

EmpowerSTEAM



Summer Academy

EmpowerSTEAM Summer Academy

Student Application 2019

2303 14th Street, NW, Suite 100

Washington, DC 20009

(202) 626-0700 • Fax (202) 347-7381

Student Information (Please print clearly)

Name: (Last) _____ (First) _____ (Middle Initial) _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____ County/Ward: _____

Primary Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Birthdate: (month/day/year) _____ Age: _____ Adult T-shirt Size: XS S M L XL

Parent/Guardian Information

Name: _____ Relationship to Student: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-mail: _____

Emergency Contact Information

Name: _____ Relationship to Student: _____

Home Phone: (____) _____ Other Phone: (____) _____

Education

School: _____ Grade Level: _____

Do you have an individual education plan? () YES () NO

Please indicate any physical or identifies learning disabilities requiring special accommodations:

Please indicate any health conditions or restrictions you think we should be aware of (including allergies)

How did you hear about YWCA NCA's EmpowerSTEAM Summer Academy?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> School/Employer | <input type="checkbox"/> Flier/Poster/Ad | <input type="checkbox"/> Other: Agency |
| <input type="checkbox"/> Church | <input type="checkbox"/> Special Event | <input type="checkbox"/> Library | <input type="checkbox"/> Other: <u>Return Student</u> |

Ethnicity (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic or Latin | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |

Language(s) spoken in the home other than English:

EmpowerSTEAM



Summer Academy

Family Demographic Information: Public Assistance Status

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> TANF Recipient | <input type="checkbox"/> Totally Disabled/SSDI |

Family Demographic Information: Family Income

- | | | |
|--|--|--|
| <input type="checkbox"/> < \$4,999 | <input type="checkbox"/> \$5,000-\$9,999 | <input type="checkbox"/> \$10,000-\$14,999 |
| <input type="checkbox"/> \$15,000-\$19,999 | <input type="checkbox"/> \$20,000-\$24,999 | <input type="checkbox"/> \$25,000-40,999 |
| <input type="checkbox"/> >\$41,000 | <input type="checkbox"/> SSI | <input type="checkbox"/> Not Available |

Number of people in household: _____

General Information

Can you **commit** to participating in EmpowerSTEAM Summer Academy M-F, 9:00am-3pm, from June 24 - July 26, 2019? _____ Yes _____ No

If no, please explain: _____

Transportation: I give my permission for the EmpowerSTEAM Summer Academy staff/volunteers to release my child to any of the people listed below:

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Pick-up Person 3: _____ Phone: _____

"I certify that the information contained in this application is true and complete to the best of my knowledge"

Student Signature

Date

Parent/Guardian Signature

Date

Please mail, scan, fax, or email your completed application and signed parent consent forms to:

YWCA NCA National Capital Area SUMMER 2303 14th St., NW, Suite 100 - Washington, DC 20009

T: 202-626-0700 E: 202-347-7381 szewdu@ywcanca.org

- ***Selections are made on a first come, first serve basis. Preference is given to early applicants, DC residents and returning YWCA NCA participants. This camp is designed to spark interest in STEAM.***
- ***If your application is accepted, we will email you an invitation to interview.***
- ***To learn more, please attend our Mandatory Orientation Session on Jun 19th, 20th, 22nd, 2019!***
- ***All accepted applicants are required to attend our Mandatory Orientation Session. If you are unable to attend, you risk losing your seat to a student on the waitlist.***

Mandatory Parent Orientation (must attend **one session): June 19, 20, 22, 2019**



**EmpowerSTEAM Summer Academy
Release of Liability**

I _____, release The YWCA National Capital Area and its staff (including volunteers) from any liability resulting from emotional and/or physical injury or other damages incurred while attending the EmpowerSTEAM Summer Academy located at the YWCA National Capital Area facility in Washington, DC and any other program activities taking place outside of the YWCA premises, to the maximum extent permitted by law. I understand that I am solely responsible for my actions and that any incidents or damages that occur because of my actions are my sole responsibility. I also understand that if I am under the age of 18, I must have authorization from my legal guardian and that I and/or my guardian will be responsible for any damages occurring as a result of my willful, negligent or reckless behavior.

Student Signature

Date

Parent Signature

Date

Director/Coordinator Signature

Date

Student Contract

As a member of the EmpowerSTEAM Summer Academy, I pledge to:

1. Attend at least **20 out of the 25** regularly scheduled summer sessions.
2. Notify the Director/Coordinator of Youth Programs if I plan to be absent from a summer session in advance, whenever possible.
3. Respect and obey the directions of any adult advisor in the program.
4. Show respect, concern, goodwill and consideration toward everyone else—everyone is responsible for assuring that no one feels “left out.”
5. Participate as a group in planned activities; i.e. discussions, physical activities and other team-oriented activities.
6. **NOT use my cell phone** while program sessions/activities are taking place.
7. Agree to ensure that the YWCA Empower STEAM Summer Academy facility be left in a clean and organized condition.

Consequences of Misbehavior:

I understand that if I break any of the above rules or disrespect an adult or another student in any way, the following actions will be taken:

1. Warning - a formal spoken warning and miss out on next group activity
2. Call to parents and final written warning
3. Expulsion from the EmpowerSTEAM Summer Academy

Student Signature

Date

Parent Signature

Date

Director/Coordinator Signature

Date

Parent Contract

The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that I am NOT to leave my child at the YWCA National Capital Area unless an EmpowerSTEAM staff member or volunteer is present to receive and supervise my child.
- I understand that it is my responsibility to sign my child in at the time of drop off ***and*** sign my child out at the time of pick-up. ***Sign-in/Sign-out sheets are available***
- I understand that my child will NOT be allowed to leave the program with an unauthorized person. ***Any person authorized to pick up my child must be listed on the “Transportation Arrangements” form, including permission for your child to leave the program on their own. Authorization by telephone will not be accepted without written notice.***
- I understand that the YWCA NCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that YWCA NCA staff and volunteers are not allowed to babysit or transport children at any time outside the YWCA NCA facilities and program. ***If a violation of this policy is discovered, the YWCA NCA will take immediate disciplinary action toward staff and volunteers.***
- I understand that the YWCA NCA will do it’s best to engage all youth in all activities for the duration of the program, however, the YWCA NCA has the right to expel any youth from the program for misbehavior that poses a threat to the safety of themselves or others.

I have read and understand the statements above regarding YWCA NCA policies and procedures.

Parent Signature

Date

Director/Coordinator, Youth Programs

Date



**EmpowerSTEAM Summer ACADEMY
MANDATORY AUTHORIZATION FORM FOR STUDENTS**

I hereby give permission for _____ to attend the EmpowerSTEAM Summer Academy during the period from June 24th-July 26th, 2019.

Please carefully read and initial each of the following statements:

_____ I understand this child will join approximately 90 other young, middle school- High School aged girls for the duration of the program. EmpowerSTEAM Summer Academy will be directed by staff of the YWCA National Capital Area and the EmpowerSTEAM Summer Academy at the YWCA NCA.

_____ I understand the mission of the EmpowerSTEAM Summer Academy revolves around the importance of empowering young girls through leadership opportunities, exploring STEM through hands-on activity and fostering creative minds through art.

_____ I give permission for this child to participate in all program activities including, but not limited to: completing STEAM assessments/evaluations, physical activities, outdoor events, field trips, along with arts, themed events, inspirational forums, educational workshops and life seminars; unless the child's parent/guardian advises the Director/Coordinator of Youth Programs in writing that such activities are inadvisable. _____ **I do not give permission**

_____ I am assured that while at the EmpowerSTEAM Summer Academy, any activity requiring transportation via a motor vehicle will have a driver (automobile or van) 21 years of age or older and to the maximum extent permitted by law, I release that driver of the YWCA NCA and the EmpowerSTEAM Summer Academy from responsibility should there be an accident in which this child is injured.

_____ I understand that I, or an emergency contact, will be called in the event of any major illness or injury. If this child needs immediate attention and there is not time to contact me or the emergency contact, I authorize any staff of the EmpowerSTEAM Summer Academy and/or any medical clinic, hospital or emergency facility to administer all medicines, prescription drugs and other medical remedies required for, or on behalf of, this child while said child is in attendance and participating at any of the functions or facilities of the EmpowerSTEAM Summer Academy.

_____ I specifically agree to advise the staff of the EmpowerSTEAM Summer Academy of all prescribed and required medicines, prescription drugs and other medical needs for this child on a medical form provided by the EmpowerSTEAM Summer Academy and I give my consent and authority for said staff and volunteers to administer such medications as prescribed by a physician. I further waive any claim on behalf of myself and this child pursuant to this paragraph.

EmpowerSTEAM



Summer Academy

_____ I further warrant that I have the authority to grant this medical authorization on behalf of this child and agree to hold the YWCA National Capital Area and/or medical clinic, hospital or emergency facility harmless by reason of my executing this medical authorization.

_____ I hereby give permission to the medical personnel selected by the YWCA NCA's the Director/Coordinator of Youth Programs to call for medical care to transport this child to a medical clinic, hospital or emergency facility and to order x-rays, routine tests and treatment for this child.

_____ **I do not give permission**

_____ In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YWCA NCA's the Director/Coordinator of Youth Programs to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for this child.

_____ I understand that I will provide, or make provision for, this child's transportation to the drop-off and pick-up site at the YWCA NCA to attend the EmpowerSTEAM Summer Academy.

_____ I understand that the YWCA NCA and the EmpowerSTEAM Summer Academy assumes no responsibility for this child's personal property.

_____ I understand that different venues of videotaping, photographing and audio taping will take place at the EmpowerSTEAM Summer Academy as part of functions specifically for the students, internal Youth Programs promotion and external media education. I hereby give EmpowerSTEAM Summer Academy full permission to record and use, copyright, reproduce, publish, distribute and exhibit this child's picture, likeness and/or voice by videotape, photograph or audiotape for purposes of recording the activities of EmpowerSTEAM Summer Academy to share internally with the students and other entities interested in EmpowerSTEAM Summer Academy and its mission.

_____ I understand that activities at the EmpowerSTEAM Summer Academy present certain foreseeable risks of injury to students even when due care is exercised by the YWCA NCA, its staff and volunteers. I, the parent/guardian agree to assume these risks and to take financial responsibility for any accidents, injuries to person, or damaged or broken property (excepting normal wear and tear) belonging to the YWCA NCA during the student's participation in the EmpowerSTEAM Summer Academy.

_____ In consideration of my child being permitted to participate in activities at the YWCA NCA, to the maximum extent permitted by law, I, the parent/guardian, as legal custodian of the student, agree to release the YWCA NCA and its staff (including volunteers) from any and all claims, damages, losses, and expenses for any personal injury which the student may suffer, and from all claims for injuries, accidents, or property damage proximately caused by the student.

EmpowerSTEAM



Summer Academy

_____ I understand that neither I, nor this child, will receive any personal compensation for videotape photography or audiotaping of the child, but that this child's participation will serve an important purpose in creating memories and contribute to building awareness and promoting youth and girls empowerment in this country and around the world.

_____ I understand that I do not have to permit this child to be videotaped, photographed or audio taped unless I so desire for external use of the organization for media education purposes.

Name of Parent/Guardian authorized to complete form

Signature of Parent/Guardian authorized to complete form

Relation of person to child

Phone Number of person completing form

Date

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 Summer Academy

YWCA National Capital Area Quote/Photo Release Form

I _____ hereby **grant** **do not grant** the YWCA National Capital Area permission to use my likeness in a photograph or quote in any and all of its publications, including website entries, without payment or any other consideration.

If granted, I hereby irrevocably authorize the YWCA National Capital Area to copy, exhibit, publish or distribute such photographs for purposes of publicizing the YWCA National Capital Area's programs or for any other lawful purpose. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photographs.

If granted, I hereby hold harmless and release forever discharge the YWCA National Capital Area from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf or on behalf of my estate or may have by reason of this authorization.

If the person signing is **under age 18**, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian's Signature

Date

Parent/Guardian's Printed Name

If 18 years of age or older:

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature

Date

EmpowerSTEAM

Summer Academy



AUTHORIZATION FOR RELEASE OF HEALTH CARE RECORDS AND INFORMATION TO YWCA OF THE NATIONAL CAPITAL AREA

Name: _____ Last four digits SS#: _____

I hereby authorize: _____ (the "Practice") to release a copy of my Protected Health Information as described below to: YWCA of the National Capital Area ("YWCA"), 2303 Fourteenth Street, NW, Suite 100 Washington, DC 20009.

Description of Protected Health Information to be released or disclosed: All Medical Records, Mental Health Records (except any psychotherapy notes), and Medication Records

IMPORTANT: I understand that unless I specifically request that such information not be disclosed, authorized disclosures may contain Protected Health Information containing diagnosis, treatment and other information regarding psychiatric and mental health treatment, substance abuse treatment, genetic information, and HIV and/or AIDS.

Please **DO NOT RELEASE** any of the following Protected Health Information from my medical record:

The Protected Health Information indicated above is to be used and/or disclosed for the following purpose(s):

- For the YWCA to assess my educational needs and promote my progress in a YWCA Educational program
- Other:

This authorization will remain in effect for a period of one year, from ___/___/___ to ___/___/____. I understand that I may revoke this authorization at any time by notifying the Practice in writing, but that any such revocation will not have any effect on any actions that the Practice took before receiving my written revocation.

I understand that if the Authorized Recipient named above is not subject to the federal privacy protection regulations, my Protected Health Information may be subject to further disclosure by the Authorized Recipient and the information will no longer be protected under the federal privacy protection regulations issued by the U.S. Department of Health and Human Services. I understand that I may refuse to sign this authorization and that doing so will not interfere with my treatment at or by the Practice or payment for that treatment. I have read the above and authorize the use or disclosure of the Protected Health Information as stated.

Signature of Patient or Patient's Representative

Date

If signed by Patient's Representative, indicate relationship to the Patient: _____

Telephone Number Where Patient/Representative May Be Contacted: _____

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Summer Academy

OFFICE USE ONLY

Application Received	Parent forms Received	Entered in Database	Interviewed	Report Card	Medical Forms	Optional Forms

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Summer Academy



DISTRICT OF COLUMBIA UNIVERSAL HEALTH CERTIFICATE

Part 1: Child's Personal Information

Parent/Guardian: Please complete Part 1 clearly and completely & sign Part 5 below.

Child's Last Name:	Child's First & Middle Name:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Race/Ethnicity: <input type="checkbox"/> White Non Hispanic <input type="checkbox"/> Black Non Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other _____
Parent or Guardian Name:	Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Home Address:		Ward:
Emergency Contact Person:	Emergency Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	City/State (if other than D.C.):		Zip Code:
School or Child Care Facility:	<input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> None <input type="checkbox"/> Other _____	Primary Care Provider (PCP):		

Part 2: Child's Health History, Examination & Recommendations

Health Provider: Form must be fully completed.

DATE OF HEALTH EXAM:	WT <input type="checkbox"/> LBS <input type="checkbox"/> KG	HT <input type="checkbox"/> IN <input type="checkbox"/> CM	BP: ⁽¹²⁻¹⁸⁾ <input type="checkbox"/> NML <input type="checkbox"/> ABNL	Body Mass Index ⁽¹²⁻¹⁸⁾ (BMI) _____ %
HGB / HCT <i>(Required for Head Start)</i>	Vision Screening Right 20/____ Left 20/____	<input type="checkbox"/> Glasses <input type="checkbox"/> Referred	Hearing Screening Pass _____ Fall _____	<input type="checkbox"/> Referred
HEALTH CONCERNS:		REFERRED or TREATED	HEALTH CONCERNS:	
Asthma	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Language/Speech	<input type="checkbox"/> NONE <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx
Seizure	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Development/ Behavioral	<input type="checkbox"/> NONE <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx
Diabetes	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Other _____	<input type="checkbox"/> NONE <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx
ANNUAL DENTIST VISIT: (Age 3 and older): Has the child seen a Dentist/Dental Provider within the last year? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred				

A. Significant health history, conditions, communicable illness, or restrictions that may affect school, child care, sports, or camp.
 NONE YES, please detail: _____

B. Significant food/medication/environmental allergies that may require emergency medical care at school, child care, camp, or sports activity.
 NONE YES, please detail: _____

C. Long-term medications, over-the-counter drugs (OTC) or special care requirements.
 NONE YES, please detail (For any medications or treatment required during school hours, a Physician's Medication Authorization Order should be submitted with this form) _____

Part 3: Tuberculosis & Lead Exposure Risk Assessment & Testing:

TB RISK ASSESSMENTS	<input type="checkbox"/> HIGH → <input type="checkbox"/> LOW	Tuberculin Skin Test (TST) DATE:	<input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE	If TST Positive <input type="checkbox"/> CXR NEGATIVE <input type="checkbox"/> CXR POSITIVE <input type="checkbox"/> TREATED	Health Provider: POSITIVE TST should be referred to PCP for evaluation. For questions, call T.B. Control: 202-698-4040
LEAD EXPOSURE RISKS	<input type="checkbox"/> YES → <input type="checkbox"/> NO	LEAD TEST DATE:	RESULT:	Health Provider: ALL lead levels must be reported to DC Childhood Lead Poisoning Prevention Program: Fax: 202-481-3770	

Part 4: Required Provider Certification and Signature

YES NO This child has been appropriately examined & health history reviewed. At time of exam, this child is in satisfactory health to participate in all school, camp or child care activities except as noted above.

YES NO This athlete is cleared for competitive sports.

YES NO Age-appropriate health screening requirements performed within current year. If no, please explain:

Print Name	MD/NP Signature	Date
Address	Phone	Fax

Part 5: Required Parental/Guardian Signatures. (Release of Health Information)

I give permission to the signing health examiner/facility to share the health information on this form with my child's school, child care, camp, or appropriate DC Government Agency.

Print Name	Signature	Date
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