



**JUNE 21ST-JULY 30TH**

2021  
**SUMMER  
AT THE  
MIX**

MONDAY - FRIDAY // 9A-3P

AGES: 7-12

FOR MORE CAMP INFO:

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## Summer at The Mix Camp Application

### Student Information:

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Complete Address: \_\_\_\_\_

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

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

List any medications your child is currently taking: \_\_\_\_\_

List any allergies or dietary restrictions: \_\_\_\_\_

List any other information that will help us understand your child (I.E.P., Behavior Plan, etc): \_\_\_\_\_

### Primary Physician/Medical Provider:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**T-Shirt Size:**  YS(6-8)  YM(10-12)  YL(14-16)  S  M  L

### Child's Race (Please mark all that apply):

American Indian  Asian  Black/African American  Middle Eastern

Native Hawaiian/Pacific Islander  White  Other

**Child's Ethnicity:**  Hispanic/Latino  Non-Hispanic/Non-Latino

### Parent/Guardian Information:

Primary Parent/Guardian Full Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Email: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Work Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_

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Secondary Parent/Guardian Full Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Email: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Work Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Emergency Contact Information: (2 people MUST be listed that are NOT listed as a Parent/Guardian):**

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Schedule & Payment Information:**

The weekly rate for Summer Camp is \$10 per child for children ages 7-12 years old. Please mark off the weeks you are registering for:

Week 1: June 21-June 25, Around the World

Week 2: June 28-July 2, Career Week       Week 3: July 6-July 9, Mix Olympics

Week 4: July 12-July 16, D.I.Y. Week       Week 5: July 19-July 23, Water Week

Week 6: July 26-July 30, Pay It Forward Week

**Dismissal:**

I would like for my child to walk home at the end of the Program.

I will pick my child up and I do not want them to walk home alone.

**Authorizations & Releases (Please initial next to each one):**

- I hereby affirm that my child is in good health and physically capable of performing the required activities while at The Mix. I hereby release and forever discharge The Mix at Arbor Place and employees from all claim of liability for any damage or injuries which may be sustained while my child is at The Mix. \_\_\_\_\_
- I hereby give permission for my child to be transported to any activities outside of The Mix at Arbor Place's building including field trips, special events & emergencies. \_\_\_\_\_
- I hereby release and discharge The Mix at Arbor Place, its' employees and volunteers from any and all liability arising out of, or in connection with

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daily activities. I will not hold The Mix at Arbor Place liable for any damaged, lost or stolen property. \_\_\_\_\_

- In case of medical emergency, my child will be transported to the nearest hospital for treatment. \_\_\_\_\_
- The Mix at Arbor Place can include my child in photos, videos or articles that may be released in the media. \_\_\_\_\_
- 

**Student Code of Conduct:**

The staff & supporters of The Mix at Arbor Place strive to make our environment safe and welcoming. We seek to enrich the educational, physical, and spiritual development of all students. Students play a key role in making our community welcoming, so we ask that every student agree to following the code of conduct.

- Students will treat each other and staff members with respect.
- Students will not be physically or verbally abusive to others.
- Students will not intentionally damage Arbor Place property.
- Students will not curse or use abusive language.
- Students may be removed from The Mix at Arbor Place immediately if they are especially violent or disrespectful to students or staff.

**Consequences:**

1<sup>st</sup> Student will receive a verbal warning.

2<sup>nd</sup> Parent/Guardian will be contacted to pick up the student.

3<sup>rd</sup> If a student is continually uncooperative, we reserve the right to withdraw them from the After School Program.

I have read the Student Code of Conduct and agree to have my student participate in The Mix at Arbor Place’s After School Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Cell Phone & Electronics Memo

The Mix at Arbor Place strives to help youth thrive in all areas of development. While the students are in our care, we are responsible for their safety and well-being. We are unable to monitor every device that a student may bring. For this reason, The Mix at Arbor Place will adhere to the same rules and guidelines as the School District of Lancaster, which is as follows:

“Students are prohibited from the unauthorized use of electronic devices during the school day in district buildings; on district property; on district buses and vehicles; during the time students are under the supervision of the district; while students are attending school-sponsored activities, and in locker rooms, bathrooms, health suites, and other changing areas at any time. Electronic devices shall include all devices that can take photographs; record audio or video data; store, transmit or receive messages or images; or provide wireless, unfiltered connections to the internet. Examples of these electronic devices include, but shall not be limited to: laser pointers, radios, handheld games consoles, Personal Digital Assistants (PDA’s), cellular telephones, mobile devices, and laptop computers, as well as any new technology developed within similar capabilities.

Students are prohibited from taking, storing, disseminating, transferring, viewing, or sharing of obscene, pornographic, lewd, or otherwise illegal images or photographs, whether by electronic data transfer or other means, including but not limited to texting and emailing” (p. 21 Standards & Expectations of Behavior for Students-SDOL).

The Mix at Arbor Place will not be responsible for lost, damaged or stolen devices.

If your child brings an electronic device, it must be kept in their bag. The first time it is seen, they will receive a verbal warning. The second time it is seen, staff will ask them to hand it in until the end of the day. If an issue would arise where the student does not want to turn it in, the Parent/Guardian will be called to either pick up the device or their child.

Please sign that you have read and understood our guidelines on electronics.

_____ Parent/Guardian Signature	_____ Child’s Signature
_____ Date	_____ Date

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## Family Strengths & Needs Assessment

Student's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

We support your whole family, not just your enrolled child. Please help us to get to know your family better and ways we can support your needs and interests.

### REQUIRED:

Does your family have any emergency or need immediate assistance in the following areas?

Food    Housing/Shelter    Clothing    Utilities/Assistance    Counseling

Domestic Violence    Health Concerns    Child Abuse

Drug/Alcohol Abuse    Other Needs: \_\_\_\_\_

Household Size: (Please check one)

2    3    4    5    Other \_\_\_\_\_

Gross Annual Income: (Please check off your TOTAL family income)

\$0-\$10,000    \$10,000-\$20,000    \$20,000-\$30,000    \$30,000-\$40,000

Other

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**PRE-SCREENING HEALTH QUESTIONS**

In an effort to minimize illness, we ask that you check on the health of your child. The best activities start with healthy students and this begins at home. Please indicate if your student has had any of the following symptoms prior to starting the After School Program. We will record temperatures daily on a separate log. If any temperature or symptoms are present, we will send your child home and they will not return until **AFTER 72 hours** once symptoms have improved and fever is gone. Please fill this out and send it in a day or two prior to your student beginning the program.

**Symptoms:**

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

**Please initial**

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp. Initial \_\_\_\_\_
2. No one in our household has been sick in the 14 days prior to camp. Initial \_\_\_\_\_
3. My child has not traveled by air or traveled out of state in the 14 days prior to camp. Initial \_\_\_\_\_
4. My child has adhered to our state’s guidelines regarding COVID19. Initial \_\_\_\_\_

DATE	TIME & TEMP	INITIALS OF PERSON TAKING TEMP	INITIALS OF WITNESS

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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