

Brinnon School District

46 Schoolhouse Rd.
Brinnon, Washington 98320
(360) 796-4646
www.bsd46.org

May 28, 2019

Dear Parent/Guardian,

The Brinnon School is offering a free summer school program for students entering grades 1 - 7. All interested students are encouraged to attend. If your Brinnon School student is 13 or older and would like to attend, please contact the school.

The program is being offered in coordination with the Jefferson County YMCA. The YMCA staff will be managing the morning session and the Brinnon School will provide the afternoon session. With a generous grant from Jefferson Healthcare, summer school has been expanded to 8 weeks and will include weekly art lessons from our art specialist, Wednesday morning trips to community swim at Pleasant Harbor Marina Resort starting July 10, and field trips to the Dosewallips State Park.

Please note that transportation is not provided.

Each morning breakfast will be served at 9:00 and lunch will be served at 11:30. Community members aged 1 – 18 may join us for a free meal.

The summer school registration form is attached. The YMCA form will suffice for both morning and afternoon sessions. Please return the form as quickly as possible so the summer school staff can plan appropriately. We hope to provide this opportunity to all interested students, but capacity could be limited and priority will be given to Brinnon School students and to families who return permission slips first.

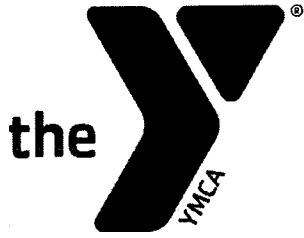
Summer School Dates & Times

June 24 – August 15
(with the exception of July 4)
9:00 – 3:00 (Monday through Thursday)

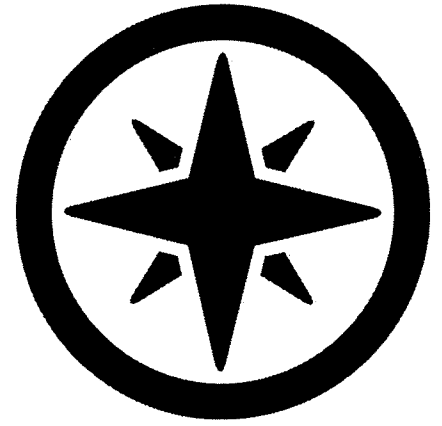
If you have questions, please contact Patricia Beathard at pbeathard@bsd46.org

Thank you,

Patricia Beathard
Superintendent
Brinnon School



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



SUMMER MEALS & LITERACY REGISTRATION PACKET - BRINNON

Child's Name: _____

First Day of Attendance: _____

This event/activity is NOT being sponsored by the school district and the district assumes no responsibility for the conduct of or safety of the event/activity. In consideration for the privilege to distribute these materials, the school district shall be held harmless from any cause of action, claim, or petition filed in any court or administrative tribunal arising out of the distribution of these materials, including all costs, attorney's fees, and judgments or awards.

Camp Notes:

- The Summer Meals & Literacy Program runs from 9:00am-12:00pm. Breakfast is served on site from 9am-9:30am free of charge. Supper is served on site from 11:30am-12pm free of charge. Meals are open to the public and do not require registration; youth ages 1-18 eat for free at each of our six Summer Meals Sites.
- You may provide your own snacks/lunch if desired, but only if they are **NUT FREE**. Please do not pack nuts, nut butters, nut milks, or anything else containing nuts, in your child's snacks/lunch.
- We do not supply sunscreen.

1925 Blaine St—PO Box 1637, Port Townsend WA 98368—(Office) 360-385-5811

- The Summer Meals & Literacy site is at the Brinnon School.



SUMMER LITERACY REGISTRATION

Brinnon Campus



SUMMER MEALS & LITERACY: 9 -12 Breakfast 9-9:30, Supper 11:30-12 Mon-Thurs

- Week 1 (June 24—June 27): Fairytale Fantasy
- Week 2 (July 1-July 3): The Secret of Nihm
*We will be closed July 4th and 5th
- Week 3 (July 8-July 11): Comic Creations
- Week 4 (July 15-July 18): World Mythology
- Week 5 (July 22-July 25): Space Race
- Week 6 (July 29-August 1): Boxcar Children
- Week 7 (August 5-August 8): Grimm Tales
- Week 8 (August 12-August 15): Land of Oz

STATEMENT OF UNDERSTANDING, PERMISSION AND COMPLIANCE

READ AND INITIAL EACH STATEMENT

- INITIAL My child has permission to participate in field trips planned by Y Staff, given that only YMCA (not personal) vehicles will be used, that Y staff drivers are licensed and insured, and that the children will be seat belted.
- INITIAL Y Staff have my permission to assist in the application of sunscreen supplied by parent/guardian.
- INITIAL I am aware and I approve of my child having an opportunity to participate in program activities which may involve a degree of risk. I hereby release the Jefferson County branch of the Olympic Peninsula Family YMCA from any and all responsibility and liability of any nature resulting from my child's participation in Y activities, and transportation as required.
- INITIAL In the event that my child becomes ill or is injured, I give YMCA First-Aid and CPR-certified staff the authority to provide basic care as the situation requires. If necessary, I authorize any emergency transportation, hospitalization, x-ray, medical, dental, and/or emergency surgical treatment advisable by the circumstances by any member of the medical staff of the medical facility.
- INITIAL I grant permission for photographs/videos which include my child to be used at the Literacy Camp site for safety reasons, visual displays, photo albums, YMCA records, and art projects. These photos will stay at the Literacy Camp site only.

Parent/Guardian Signature

Date



SUMMER LITERACY REGISTRATION

Brinnon Campus



Child's First Name:		Child's Last Name:		Goes By:
Date of Birth	Age	Grade (Fall 2019)	Gender	
Height	Weight	Eye Color	Hair Color	

Medical Issues:

No Yes (please list):

Allergies:

No Yes (please list allergen and severity of allergy):

Dietary Modifications: Must turn in Dietary Modifications Request Form signed by approved healthcare provider

No Yes (please list):

***Note: We can only eliminate/substitute menu items if we have a signed Dietary Modifications Request Form on file**

Physical, Emotional, Psychological, or Behavioral Needs/Considerations:

No Yes (please list):

Does your child take any medications on a regular basis?

No Yes (please list medication and dosage):

Will staff need to administer any medications daily?

No Yes: Fill out the Medical Authorization form and turn in with medication in original prescription container.

***Note: We cannot administer any medications until we have the completed Medical Authorization form on file.**

Does your child have an IEP or 504 plan at school?

No Yes (please explain how we can help your child be more comfortable and successful at the Y):

What activities does your child do in his/her/their spare time?

What special characteristics (fears, problems, concerns) should we be aware of with your child?

Does your child make friends easily? No Yes

Does your child tend to run away when frustrated or over-stimulated?

No Yes (please explain situations and solutions):

Any additional comments or suggestions as to how we can best help your child have a good experience at the Y this year?



SUMMER LITERACY REGISTRATION

Brinnon Campus



PARENT/GUARDIAN INFORMATION				
Parent/Guardian Full Name			Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City		State Zip
Parent/Guardian Birthdate	Cell Phone	Home Phone	Work Phone	
Email (announcements/updates will be sent by email)			Relationship to Child	

Parent/Guardian Full Name			Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City		State Zip
Parent/Guardian Birthdate	Cell Phone	Home Phone	Work Phone	
Email (announcements/updates will be sent by email)			Relationship to Child	

If applicable, who is custodial parent/guardian?

If applicable, who is legally not allowed to have contact with the child? (Must provide legal documentation with Registration Packet)

EMERGENCY CONTACTS/AUTHORIZED PICK-UP

Minimum of two emergency contacts required in addition to parents/guardians listed above. Contacts must be at least 14 years old and

Contact Full Name			Relationship to Child	
City of Residence	State	Live here year round? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contact at least 14 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone	Cell Phone	Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Contact Full Name			Relationship to Child	
City of Residence	State	Live here year round? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contact at least 14 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone	Cell Phone	Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Contact Full Name			Relationship to Child	
City of Residence	State	Live here year round? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contact at least 14 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone	Cell Phone	Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please Note:

Camp participants **will not be released** to anybody who does not have the Pickup Token and is not on this Authorized Pickup List. Emergency, one-time changes to the Pickup List can be made by a parent/guardian only, by calling the office (360-385-5811). Permanent changes to the Pickup List must be made using the Emergency Contact Change Form, which can be obtained in the YMCA office.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my mother/father/legal guardian has signed below.

For my participation in activities to be conducted by the Olympic Peninsula YMCA, I hereby give my permission and consent, now and for all time, to Olympic Peninsula YMCA and collaborating third parties to make, reproduce, edit, broadcast, or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to the Olympic Peninsula YMCA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by the Olympic Peninsula YMCA and collaborating third parties;
- Olympic Peninsula YMCA and collaborating third parties shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- Olympic Peninsula YMCA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge Olympic Peninsula YMCA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Participant's Name: _____ Age: _____
Signature (if over 18): _____ Date: _____

I am the parent/ legal guardian of _____. For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of parent/legal guardian: _____ Date: _____