EMMANUEL
FAMILY & CHILD DEVELOPMENT CENTER

Emmanuel Family & Child Development Center

Summer Academic & Enrichment Program: Your Pathway to Business

For Rising Grades K-8th | *June 1st- July 17th (*NO SCHOOL June 19th & July 3rd)

Hours: 7:30 am Breakfast / 8:00 am Academy Begins / Fieldtrips / Free After Care

Student Information:

Legal Name:_____ DOB: ____/____/_____ Age:_____
First Middle Last

Address: _____
(Student's Home Address) (City) (State) (Zip Code)

Gender: ☐ Male ☐ Female Social Security#:_____

Ethnic Code (check all that apply): ☐ A- Asian ☐ B – African American ☐ H- Hispanic ☐ I – American Indian
☐ P – Hawaiian/Pacific Islander ☐ W - White ☐ O – Other_____

Current School: _____ Currently enrolled at EFCDC: ☐ Yes ☐ No

Current Grade (2024-2025 School Year): Pre-K K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th _____
Rising Grade (2025-2026 School Year): K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th _____

Additional Needs: ☐ None ☐ Specialized Education Plan (IEP) ☐ 504 Plan ☐ Medication ☐ Allergies ☐ Other
(Please attach a copy of supporting documentation and/or complete the EFCDC medication form for any checked boxes other than 'None' with the application)

Parent/Guardian Information:

_____
Parent/Guardian Name Relationship to Student

_____ _____ _____ Ext._____
Home Phone Cell Phone Work Phone

_____
Parent E-Mail Address

_____ _____ _____
Emergency Contact Phone Relationship to Student

**********FOR OFFICE USE ONLY**********

Assigned Classroom: _____

Completed forms: ☐ Application ☐ Rules & Regulations ☐ Authorization for Pick Up/Transportation
☐ Photography and Video Release ☐ Birth Certificate ☐ Immunization Records ☐ Parent ID
☐ Additional Needs ('NA' if none)

EFCDC SUMMER SCHOOL RULES AND REGULATIONS

1. **ATTENDANCE:** Attendance will be taken the same as during the traditional school year.

2. **TARDINESS TO CLASS:** All students are to be in their classrooms when academic instruction begins at 8am. Any student who is tardy will be marked absent for the hour the tardy occurs and will no longer be eligible for the perfect attendance incentive unless signed off by the school principal or program director.

3. **STUDY:** Summer school courses cover a great deal of material in a short time; consequently, students must study both during the school day and outside of school time. Any assignments are to be taken home each day and turned in at the designated time.

4. **GRADES:** Students will receive the same type of grades as given during the regular school year. Report cards will be sent out at the teacher's discretion. However, parents may reach out to the teacher regarding your child's academics during hours designated by the teacher.

5. **LEAVING THE BUILDING:** Students are not to leave the building unless they are leaving the grounds for the day. Students must be signed out by an authorized person of pick-up before leaving the building.

6. **GUIDANCE:** During the summer, guidance will be provided for any student who needs assistance with classes.

7. **SPECIAL SERVICES:** Students requiring accommodations due to an IEP or 504 Plan should contact the site prior to enrolling in summer school.

8. **CITIZENSHIP AND DRESS**: Students are in summer school voluntarily. They are expected to maintain a wholesome attitude toward learning. Students who do not maintain good citizenship may be dismissed from school and without credit. Students in summer school will be expected to conduct themselves and to dress in the same manner as acceptable during the regular school year.

9. **RULES AND APPLICATIONS:** All rules and regulations established by Emmanuel Family and Child Development Center Youth 4 Change program during the regular school year shall be enforced during summer school. Applications are due to the office staff at Emmanuel Family & Child Development Center.

10. **CONSENTS:** Student's records from any current or previous district/school attended may be accessed upon KCPS request. Each child will be placed in class(es) according to his or her current school's recommendation.

11. **ALL OF THE ABOVE INFORMATION IS CORRECT:** By completing this form I understand that if any of the above information is found to be false, my child will be removed from the Emmanuel Family & Child Development Center Academic & Enrichment Summer Program – Pathway to Business. **I understand, accept, and consent to ALL summer school regulations above.**

Parent/Guardian Signature: _____ Date:_____/_____/_____

Signature required for application to be valid.

Summer School 2025 Authorization for Pick-Up and Transportation Form

Child(ren)'s Name(s): _____

Parent's Name: _____

Phone #: _____ _____ _____
(home) **(cell)** **(work)**

Other relatives attending summer school (Name – Rising Grade):

_____

_____

Person(s) listed below are authorized by the parent/guardian to take their child(ren) from the facility.
Changes to this document may be made at any time.
<u>All authorized persons need to present a photo ID before being allowed to pick-up the child.</u>

Name: _____ **Relationship to child:** _____

Address: _____ **Phone #:** _____

Name: _____ **Relationship to child:** _____

Address: _____ **Phone #:** _____

Name: _____ **Relationship to child:** _____

Address: _____ **Phone #:** _____

Name: _____ **Relationship to child:** _____

Address: _____ **Phone #:** _____

Name: _____ **Relationship to child:** _____

Address: _____ **Phone #:** _____

My child(ren) will: ☐ Be Picked up between 3:30pm and 5:30pm each day
☐ Ride the bus (ONLY CHECK IF PREVIOUSLY ARRANGED WITH EFCDC)
☐ Walk home at _____ PM with _____

Parent Signature: _____ **Date:** ____/_____/_____

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE

SCHOOL-AGE CHILD HEALTH REPORT

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE

HEALTH STATEMENT (CHECK ONE)

☐ My child is in good health, is able to participate in group care, has no special health or medical requirements.

☐ My child is able to participate in group care but has special health or medical requirements as listed below.

SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

PARENT OR LEGAL GUARDIAN SIGNATURE	DATE

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov..

TO BE FILED IN CHILD'S RECORD AT CHILD CARE FACILITY.

Summer Academic & Enrichment Program
Media and Photo Release Permission Form

Dear Parent/Guardian,

We are excited to showcase the wonderful experiences your child will have during our Summer Enrichment Program! From time to time, photos and videos may be taken during the program. To ensure that we have your consent to use any images or videos of your child, we request your permission through this Media and Photo Release form.

Photo/Media Usage:
The photos and videos may be used for the following purposes:

- Brochures and recruitment materials
- The agency's website and social media platforms
- Local media outlets (newspapers, news stories, etc.)
- Promotional materials for future programs and events

Permission:
By signing this form, you grant Emmanuel Family and Child Development Center permission to use photos and/or videos of your child for the purposes listed above. You understand that no compensation will be provided for these uses.

Parent/Guardian Authorization:

Child's Full Name: _____
Date of Birth: _____
Parent/Guardian Name: _____
Parent/Guardian Number: _____

I, the undersigned, hereby give permission for Emmanuel Family and Child Development Center to take and use photographs, videos, or other media of my child as described above for use in future promotional materials, the agency website, social media, and/or local media outlets. I understand that no compensation will be provided for these uses.

I acknowledge that the images and videos may be used publicly without further notification or consent, and I release Emmanuel Family and Child Development Center from any liability regarding the use of these materials.

Parent/Guardian Signature: _____ **Date:** _____

Opt-Out (Optional):
If you do not wish for your child to be included in any media coverage, please check the box below:
☐ I do not give permission for my child to be photographed or filmed for media purposes.

Thank you for your understanding and cooperation!

Sincerely,
Emmanuel Family and Child Development Center
Summer Enrichment Program Team

Summer Academic & Enrichment Program
Summer Field Trip Permission Slip

Dear Parent/Guardian,

We are excited to offer a variety of enriching field trips as part of our Summer Enrichment Program! To ensure your child's participation in these activities, we request your permission for them to attend all scheduled field trips throughout the summer. This permission slip covers all field trips for the entire summer session. The program has scheduled several excursions that will enhance the learning experience and provide fun, hands-on activities for the children.

Thank you for entrusting your child with us this summer. We look forward to an exciting and enriching experience!

Sincerely,
Emmanuel Family and Child Development Center
Summer Enrichment Program Team

Field Trip Fee:
There is a one-time fee of **$20.00 per child** for all field trips during the summer. This fee will cover transportation, entry fees, and any other associated costs for the various trips.

Field Trip Details:

- Field trips will be scheduled throughout the entire summer program.
- Trips may include local outings, nature excursions, museum visits, and more.
- Parents will be notified in advance of specific trip details, including dates, times, and any additional items children may need to bring (e.g., lunch, sunscreen, etc.).

Parent/Guardian Authorization:

Child's Full Name: _____
Date of Birth: _____
Parent/Guardian Name: _____
Parent/Guardian Number: _____
Emergency Contact Name & Number: _____
Allergies/Medical Conditions (if any): _____

I, the undersigned, give permission for my child to attend all field trips organized by Emmanuel Family and Child Development Center's Summer Enrichment Program. I understand that there is a one-time field trip fee of $20 for the entire summer. I also acknowledge that I will be notified in advance about each field trip.

Parent/Guardian Signature: _____ **Date**: _____

Once this document is filled out, you may send it to schoolage@emmanuelschildcare.org or print it out and bring it in person. Must be turned in by Wednesday, April 30th.