



Summer Program Parent Memo

Hello Friend,

We have a wonderful summer program prepared for our kids. This year summer program will operate differently as we take extra precautions due to the COVID-19.

- Summer program can only be operated for children aged 4-10 years old and only for year-round Gulf County residents. There are a limited number of slots for children and once filled no additional enrollments will be possible. Due to this limited number of spaces, if your child does not attend the program regularly, your slot may be given to someone who needs daily care for their child.
- We will complete waivers and any remaining paperwork for summer program the first week. If all of your required paperwork is not completed in the first week, your child/children will not be allowed to participate in summer program.
- Summer program drop off begins at 8 am and a **parent or guardian** must drop their child off to complete a daily COVID questionnaire. If you are late dropping your child off you will need to bring them to room 305 of the WIG complex so that their temperature can be taken and the daily COVID form can be completed.
- All field trips will be in Gulf County, and parents must sign field trip permission slips in advance for their child to participate.
- Temperature checks will be taken every morning. If your child has a temperature of 100.4 or higher, they will not be allowed to come to camp for 48 hours and must present with a normal temperature without the use of medication to be re-admitted. PLEASE-do not bring your child to camp if they are sick or not feeling well. Doing so could put everyone at risk.
- Every morning children will be offered a breakfast of cereal or a granola or breakfast bar, they will have a hot lunch between 12-1, and a snack later in

the day. If you want to pack a lunch for your child that is fine, but please do not bring other food at lunchtime for them to eat (McDonald's, etc;).

- If your child becomes sick or starts feeling unwell during the day, they will be taken to Room 305 in the WIG building complex. We ask that you come to pick them up within the hour.
- Children will be grouped by age. They will remain in their assigned groups all day. They will only be interacting in the morning and afternoon outdoors on the playground. As you pick your child up daily, we will provide hand sanitizer, please sanitize your child's hands as they leave the playground.
- We have hired extra workers to keep surfaces, door handles, and playground equipment sanitized, and your child's hands will also be sanitized several times daily.
- If you would like your child to wear a mask, we have them. Please tell your child that they must wear a mask if that is your preference.
- The children will be on the playground at 3:30 for pick-up, sign out. All children not approved to attend aftercare must be picked up by 4:00 PM. Aftercare is for parents whose workday ends at 5:00 and **ALL AFTERCARE CHILDREN MUST BE PICKED UP NO LATER THAN 5:30**. If you are late picking up your child you must call 616-498-2016. If you are late more than twice you will no longer be allowed to utilize aftercare service for your child.
- The door to the gym will be locked, as will classrooms so if you need to pick your child up early, please let your child's camp counselor know in advance so that we can have your child ready and give you the location for where your child may be picked up.

We are committed to providing a fun, safe, learning environment for your children. In the current climate with the virus it is most important that we do everything we can to mitigate risks for contracting the virus and spreading it. Please consider having your child shower or bathe immediately upon arriving at home, make sure their clothes are put in a hamper and or the washing machine so that they are washed before being worn again. If there are members of your family that are in a high-risk category for the virus, please consider limiting your child's physical contact with them and having the compromised family member wear a mask around your child. If you need a mask, we have cloth masks to give you. In other words, take precautions. Every precaution will be taken at summer program to mitigate the risk of the virus however, your child will be around other children and adults every day at summer program.

Should you have any questions or concerns, please speak with your child's camp counselor, Keion McNair or Lee Ellzey, Director of Workforce Services for Gulf and Franklin County.



Port St. Joe Summer Leadership Program
 307 Peters St., Port St. Joe, FL 32456
 Phone: (850) 730-1440 Fax: (850) 730-1441

The CareerSource Gulf Coast program will operate Monday - Friday, from 8:30 a.m. to 3:30 p.m. (for children ages 4-14) in the Port St. Joe community. **Please check the box if extended care to 5:30 is needed.** For your child/children to be considered for participation, this entire application **must** be completed. The CareerSource Gulf Coast will provide children with breakfast, lunch and a snack every day, academic support, arts and crafts, field trips, and other healthy activities in a supervised setting. Scholarships are on a first come, first served basis.

Name of Parent/Guardian: _____

Relationship (if not parents): _____ Social Security Number: _____

Address: _____
 (Street) (City) (County) (State) (Zip)

Phone Number: _____ Best time to call _____

Name and relationship of any other adult permitted to check child out of program:

Will your child be walking to and from the Summer program _____ Yes _____ No

Is your child/children a United States citizen? _____ Yes _____ No

Are you receiving any of the supports listed below? If yes, check the relevant services:

Cash Assistance – TANF		SSI / SSDI		WIC	
Food Stamps		Section 8			

Are you employed? _____ Yes _____ No If yes, _____ Full Time _____ Part Time

Are you interested in employment or training for yourself? _____ Yes _____ No

Please list the information requested for the children who will be attending camp:

Last Name	First Name	Age	Grade	Social Security Number

I, _____, certify to the best of my knowledge, the above information in this form is true, including citizenship/qualified non-citizenship information.

 Signature

 Date



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AUTHORIZATION FOR MEDICAL TREATMENT

This form will be used only when a parent or legal guardian cannot be notified and emergency medical attention is needed. Update of information will be the responsibility of the parent or guardian.

We the undersigned as the parents/guardians of _____ hereby consent to any and
 (Student Name)

All emergency medical and surgical treatments, including anesthesia and surgical procedures, which may be deemed advisable by qualified physicians selected by agents or officials of CareerSource Gulf Coast. The intention thereof is to grant authority to administer and to perform examinations, treatments, anesthesia, surgical procedures, and diagnostic procedures which may now, or during the course of the patient's care, be deemed advisable or necessary by qualified physicians.

Medical Insurance Company: _____ Policy # _____
 Address of Insurance Company: _____ Group #: _____
 Student's Address: _____ Phone #: _____ Age: _____
 Parent/Guardian: _____ Phone #: _____
 Business: _____ Phone #: _____
 Emergency Contact: _____ Phone #: _____

(If Parent/Guardian cannot be reached)

Is your child currently under medical treatment/taking medication? _____ Yes _____ No

If Yes, describe: _____

Frequency of Medication: _____

Does your religion prohibit any specified medical procedure? _____ Yes _____ No

If Yes, describe: _____

EMERGENCY PROCEDURES

All precautions will be taken to prevent serious health risk to all of our students. In the event that a minor injury occurs, a certified staff person will administer first aid at the program site and an incident form will be filled out.

The following procedures will be implemented in the event of a major injury or health problem:

1. 911 will be called
2. A First Aid certified staff person will administer immediate first aid at the program site until professional services arrive. All efforts will be made by the staff to make your child comfortable.
3. The parent/guardian will be contacted. If the parent/guardian can't be reached, the emergency contact person will be notified.
4. A staff person will accompany the child to the hospital and will remain with the child until the parent/guardian or emergency contact person arrives.
5. The incident will be recorded on a CareerSource Gulf Coast Incident Report form.

I have read and understand the statements above. I consent to the emergency room procedures outlined as acknowledged by my signature below:

Signature	Date
Witness Signature	Date



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ALLERGIES / SPECIAL NEEDS / ILLNESS /DISCIPLINE / BEHAVIOR AGREEMENT

Allergies / Special Needs / Illness

Student's Name: _____

Should your child/children be selected for the Port St. Joe Summer Leadership Program, they may be taken on field trips, involved in physical activities and exposed to generally non-hazardous substances (i.e., peanut butter, milk, fresh air, sun). Please list any allergies that your child has to the following:

Food: _____, **Medicine:** _____

Other: _____

Does your child have a learning or other disability? _____

Are there any special needs your child has that we should be aware of, dietary or other? _____

We maintain the right to refuse any child who is ill or has a fever. If a child becomes ill during program hours, a parent or emergency contact will be notified and asked to pick the child up.

Discipline/Behavior Agreement

CareerSource Gulf Coast intends for the Summer Program to offer a positive and enjoyable experience to all children/youth. In order for everyone's experience to be a good one, we expect the children/youth involved in the program to follow some simple ground rules. Please read them with your child/children and sign and have them sign their understanding.

- **Participants must listen to and be respectful of summer program staff and follow their directions.**
- **Participants must respect other people's belongings by not touching or using their stuff without permission.**
- **Participants must respect other participants' space by keeping their hands and feet to themselves.**
- **Participants must not fight or hit each other, use negative language towards staff or other participants.**
- **No cursing will be tolerated.**
- **No romantically inclined public displays of affection between program participants will be tolerated.**

No abiding by these rules may result in suspension or dismissal from the program. All incidents will follow a "3 incident" system, with the exception of fighting, which may result in an immediate one day suspension or dismissal from the program.

- 1st incident: Verbal Warning/time out**
- 2nd incident: Written warning to parents/time out**
- 3rd incident: 1 day suspension from program**

At the program director's discretion, participants that receive 3 written warnings during the summer program may be asked to leave the program.

I have read and understand the information contained in these guidelines. I agree that I and my child will abide by these policies and procedures.

Parent Signature: _____ Date: _____

Child/Youth Signature: _____ Date: _____



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PARENT/LEGAL GUARDIAN ACKNOWLEDGEMENTS AND AUTHORIZATIONS

Child/(ren) Name: _____

Activity Exclusions:

I, as the parent or legal guardian of the children) named above, hereby acknowledge that participation in any Summer activity administered by CareerSource Gulf Coast, and use of the Washington Gym and city facilities, and/or off-site recreational facilities involves a risk of accidental injury despite all safety precautions, and that I have been informed of the types of activities to be conducted by CareerSource Gulf Coast at the Gym and elsewhere. I authorize my child(ren) to leave the Washington Gym for trips and events with authorized CareerSource Gulf Coast staff.

I, as the parent or legal guardian of the child(ren) named above, do hereby warrant and represent (i) that I have read and fully understand this Acknowledgements and Authorizations, (ii) that the information and/or instructions listed herein is correct, accurate and complete, and (iii) that I have the right to enter into this agreement.

I, as the parent or legal guardian of the child(ren) named above, so hereby (i) authorize and agree that the child named above has permission to engage in all Port St. Joe Summer Leadership Program activities except as specifically noted above*, (II) assume all risks and hazards to the child named above incidental to activities, (iii) agree with all of the terms of the Rules of Behavior.

I authorize CareerSource Gulf Coast to have, use, publish and reproduce photographs, slides, moving picture or video tapes of the child named above for its records, its public relations program and in connection with the advertising and promotion of the Port St. Joe Summer Leadership Program and CareerSource Gulf Coast.

I, as the parent or legal guardian of the child named above, do hereby release from responsibility and agree to indemnify and hold harmless CareerSource Gulf Coast, its officers, directors, independent contractors, volunteers, and all employees from any and all liability, costs, expenses, and/or losses and for any illness or injury to me, my child or family members (i) occurring during participation in any activities conducted by CareerSource Gulf Coast, (ii) in connection with CareerSource Gulf Coast's compliance with or reliance on the authorizations, information and/or instructions set forth herein and (iii) in the event that I am in breach of any of my warranties, representations, affirmations or authorizations set forth on or otherwise implied by this agreement.

I agree than any and all changes to the information and/or instructions set forth herein must be submitted in writing to CareerSource Gulf Coast, signed by the parent or legal guardian of the child named above as soon as I am aware of any such changes. My signature below attests that I agree to this contract.

Parent/Legal Guardian Signature

Print Name

Date

TANF Eligibility Short Form

Applicant's Name: _____ ***SSN:** _____

(Child's Name for Youth Programs)

If no SSN, proof of SSN application was provided? Yes No

Is the individual a United States Citizen? Yes No If no, a qualified non-citizen? Yes No

Family Size: _____ **Date of Birth:** _____

(Child's DOB for Youth Programs)

Address: _____ **City:** _____ **Zip Code:** _____

Phone Number: _____ **Alternate Number:** _____

Step 1: Family Demographics

The family requesting services include:

Parent or relative caring for one or more children; Pregnant woman; and/or Non-custodial parent

Step 2: Need or Income Requirements (For Youth Program, check "No" on letter a)

a. Is the program or service eligibility based on income? Yes No

b. Does the family meet income eligibility requirements? Yes No (N/A for Youth Program)

Step 3: Self Attestation – Please Initial by each statement

_____ Income based or means tested benefits require "family eligibility." I understand that a family member may be designated as a non-applicant, and his/her information regarding citizenship or qualified non-citizenship status will not be required. I understand that my benefits or services will not be delayed if information regarding the non-applicant's citizen status is not provided. (** N/A for Youth Programs)

PRIVACY ACT STATEMENT – Please initial by each statement

_____ *I understand that I am required by law to provide my social security number(s) or proof that I have applied for a social security number if I do not currently have one to receive TANF funded benefits/services. This is mandatory under the Social Security Act, section 1137. The Social Security Number is used to administer the program and associate all services, correspondence and participation with the appropriate individual.*

_____ If I do not have a social security number and do not know how to apply for one, I understand that I can request help from the One-Stop Career Center or other program provider identified below. The indicated person will refer me to the appropriate agency and may provide other help as needed and requested.

_____ I understand that my Social Security Number will be used to associate all records to my identification, including program participation and the receipt of services and benefits.

I _____ certify, to the best of my knowledge, the above information in this form

(Printed Name of Parent/Custodian)

is true, including income and citizenship/qualified non-citizenship information.

Signature: _____ Date: _____
(Parent/Custodian)

RWB Designee: _____ Date: _____

RWB Signature: _____ Phone: _____

Applicant Name: Child's Name

SSN – Child's Social Security Number **If more than one child in family participating, use page two for additional children from same parent

Step 1: Should always be the first or third box

Step 2 a – Check "No"

Step 3: NA

Initial all 3 boxes under Privacy Act Statement

Parent's/Custodian's name goes on line Below Privacy Act Statement

Parent or Guardian signs on signature line and dates form



Participant Name _____

NOTICE OF NONDISCRIMINATION AND COMPLAINT & GRIEVANCE PROCEDURES

NOTICE OF NONDISCRIMINATION:

CareerSource Gulf Coast does not discriminate on the basis of race, color, religion, sex (including pregnancy), sexual orientation, gender identity, gender expression, sex stereotyping, national origin, age, disability, marital status, political affiliation or belief, citizenship/status as a lawfully admitted immigrant authorized to work in the United States, participation in any WIOA Title I financially assisted program or activity, participation in any CareerSource Gulf Coast funded services, or any other characteristic protected by Federal, State or local law.

Programs funded through CareerSource Gulf Coast are equal opportunity programs with auxiliary aids and services available upon request to individuals with disabilities. Persons using TTY/TDD equipment use Florida Relay Service 711. Individuals with disabilities may make requests for reasonable accommodations to the CareerSource Gulf Coast Equal Opportunity Officer by calling (850) 913-3285, emailing accommodations@r4careersourcegfc.com or writing to CareerSource Gulf Coast, Equal Opportunity Officer, 5230 W US Hwy 98, Panama City, FL 32401.

INTIMIDATION AND RETALIATION PROHIBITED:

CareerSource Gulf Coast shall not discharge, intimidate, retaliate, threaten, coerce or discriminate against any person because such person has filed a complaint or grievance. The same prohibition applies to people who have furnished information, assisted or participated in any manner in an investigation, review, hearing or any other activity related to administration of, or exercise of authority under, or privilege secured by 29 CFR Part 34.

COMPLAINT PROCEDURES:

If you as a Workforce program participant feel that you have been subjected to discrimination based on race, color, religion, sex (including pregnancy), sexual orientation, gender identity, gender expression, sex stereotyping, national origin, age, disability, marital status, political affiliation or belief, citizenship/status as a lawfully admitted immigrant authorized to work in the United States, participation in any WIA Title I financially assisted program or activity, or any other characteristic protected by Federal, State or local law, you may file a complaint of discrimination with either the Local Equal Opportunity Officer, Shannon Walding, 5230 W. Highway 98, Panama City, FL, 32401, the Department of Economic Opportunity, Office of Civil Rights (OCR), Caldwell Building, 107 East Madison Street, MSC 150, Tallahassee, FL 32399-4129 or directly with the U.S. Department of Labor, Civil Rights Center (CRC), 200 Constitution Avenue, Northwest, Room N-4123, Washington, DC 20210. Your complaint must be filed within 180 days of the alleged discriminatory act.

If you elect to file your complaint with the OCR, you must wait until the OCR issues a decision or until 90 calendar days have passed, whichever is sooner, before filing with the CRC. If the OCR's resolution of your complaint is unsatisfactory, you may file the complaint with the CRC. The complaint must be filed within 30 calendar days of the date the notice of the OCR proposed resolution was received.

GRIEVANCE PROCEDURES (PARTICIPANTS):

If you as a Workforce participant have a problem which arose in connection with Workforce programs operated by the Region in Bay, Gulf or Franklin counties, under these Acts, you should discuss the matter with the appropriate representative. If the problem cannot be resolved at that level, you may request a review with the Supervisor. If you do not receive a response within ten working days or wish to further pursue the issue, please contact your Service Provider's individual responsible for Workforce Programs with your grievance. If you do receive an adverse response and wish to pursue the grievance further, OR ten working days have elapsed and no response received, please submit a formal letter of grievance to the Deputy Director or Executive Director of CareerSource Gulf Coast, 5230 West Hwy. 98, Panama City, FL 32401. If you do not receive a decision at the Region level within 60 calendar days of filing the grievance, or if there is an adverse decision, you may request a review within 10 days of the receipt of the adverse decision or, within 15 days from the date you should have received a timely decision. The request for review should be filed with the Department of Economic Opportunity. The Department of Economic Opportunity shall issue a decision within 30 calendar days of receipt of the request. The Department of Economic Opportunity's decision constitutes final agency action. If the Department of Economic Opportunity fails to provide a decision within the 30-day time limit, you may request a determination by the Secretary of the United States Department of Labor on whether reasonable cause exists to believe that the Act or its regulations have been violated. A grievance must be filed within ONE year of the alleged violation.

As a Workforce program participant, I certify that I have read the above statement and understand my rights and responsibilities as enumerated in this statement and a copy was provided for my reference.

Participant's signature

Date

As a representative of _____, I verify that the above-signed participant read the above statement of the Workforce programs' grievance/complaint procedures and indicated an understanding of the procedures.

Program Representative

Date



CareerSource Gulf Coast Release Form

I hereby consent to the use of my photograph; a videotaped segment featuring me, or a quotation from me in editorial or promotional materials (television ads, billboards, newspaper ads, website feature, radio ad, etc.) produced and/or published by CareerSource Gulf Coast or its service providers.

I understand that signing this release does not guarantee use of the materials I am releasing.

Printed Name: _____

Signature: _____

Date: _____

Authorization to Disclose/Obtain Confidential Information

I, the undersigned, hereby waive any and all rights and requirements of the Privacy Act of 1974 as the pertain to me, and hereby grant authority to CareerSource Gulf Coast or their agents to request and / or disclose any and all information pertaining to my file(s).

I understand that signing this release does not guarantee use of the materials I am releasing.

Printed Name: _____

Signature: _____

Date: _____

This consent and disclosure form has been signed by the parent or guardian of the following children:

_____	_____
_____	_____
_____	_____

CareerSource Summer Camp

Zero Tolerance Policy

I _____ parent/guardian of _____
Parent name Child/children name(s)

understand that the Port St. Joe Summer Camp administered by CareerSource has a Zero Tolerance policy for physical violence and/or bullying during camp. If there is evidence that your child(ren) physically attacks another camper or engages in bullying they will be subject to expulsion for the remainder of camp.

If your child reports bullying to you, or if you feel like there is an ongoing situation which may result in a physical altercation, please notify your child's camp counselor or the Camp Director, Lianna Sagins or Camp Supervisor, Keion McNair.

(signature of parent/guardian)

(date)



Underlying Health Conditions which may lead to severe illness or death if they exist in an individual who is infected with the COVID-19 include but are not limited to the following:

Asthma

Kidney disease/Chronic Kidney disease

Chronic Lung Disease-COPD, Emphysema

Diabetes

Hemoglobin Disorders- including Sickle Cell Disease and Thalassemia

Immunocompromised

Liver Disease

Serious Heart Conditions

Severe Obesity

It is not safe for your child to attend the Port St. Joe Summer Program if they have any of these underlying health conditions. If family members who have any of the illnesses/conditions listed above will dropping off and picking your child up from the summer program, they should take extra precautions to stay safe and healthy.

I _____ attest that my child(children) who are attending the Port St. Joe Summer Program do not have underlying health conditions which may cause a severe or fatal outcome if he/she/they contract the COVID-19.

Signature

date

My children attending summer program are:

