



HERN Summer Circle of Fun & Enrichment Application Form

You have been asked to fill out this referral form on behalf of a child listed below for the participation in the *Summer Circle of Fun & Enrichment* program. The purpose of *Summer Circle of Fun & Enrichment* is to provide participants with academic, literacy-based summer activities that foster reading, writing and language/communication development. This program serves homeless and non-homeless, **K2-8** grade students in general and special education. All forms must be returned by **June 28th**.

Child's Name (First, Middle, Last) _____

Phone (_____) **Age:** _____ **DOB:** _____

Home/Shelter Address: _____ **ZIP code:** _____

Primary Language: _____ **Start Date:** _____

School: _____ **Grade:** _____ **Teacher's Name:** _____

Address: _____ **Phone:** (_____) _____

Identifying Marks: _____ **Eye Color:** _____ **Skin Color:** _____

Height: _____ **Sex: M/F** **Weight:** _____ **Allergies/Special Diets: Y/N**

Parent / Guardian Information

Parent/Guardian Name: _____	Parent/ Guardian Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
Cell Phone: (____) _____	Cell Phone: (____) _____
Business Name: (____) _____	Business Name: (____) _____
Work Phone: (____) _____	Work Phone: (____) _____
Parent/Guardian Signature: _____	Date: _____

Please complete this form and FAX to:

Ms. Mary William, MSW, Program Director
Summer Circle of Fun & Enrichment Application
Fax: 617-635-1546
Ms. Mary William, MSW
Phone: 617-635-8037



**HERN Summer Circle of Fun & Enrichment
Medical Information**

Child's Name _____

Child's Physician/Clinic: _____

Chronic Health Condition: _____

Special Limitation or Concern: _____

Medical/ Medication Consent Form

Child's Name: _____ DOB _____

I authorize staff in the *Summer Circle of Fun & Enrichment Program* who is trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the even of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to nearest medical care facility and / or to _____ secure necessary medical treatment for my child.

Child's Physician's Name: _____

Physician's Address: _____

Phone Number (____) _____

Child's Allergies: _____

Chronic Health
Conditions: _____

If certify that documentation of physical examination and immunization in accordance with public school health requirements, and lead poisoning screen in accordance with public health requirements are on file.

Parent/Guardian Signature: _____ Date: _____



HERN Summer Circle of Fun & Enrichment Transportation Plans & Authorization

Child's Name: _____

My child will arrive at the *Summer Circle of Fun & Enrichment Program* by:

- _____ Unsupervised Walk
- _____ Supervised Walk with _____
- _____ Parent Drop Off
- _____ School Bus Drop Off (bus# _____) with Unsupervised Walk
- _____ Other (Describe _____)

My child will depart from the *Summer Circle of Fun & Enrichment Program* by:

- _____ Unsupervised Walk
- _____ Supervised Walk with _____
- _____ Parent Drop Off
- _____ School Bus Drop Off (bus# _____) with Unsupervised Walk
- _____ Other (Describe _____)

I give permission for my child to be released from the program at the end of the days as stated above and/or I give permission to the following people to receive my child at the end of the day. (If on one is authorized, please indicate below by writing "No one")

1. Name: _____ Relationship to child _____
Address: _____ Phone: (____) _____
2. Name: _____ Relationship to child _____
Address: _____ Phone: (____) _____
3. Name: _____ Relationship to child _____
Address: _____ Phone: (____) _____

Any other transportation request must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one year from the date of signature.

Parent/Guardian Signature: _____ Date: _____