceptable behavior.

UP ON TOP is committed to providing a safe experience for all our student-learners and staff. UP ON TOP reserves the right to dismiss any child from the Summer Program should there be any behavioral or safety issues resulting from the participation, actions and/or language of any student.

**UP ON TOP Summer Program** - **Parent/Legal Guardian Release Forms** - **side 1**

**NAME OF CHILD:**

**DOB:**

**ADDRESS:**

PARENT/GUARDIAN NAME:

CELL NUMBER & E-MAIL:

**EMERGENCY MEDICAL TREATMENT** - **In the event of a perceived medical emergency, UP ON TOP will contact 911 immediately.**

Does your child have health insurance? YES NO Insurance Company:

Policy / Group:

Doctor name/number:

**In case of emergency, alternate contact**

NAME: Cell Number:

Relationship to student:

**List any medications, medical conditions or allergies** -

**DISMISSAL/SIGN-OUT AUTHORIZATION** - 1)

2)

**UP ON TOP Summer Program - Parent/Legal Guardian Release Forms - side 2**

**Emergency Treatment Authorization** - I authorize UP ON TOP to arrange for transportation in case of accident or acute illness of the Participant. In the event that it is not possible to receive timely instruction for Participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform any necessary treatment for the preservation of the Participant's health and well-being. I understand that any cost incurred for treatment shall be my full responsibility. This authorization and consent for treatment is given to UP ON TOP in conjunction with its Summer Program.

**General Release of Liability** - In consideration for enrollment in the UP ON TOP Summer Program, I hereby assume full responsibility for any risk of bodily injury, death or property damage while using the premises and/or any facilities or equipment hereon. I further agree to hold harmless UP ON TOP, its partners (including but not limited to Handful Players, Circus Center and 826 Valencia), directors, officers, employees, agents and volunteers from any and all claims that may result from any action for damages, including but not limited to such claims that may result from injury or death, accident or otherwise during, or arising in any way from, said activity. I acknowledge that this General Release of Liability of UP ON TOP and its partners is binding on me.

**Community Field Trip Permission** - The UP ON TOP Summer Program will take many field trips. We will always plan on returning before normal dismissal time. I give permission for my child to leave the site location with supervision from UP ON TOP staff, partners, directors, officers, agents and volunteers. While taking part in any field trips, I fully release UP ON TOP from responsibility for any risk of bodily injury, death or property damage as covered in the "General Release of Liability."

**Media Release** - I hereby consent the use of my child's first name, likeness and speech in any audio tape, video tape, film or photograph or on-line posting made for the business or publicity purposes of UP ON TOP or its partners. I understand that any participation offers no payment or remuneration of any kind. I expressly release UP ON TOP its licensees, assignees, affiliates and successors from any privacy, defamation or other claims that may arise out of the broadcast, exhibition, publication and/or promotion of the Program and its activities.

PARENT/LEGAL GUARDIAN signature Child's name:

date

**Authorization for Release of Confidential Information UP ON TOP / Handful Players / Circus Center / 826 Valencia**

## Participant Name: Date of Birth:

Our agencies are supported by grants from the San Francisco Department of Children, Youth and Their Families (DCYF). As a condition of the funding we receive, we are required to report information about the services we provide and the children, youth, and families that we serve to DCYF. DCYF works in close partnership with the San Francisco Unified School District (SFUSD). The data that we report to DCYF is also shared with SFUSD.

DCYF and SFUSD rely on the data we provide to understand the populations that are served by DFYC-funded programs and to ensure that San Francisco’s most vulnerable chidren, youth and families have access to services. The data is also used by DCYF to monitor grant funds and to evaluate program activities and impacts.

By signing this form, you authorize our agency to share information about your child's participation in our program (or your participation, if you are 18 years of age or older) with authorized stc)ff at DCYF and SFUSD for the purposes described above. The information that we report to DCYF includes:

* Personal information, such as name, date of birth, and address;
* Demographic information, such as race/ethnicity and gender identity;
* Education information, such as school name and grade level;
* Participation in activities and services, such as attendance dates and hours attended; and
* Anonymous and voluntary youth experience surveys.

DCYF and SFUSD will not publicly report any information that we provide in a way that may be used to identify your child (or you, if you are 18 years of age or older).

**Restrictions:** All information that we provide that is related to an SFUSD student is protected by federal and state laws that govern the use, disclosure, and re-disclosure of student education records. Parties other than DCYF and SFUSD will not have access to any personally identifiable information that we report, except to the extent that the parties have obtained prior written authorization from you or have followed SFUSD policies and procedures to obtain access to such information.

**Expiration:** This authorization expires on June 30, 2023.

**Your Rights:** You may refuse to sign this form. You may cancel it at any time by informing our agency in writing. If you cancel your permission allowing us to release information to DCYF and SFUSD, it will go into effect immediately, unless the information has already been released. You have a right to receive a copy of this form.

**Your Name: Relationship to Participant:** □ Parent D Legal Guardian □ Participant 18 Years of Age or Older

**Signature: \_Date:**

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