

Parent Checklist of Required Documents that Need Submitted with THIS Application:

1. Be sure all signatures are provided for releases, medication authorization form, Release of Information to School is completed.
2. Be sure your child's medical insurance policy number is provided in the medical information section.
3. Be sure that you have included at least 2 alternative adults who can pickup your child in your absence and working phone numbers for each.
4. If someone is legally not allowed access to your child(ren), provide a copy of restraining order or other legal documents stating such.
5. Attach a copy of the most recent well child check from your child's doctor.
6. Attach a copy of your child's immunization record on the IDPH form (you can request this from your child's doctor).
7. Attach a copy of all W2 forms for each person earning income in 2021 or your completed 2021 Tax statement indicating total gross income for your household.
8. Completed Childcare Assistance application (if planning to utilize for payment) submitted to Dept. of Human Services located at 411 3rd St. SE Cedar Rapids, IA.

Application Information

2022-2023

Jane Boyd Achievement Academy Summer Day Camp & After School Application

Application Information	2022-2023
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Child's Name: _____ Date (of application): _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

State Zip Code City

Home Phone: (____) _____ Email Address: _____@_____

Date of Birth: ____/____/____ Age: _____ Grade Entering: _____ School: _____

Race: Caucasian African American Hispanic/ Latino Asian
 Native Hawaiian/ Other Pacific Islander Native American or Alaska Native

Ethnicity: Hispanic Non-Hispanic

Gender: Male Female

Did your child attend the Jane Boyd Achievement Academy 2021-2022 school year? YES NO

How many years has your child attended Jane Boyd Programs: _____

What hours will your child attend program:

Summer Day Camp After School Program

Please list your child's specific schedule of anticipated attendance days & hours for **SUMMER DAY CAMP**:

Mondays: _____
Tuesdays: _____
Wednesdays: _____
Thursdays: _____
Fridays: _____

Please list your child's specific schedule of anticipated attendance days & hours for **AFTER SCHOOL**:

Mondays: _____
Tuesdays: _____
Wednesdays: _____
Thursdays: _____
Fridays: _____

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Parent/ Primary Guardian Information

<p>Primary Guardian (s) Name Residing with Child:</p> <p>First: _____</p> <p>Last: _____</p> <p>Relationship to Child: _____</p> <p>Home Address: _____</p> <p>Place of Employment: _____</p> <p>Work Phone: (____) _____</p> <p>Home Phone: (____) _____</p> <p>Cell Phone: (____) _____</p>	<p>Primary Guardian:</p> <p>First: _____</p> <p>Last: _____</p> <p>Relationship to Child: _____</p> <p>Home Address: _____</p> <p>Place of Employment: _____</p> <p>Work Phone: (____) _____</p> <p>Home Phone: (____) _____</p> <p>Cell Phone: (____) _____</p>
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Emergency Contact/Alternative Pickup Information

*Please list three persons that are emergency contacts and/or authorized to pick your child up in the event you are unable to do so. If you have more than 3 people who will be picking up your child, please add more to the back of this page. **Jane Boyd staff will not release your child to anyone who is not included on this application.***

Full name: _____ Relationship to Child: _____

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

Home Address: _____

Street Address	Apt/Unit#	City/State
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Full name: _____ Relationship to Child: _____

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

Home Address: _____

Street Address	Apt/Unit#	City/State
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Full name: _____ Relationship to Child: _____

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

Home Address: _____

Street Address	Apt/Unit#	City/State
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Medical Information

In the event that my child may require emergency medical, dental and/or surgical care while I am unable to be reached, I hereby give my consent to medical, dental, and/or surgical treatment. I agree to pay all costs and fees contingent on any emergency treatment for my child as secured or authorized under this consent. This consent will be in effect until services are discontinued from Jane Boyd Summer Day Camp and after school program 2022-2023.

Hospital/ Clinic Preference: _____

Physician's Name & address: _____ Phone Number: (____) _____

Dentist's Name & address: _____ Phone Number: (____) _____

Insurance Company: _____ Policy Number: _____

Current Medications/ Dosage: _____

Does your child have any special needs or require any special accommodations? (Behavioral or academic – please specify): _____

Allergies (please include any/all food allergies): _____

Parent/ Guardian Information

1. Primary Parent/Guardian: _____ Circle: Mother/Father/Guardian

Marital Status: Single Married Divorced Widowed

Current Employment: Employed Full-Time Employed Part-Time Unemployed

Ethnicity: Caucasian African American Hispanic/ Latino Asian

Native Hawaiian/ Other Pacific Islander Native American or Alaska Native

Primary Source of Income: Employment Child Support Public Assistance (FIP/SSI/SSDI)

Other: _____

2. Parent/Guardian: _____ Circle: Mother/Father/Guardian

Marital Status: Single Married Divorced Widowed

Current Employment: Employed Full-Time Employed Part-Time Unemployed

Ethnicity: Caucasian African American Hispanic/ Latino Asian

Native Hawaiian/ Other Pacific Islander Native American or Alaska Native

Primary Source of Income: Employment Child Support Public Assistance Other: _____

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Household Income: Please circle your family's annual income (closest) under the column that indicates the number of people in your household. You must also attach a copy of your family's 2021 W2 form(s) for verification.

Household Size	100%	133%	200%	250%	300%	400%
1	\$12,060	\$16,040	\$24,120	\$30,150	\$36,180	\$48,240
2	\$16,240	\$21,599	\$32,480	\$40,600	\$48,720	\$64,960
3	\$20,420	\$27,159	\$40,840	\$51,050	\$61,260	\$81,680
4	\$24,600	\$32,718	\$49,200	\$61,500	\$73,800	\$98,400
5	\$28,780	\$38,277	\$57,560	\$71,950	\$86,340	\$115,120
6	\$32,960	\$43,837	\$65,920	\$82,400	\$98,880	\$131,840
7	\$37,140	\$49,396	\$74,280	\$92,850	\$111,420	\$148,560
8	\$41,320	\$54,956	\$82,640	\$103,300	\$123,960	\$165,280

Child/ Family Services

Please check all services the child or parent/ guardian receives on behalf of the child:

- Free school breakfast/lunch
- Reduced school breakfast/ lunch
- Special Education/IEP
- SSI/SSDI (Disability)
- FIP
- Medicaid (Title 19)
- Food Stamps
- Housing Assistance
- Foster Care Services
- Behavioral Health Services
- Counseling/Mental Health Services: (please explain): _____

Any other information that will help us work well with your child: _____

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Please indicate numbers for the following:

___ Number of children in the family

___ Number of children in Jane Boyd Summer and Afterschool Program

(names): _____

___ Number of family members under
5 years old

___ Number of family members 30 to
60 years old

___ Number of family members 5 to
12 years old

___ Number of family members 13 to
17 years old

___ Number of family members over
61 years old

___ Numbers of family members 18 to
29 years old

___ Number of family members currently employed

___ Number of family members currently employed full time

___ Number of family members employed part time

___ Number of family members receiving SSI

___ Number of family members receiving free breakfast/ lunch

___ Number of family members receiving reduced breakfast/ lunch

Transportation, Field Trips, Swimming, Medications, School, and Photo/Video Releases

Walking Home

Jane Boyd staff and program are available until 5:00pm during Summer Day Camp and 6:00pm during Afterschool program. Many children walk home from programming in the evening. Jane Boyd staff cannot provide supervision during the child's walk home. I give my child(ren) permission to walk home from Jane Boyd programming without parent/guardian supervision.

Parent /Guardian Signature: _____

Date: _____

Transportation to/from Community Activities

Jane Boyd staff provides transportation to/from community activities, such as the public library, museums, and city parks. We do this to get youth out in the community and take advantage of activities/field trips that do not have a cost. Jane Boyd regularly takes community field trips. The program staff will make every effort to notify you in advance of these field trips but will not necessarily exclude your child from a field trip if this contact cannot be made. You may, at any time, limit or discontinue your child's participation in community field trips with written notice to the Site Supervisor.

Parent Signature: _____ Date: _____

Field Trips

Jane Boyd staff plan specialized field trips out in the community that sometimes have a fee to attend. For these field trips, we will send notice of field trip to parent/guardians who provide information about the outing, fee, and instructions for payment. Child(ren) will not be permitted to go on these field trips without prior written consent and payment of fee.

Parent Signature: _____ Date: _____

Swimming

Jane Boyd staffs take youth in grades 2nd through entering 6th to the Bever Park Pool once per week during summer day camp. Each age group has a designated pool day on the following schedule: Group B (2nd-3rd grade) on Tuesdays, Group C (4-5th grade) on Wednesdays, and Group D (youth entering 6th grade) on Thursdays. Jane Boyd staff will make every effort possible to notify parents of changes in this schedule in advance of pool days. Children will not be permitted to go on pool field trips without prior written consent. I give my child(ren) permission to attend pool swimming weekly with Jane Boyd staff providing supervision.

Parent Signature: _____ Date: _____

Photographs/ Videotape

Jane Boyd may photograph or videotape my child's activities. I authorize Jane Boyd, without limitation to copy, publish and exhibit such photographs or videotapes for the sole purpose of reporting or promoting Jane Boyd Community House. I waive all rights or claims I may have against the organization and/or its subsidiaries or assignees related to the above photographs and videotapes.

Parent Signature: _____ Date: _____

Medication Authorization Form

Date _____

To the parent/ guardian of (Child's Name) _____

The physician in charge of this child's care has ordered a new medication. It is the doctor's belief that this child is in need of this medication in order to be successful and comfortable while in this program.

A medication teaching sheet is attached which addresses the specific drug that has been ordered. This includes the intended uses as well as some more common side effects which may happen with this medication. It also includes any other special considerations, such as any monitoring that may be need to be done while this child takes this medication. You will be notified of any adjustments in this and other medications, including dose changes as well as stopping of the medication, by assigned staff during routine contact with you.

Name of medication: _____

Please initial the statement which most accurately reflects your decision regarding this medication change. Then sign and date at the bottom.

(initial/ date)

I have discussed, read and understand the uses, side effects and benefits possible for my child with use of this medication, and **I agree** that the medication may be started. I also understand that dosage changes, if needed, are a part of good management and that a staff assigned to this child's case will advise me of any adjustments during routine contact with me.

(initial/ date)

I have discussed, read and understand the uses, side effects and benefits possible for my child with use of this medication, and **I do not agree** that the medication may be started. I understand that if I choose not to allow this medication to be started, it may place my child's chances for success in this program at risk. I further understand the prescribing physician and Department of Human Services worker have the option to seek a juvenile court order to have the medication started without my consent. Prior to that, efforts will be made to resolve my concern regarding the medication.

Full signature

Date

Financial Commitment

Jane Boyd Achievement Academy sites at the Community House and Johnson STEAM Academy are licensed as childcare centers under the State of Iowa’s Department of Human Services. Both sites are also accredited under the Council of Accreditation and meet all Youth Development Guidelines. Achievement Academy provides high quality, positive youth development activities, with academic enrichments for all youth. Jane Boyd fees for service are assessed on a sliding scale fee based on each family’s income with the base rate being \$20 per week per child. Rates for multiple children available upon request during summer day camp only. **Payments for services are expected.**

Sliding Scale Fee for Summer Day Camp 2022 (based off annual gross income from previous year W2)

- \$0-\$20,000k – likely qualify for childcare assistance (if do not qualify \$25.00 per week per child)
- \$20,001-\$35,000k – \$35.00 per week per child (if do not qualify for childcare assistance)
- \$35,001-\$45,000k - \$40.00 per week per child
- \$45,001-\$55,000k - \$45.00 per week per child
- \$55,001-\$65,000k-\$55.00 per week per child
- \$65,001-\$75,000k- \$65.00 per week per child
- \$75,001-\$90,000k - \$70.00 per week per child
- \$90,001-\$110,000k - \$80.00 per week per child

Sliding Scale Fee for School Year 2022-2023 (based off annual gross income from previous year W2)

- \$0-\$20,000k – likely qualify for childcare assistance (if do not qualify \$20.00 per week per child)
- \$20,001-\$35,000k – \$25.00 per week per child (if do not qualify for childcare assistance)
- \$35,001-\$45,000k - \$30.00 per week per child
- \$45,001-\$55,000k - \$35.00 per week per child
- \$55,001-\$65,000k-\$45.00 per week per child
- \$65,001-\$75,000k- \$50.00 per week per child
- \$75,001-\$90,000k - \$55.00 per week per child
- \$90,001-\$110,000k - \$65.00 per week per child

As a reminder, we will accept childcare assistance (block grant) payments on behalf of families that qualify. Please complete the attached childcare assistance application for qualifications and application submission process for DHS.

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-----**To be completed at parent orientation with Youth Development Coordinator**-----

Number of children attending Summer Day Camp: _____

Summer Day Camp Weekly Fee: \$_____

Total Summer Program Fee: \$_____

Family will pay the above amount in the following way:

Weekly Payment of: _____ or Monthly Payment of: _____

Number of children attending After School Program: _____

School Year Weekly Fee: \$_____

Total School Year Program Fee: \$_____

Family will pay the above amount in the following way:

Weekly Payment of: _____ or Monthly Payment of: _____

The responsible party (parties) below agrees the above amount is the accurate seasonal fee for their child (ren) to attend Jane Boyd Summer Day Camp Program. The party (parties) also accepts the responsibility of providing timely payments to Jane Boyd. When payments are not made, families will risk losing their child(ren)'s placement in Summer Day Camp programming.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____