



Kids' Discovery Club 2011

Amanda Juárez- Porter Carlyle, Discovery Club Director at Good Works, Inc.

Dear Parents and Guardians,
Welcome to the 2011 Kids' Discovery Club! This form is the beginning of communication between you, the parents or guardians, and the staff of Discovery Club. The valuable information you provide on this form will help us as we serve your children this summer. The form is divided into four sections. We need your signature on **all three** sections. The first section involves general information about Discovery Club. The second section involves medical releases, and the third is our behavior expectation. If you are enrolling more than one child, we will need a separate registration form for each child.

I. General Information

Name of child: _____ D.O.B.: _____

Name of Parent or Guardian: _____

Daytime phone number: _____ Evening phone number: _____

Address: _____

This is the primary contact information we will use in communicating with you about your child.

Daily Schedule:

9:00 a.m. – Arrival and Check-In at The Plains United Methodist Church

9:30 a.m. – Daily activities begin

11:10 a.m. – Faith Time begins

11:45 a.m. – Discovery Club transitions into Community Lunch

12:00 p.m. – The Community Lunch begins

1:00 p.m. – End of unstructured free time and time to go home for the day!

Although we will use this schedule as a general guide, there may be events that will require an adjustment to the schedule (field trips, special guests, etc.).

When a child is dropped off or arrives for Discovery Club, it is our expectation that he/she will be staying with us for the day. We will not permit your child to leave until 11:45 a.m. If you need to make an exception to this for your child, we will need written permission from you.

All children will need to be signed out each day by you or a person you have approved through written notification. If you trust your child to walk alone, we will also need written permission from you.

CELEBRATING OUR 31ST YEAR!

Administrative Offices (740) 594-3339 • Hannah House 594-3336 • Timothy House 594-3333

www.good-works.net email: goodworks@good-works.net

P.O. Box 4; Athens, Ohio 45701

Field Trips

We will be taking your child on field trips within walking distance of The Plains UMC throughout the summer, such as to The Plains Library or to The Plains Community Park. Permission forms will be sent home for each of these events. These forms will need to be returned prior to each field trip in order for your child to participate. **In order for children to participate in the field trip, they must be present for at least 1 day during the week of the field trip.**

Meal

Good Works, Inc. and The Plains UMC will be providing a daily Community Lunch at The Plains UMC immediately following the end of Discovery Club at 11:45 a.m. **You are welcome and encouraged to participate in this meal with your child!**

Release of Claims

While we at Good Works, Inc. and The Plains United Methodist Church will provide an atmosphere and an environment that will be safe for your child, you agree not to hold Good Works, Inc., staff and volunteers, The Plains United Methodist Church, staff and volunteers responsible for any accidents that may occur while your child is with us. We commit to doing all that we can to ensure the safety of your child by providing adequate supervision at all times.

I understand and agree to the information listed above and give permission for my child to participate in the Summer Kids' Discovery Club to be held at The Plains United Methodist Church.

Signature of Parent/Guardian: _____ Date: _____

II. Emergency Medical Authorization

It may be necessary for us to contact you during the day if your child is involved in an accident or becomes ill. **Please refrain from bringing your child to Discovery Club on a day he or she is ill.** We will contact you with the information you provided on Page 1. The additional information you provide below will enable Good Works' staff to authorize treatment for children who become ill or injured while under Discovery Club supervision when you cannot be reached. **If you prefer not to give consent for medical treatment, please sign the last section only.**

Mother's name: _____ Father's name: _____

Child lives with: _____ Mother & Father _____ Mother only _____ Father only

Other: _____

How can parents/guardians be reached if not home during the day?

Mother: _____ Daytime phone: _____

Father: _____ Daytime phone: _____

Other: _____ Daytime phone: _____

Other persons to contact in an emergency:

1) Name: _____ Relationship: _____

Daytime phone (_____) _____ - _____ Evening phone: (_____) _____ - _____

2) Name: _____ Relationship: _____

Daytime phone (_____) _____ - _____ Evening phone: (_____) _____ - _____

Babysitter (if applicable): _____ Phone: (_____) _____ - _____

Signature of Parent/Guardian: _____ Date: _____

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

(1) The administration of any treatment deemed necessary by my doctors, or, if the designated preferred practitioner is not available, by another licensed physician;

and

(2) The transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

(signature required on page 4)

Medical & Insurance Information

Family Doctor's Name: _____ Phone (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

List any allergies, health conditions and/or medications: _____

Immunizations up to date? Yes _____ No _____ Date of last Tetanus shot: _____

Explain: _____

Insurance Company: _____ Phone (____) _____ - _____

Name of Policyholder: _____

Relationship to Participant: _____

Medical Insurance Policy Number: _____

Parent/Guardian Release only if giving consent:

In order that my child may receive the necessary medical treatment from medical staff of an area hospital, I hereby consent to medical treatment for my child. This pertains to any injury or illness during the dates of the Summer Kids' Discovery Club (June 20th-August 5th, 2011) and related field trips in the area. I also authorize the designated adult or event staff to obtain such treatment. I accept full financial responsibility for all medical expenses to be paid either by me or by my insurance company.

Signature of Parent/Guardian: _____ Date: _____

If NOT giving consent, sign this section only!

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish for the Summer Kids' Discovery Club staff to take the following actions:

Signature of Parent/Guardian: _____ Date: _____

III. Behavior Expectation

We are so excited and honored that you have registered your child in the Kids' Discovery Club this summer! At Good Works, we desire to care for and encourage children positively in ways that will benefit their lives and the lives of those around them. We practice grace and forgiveness and seek to teach your children to receive and offer grace and forgiveness. We will positively reinforce your child daily, and we will deal with inappropriate behavior fairly and consistently each day. A basic Three Strike Rule will be followed:

Strike 1: first warning

Strike 2: second warning

Strike 3: time out

If inappropriate behavior continues, the child will be asked not to return to the Discovery Club for anywhere between one day and five days, depending on the severity of that day's misconduct. We may also ask a child not to return for the duration of the summer if severe behavior continues.

We expect your child to follow these six basic rules:

Be Safe: Think before acting. Do not place self or others in danger.

Be Kind: Never speak or act in a way that could hurt others.

Be Neat: Clean up after self and others. Be constructive, not destructive.

Be Respectful: Regard others as valuable.

Follow Directions: The rules are important and are to be followed at all times. In addition, a child should respond immediately whenever an adult calls his name.

Have Fun: This goes without saying!

You can expect us, the volunteers and staff of Good Works, Inc., to practice the following:

Kindness to the children, staff and volunteers.

Gentleness in the things we say and do.

Honesty with others...and we expect it in return.

Patience with the shortcomings of others.

Respect the children, staff and volunteers.

Trust the children and *be trustworthy.*

Empower the children by providing a context for them to succeed.

Communicate with children and ask them to talk with us.

Dignify children by helping them to believe in themselves.

Challenge children to make decisions that allow them to grow and excel.

Apologize as soon as we realize we have made a mistake.

Please share any comments, concerns or any ways you would like us to positively support your child:

I understand and agree to the information detailed above regarding the behavior expectations of both my child and the volunteers and staff of the Summer Kids' Discovery Club to be held at The Plains United Methodist Church.

Signature of Parent/Guardian: _____ Date: _____