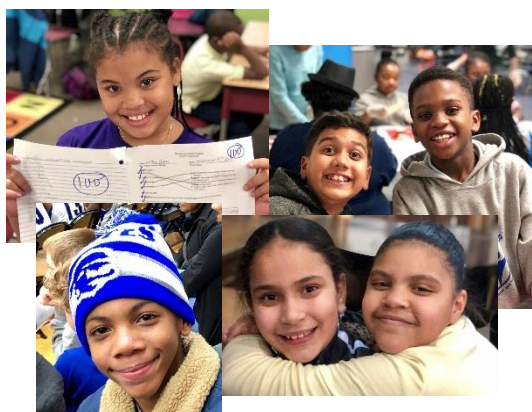


TEAM WALKER SUMMER STEAM PROGRAM 2019 APPLIACTION



July 1 – August 2
Grades 1 – 10
9 a.m. to 3 p.m.
Team Walker Learning Center
(373 Communipaw Ave)

Dear Parents and Guardians:

Thank you for your interest in **TEAM WALKER'S 2019 SUMMER STEAM PROGRAM!**

The 2019 Summer STEAM Program will run from July 1 to August 2, 2019, 9 a.m. to 3 p.m., Monday through Friday, with an early drop-off time beginning at 8:15 a.m. If you enroll and secure a spot for your child in the Program, a calendar will be sent home with your child on the first day of the Program. This calendar will list any and all Program closings, special events, walking trips and field trips. Permission slips will be sent home with your child on the first day of the Program.

A **\$25 ONE-TIME REGISTRATION FEE** is due at application submission. To secure your child's spot in the Program, you must **SUBMIT BOTH THE APPLICATION AND APPLICATION FEE**. Applications submitted **without** Fee Payment will be **rejected**. Your child must attend all Program days, and late fees will apply to late pick-ups.

Team Walker has so many wonderful events, STEAM workshops, activities, walking trips and field trips planned for your child. This Summer's theme is Graphic Novels, with a culminating Comic Con themed art project at the end of the Program!

Please thoroughly review, complete and submit this application. Incomplete applications will be rejected.

We are looking forward to a fun-packed Summer STEAM Program!

-The Team Walker Team

S.T.E.A.M.
Tutoring & Basic Skills
Peer Mentoring
Recreation & Basketball
Walking & Field Trips
Swimming
LOTS of FUN

The Team Walker Learning Center

373 Communipaw Ave | Jersey City, NJ 07304

O: (201) 433-1888 | F: (201) 433-4334

We do not turn any family away who cannot afford the registration fee, with the exception of reaching Program capacity

This project was funded in its entirety with federal funds under the *Every Student Succeeds Act, Title IV, Part B, 21st Century Community Learning Centers (21st CCLC) program*, through a grant agreement with the New Jersey Department of Education.





Team Walker, Inc.
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Jerry Walker – CEO, Program Director
jerry@teamwalker.org
Rosa Nocetti – Head Teacher
rosa@teamwalker.org



SUMMER STEAM PROGRAM 2019 APPLICATION



\$25 REGISTRATION FEE DUE AT TIME OF APPLICATION SUBMISSION or YOUR CHILD CANNOT ENROLL OR PARTICIPATE.

Dates: July 1 - August 2, 2019

Name Of Child: F	M	L	Birthdate (MM/DD/YY): / /	Age:	Enrollment Date: / /	Allergies:
Entering Grade:	Child's School:	Teacher:	Primary Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Other: <input type="checkbox"/> Spanish	Race: <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Pacific Islander		

PARENT/GUARDIAN INFORMATION	<i>Please check the box (<input type="checkbox"/>) to indicate the primary residence of the child listed above.</i>					
	<input type="checkbox"/> PARENT/GUARDIAN # 1			<input type="checkbox"/> PARENT/GUARDIAN # 2		
	Name:			Name:		
	Relationship:			Relationship:		
	Cell Phone:	() -		Cell Phone:	() -	
	Home Phone:	() -		Home Phone:	() -	
	Home Address:			Home Address:		
	E-Mail Address:			E-Mail Address:		
	Employer Name:			Employer Name:		
	Employer Phone:	() -		Employer Phone:	() -	

EMERGENCY CONTACTS	Persons AUTHORIZED TO PICK UP your child and/or CONTACT IN CASE OF EMERGENCY if neither parent is available to assume responsibility for the child (Team Walker will not release your child to anyone other than the persons pre-authorized below, photo ID required. Any persons not listed below must be authorized to pick up your child with a prior written note from the parent/guardian).					
		Name	Relationship	Cell Phone	Home Phone	Employer Phone
	Contact #1:			() -	() -	() -
	Contact #2:			() -	() -	() -
	Contact #3:			() -	() -	() -
	Contact #4:			() -	() -	() -
	Contact #5:			() -	() -	() -

CUSTODY	Name of person PROHIBITED from picking up your child:
	If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.

By signing below, I agree that **the above information is accurate and up to date**. If I **do not update Team Walker** with any changes to my contact information, and Team Walker is unable to reach me, I understand **my child will be removed from the program**.



X _____
 Signature of Parent or Guardian Date



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SUMMER STEAM PROGRAM 2019 APPLICATION



Child's Emergency Contacts and Medical Information

CHILD INFORMATION	Name Of Child: F M L	Birthdate (MM/DD/YY): / /	Age:	Sex: M / F / Other
	Address:	City:	State:	Zip:
	Parent/Guardian's Name:	Cell Phone:	Home/Other Phone:	
	Emergency Contact's Name:	Cell Phone:	Home/Other Phone:	

MEDICAL INFORMATION	Child's Health Care Provider:	
	Health Care Provider Phone:	
	Health Care Provider Address:	
	Name Of Insurance Company/HMO:	
	Group #:	
	Identification #:	
	Subscriber's Name On Insurance Card:	
	Known Allergies (including medication):	
	Medication My Child Is Taking:	
List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information For Emergency Situations:		

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As the parent(s)/ legal guardian(s) of the above named child, I (we) attest that the information above is correct. I (we) authorize the child care center staff to obtain emergency and surgical treatment for my child and understand that I (we) shall be promptly notified. I (we) waive my (our) right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:
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LIABILITY AND INJURY RELEASE

As the parent(s)/ legal guardian(s) of the above named child, I (we) give permission for my child to go on field trips. I (we) release Team Walker and individuals from liability in case of accident during activities related to Team Walker events, as long as normal safety procedures have been taken.

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:
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By signing below, I agree that **the above information is accurate and up to date**. If I **do not update Team Walker** with any changes to the above information, I understand that Team Walker **will remove my child from the program**.



X _____
 Signature of Parent or Guardian Date



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SUMMER STEAM PROGRAM 2019 APPLICATION



Program Permissions

CHILD INFORMATION	Name Of Child: F M L	Birthdate (MM/DD/YY): / /	Age:
	Address:	City:	State: Zip:
	Parent/Guardian's Name:	Cell Phone:	Home/Other Phone:
	Emergency Contact's Name:	Cell Phone:	Home/Other Phone:

PERMISSIONS	Please check the box (<input type="checkbox"/>) to agree to the permission below and write your (parent/guardian from Child Information section above) initials.		
	<input type="checkbox"/>	WALKING TRIPS: I give permission for my child to participate in WALKING TRIPS within the neighborhood of the Team Walker Learning Center (Team Walker), using routes that pose no known safety hazards to children, such as Lafayette/Webb Park, Dr. Lena Edwards Park (Baby Rucker), Berry Lanes, Lafayette Pool, and other locations, subject to its and Team Walker's rules and regulations (weather permitting). I also give permission for my child to attend all Team Walker field trips, and acknowledge that notice of any upcoming field trips may be sent home with my child prior.	
	<input type="checkbox"/>	PHOTO RELEASE: I grant permission for my child to be PHOTOGRAPHED, VIDEOED, and other ELECTRONIC IMAGING by Team Walker, its employees and representatives. I authorize Team Walker to copyright, use and publish the same in print and/or electronically. I agree that Team Walker may use such photographs, videos or other electronic imaging of my child with or without his/her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. I understand that neither I nor my child will be compensated for use of the photos, videos or other electronic imaging. I understand and agree that should I not agree to and initial this form and not allow my child to be photographed, my child will not be able to register for Team Walker's Program.	
	<input type="checkbox"/>	ACADEMIC RECORDS: I hereby request that and give permission for the Jersey City Board of Education to release the ACADEMIC RECORDS listed to the right, upon request to Team Walker, Inc., a 21st Century Community Learning Center, as my child is a participant in Team Walker's After School Program or Summer STEAM Program. I further release my child's school day teachers, guidance counselors and principals to discuss opportunities for academic improvement and behavior modification strategies with Team Walker's Program Director, Coordinator, and Head Teacher. I understand that all records and information received will be used by the Team Walker administrative staff only for grant purposes and to provide the student with the appropriate academic assistance.	ACADEMIC RECORDS TO BE RELEASED: <ul style="list-style-type: none"> • Report Cards • Quarterly Progress Reports • Individualized Educational Plan (IEP)/504 • NJASK / GEPA / PARCC Scores • Attendance / Detention / Suspension Data • Free and Reduced Lunch Determinations
	<input type="checkbox"/>	SPECIAL EVENTS (and EXTERNAL PHOTO RELEASE): I give permission for my child to attend any SPECIAL EVENTS , such as events, workshops and services, at all Team Walker locations and facilities. Team Walker is a 501(c)(3) non-profit organization that seeks to nourish the mind, body and soul of underserved children in Jersey City, New Jersey. I understand and acknowledge that Team Walker may partner and work with external organizations and parties to provide services, workshops and events to all Team Walker students to empower their minds, bodies and souls. I give permission for my child to attend events and workshops with external organizations internally at all of Team Walker's locations and facilities and externally at the external organization's location, and extend the PHOTO RELEASE above to the external organization and parties.	
YES <input type="checkbox"/>	WALK HOME: By checking YES , I give my child permission to WALK HOME after program dismissal if no one is there to pick them up.	NO <input type="checkbox"/>	WALK HOME: By checking NO , I do not give my child permission to WALK HOME after program dismissal if no one is there to pick them up. I understand and agree that I (we), the parent(s)/guardian(s) or an individual listed in the Emergency Contacts section on Page 1 must pick up my child.

By signing below, I agree that **the above permissions are accurate and understood**, including the Walk Home permission. If I do not agree to the above permissions, I understand my child may not benefit from the Program and Team Walker reserves the right to deny and remove any applicants.



X _____
 Signature of Parent or Guardian Date



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SUMMER STEAM PROGRAM 2019 APPLICATION



Program Agreements

Name Of Child:	F	M	L	Parent/Guardian's Name:
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LATE FEES AND LATE PICKUPS

Summer STEAM Program:	Begins: 9 a.m. Dismissal: 3 p.m.	Fees:	Fee Schedule:	<ul style="list-style-type: none"> • \$25 every 15 min • \$100 for 1 hour 	<ul style="list-style-type: none"> • 3:01 – 3:15 - \$25 • 3:16 – 3:30 - \$50 • 3:31 – 3:45 - \$75 • 3:46 – 4:00 - \$100
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By initialing, I agree, the Parent/Guardian listed above, that I must pick my child, listed above, up **at or before** the dismissal time stated above and that Team Walker reserves the right to charge a late fee if I, the Parent/Guardian, or my Child's Emergency Contacts and Persons Authorized to Pick Up my child on Page 1 of this application, cannot pick up my child at the Program dismissal time above. I agree and understand that:

- (1.) I will be charged a late fee of **\$25 for every fifteen (15) minutes** that my child remains in the care of Team Walker;
- (2.) My child cannot return to the Program until the fee is paid; and
- (3.) My child will be removed from the Program after three (3) late pick-ups and/or due to unpaid late fees, even if I pay the late fees(s), no exceptions.

I agree and understand that a no exception policy is in place to implement this policy fairly and equally, and that Team Walker must pay its teachers and staff overtime for children left in Team Walker's care after dismissal. As such, I agree that these additional costs must be passed on to me, the Parent/Guardian, who creates the need for Team Walker to pay its teachers and staff for overtime.

I agree that Team Walker reserves the right and obligation to contact the N.J. Department of Children and Families if my child, beginning at 4:01 p.m., should my child not be picked up and remain in Team Walker's care.

If my child is in the Program and either I am running late or one of my Child's Emergency Contacts and Persons Authorized to Pick Up (Page 1 of this application) my child are running late to pick up my child, I agree that I (we) must notify Program staff by at least **noon** of that day, or at least **one hour in advance** in the event of an emergency. I (we) understand that Program staff can be reached via phone at Team Walker's Main Office at (201)433-1888 or Team Walker's Cell Phone at (201)284-8559. I (we) understand that I must **contact Team Walker's Main Office first**, even if my (our) child is participating in a Walking Trip or Special Event. I (we) agree and understand that curtesy call ahead option is still subject to the Late Fees above, no exceptions.

(Initial)

ATTENDANCE AND ABSENCES

By initialing, I, the Parent/Guardian listed above, agree to and understand that my child, listed above, is **expected to attend the Program every day** the Program runs. I understand that the Program is five (5) weeks long, and understand and agree that (1.) my child will only benefit from the Program if my child is physically present in the Program and (2.) any absences will result in my child falling behind in Program curriculum and events.

Further, I understand that my child is **allowed three (3) total absences** from the Program. I understand and agree **my child will be removed** from the Program once three (3) absences are accrued, no exceptions. I understand that: (1.) the Program runs for a short period of five (5) weeks; (2.) the Program is in high demand and there are other students on a waiting list eligible for enrollment; and (3.) I must contact the Main Office at (201)433-1888 no later than 9 a.m. if my child will be absent on any given day. Moreover, I understand that Team Walker will remove my child after two (2) "no call, no shows," should I not notify the Main Office my child's absence.

(Initial)

SUSPENSION AND EXPULSION POLICY

By initialing, I, the Parent/Guardian listed above, agree to and understand that my child, listed above, will be suspended from the Program due to the following reasons (My child may be expelled from the Program and all other future Programs if I and/or my child do not correct the below reasons/actions):

IMMEDIATE CAUSES FOR EXPULSION:	PARENTAL ACTIONS FOR EXPULSION:	CHILD'S ACTIONS FOR EXPULSION:
<ul style="list-style-type: none"> • Child is at-risk of injuring others or themselves • Parent threatens physical or intimidating actions toward staff members • Parent verbally abuses staff members in front of enrolled children 	<ul style="list-style-type: none"> • Failure to pay/habitual lateness in all payments/fees • Failure to complete required forms • Habitual tardiness when picking up child • Verbal abuse to staff 	<ul style="list-style-type: none"> • Failure to child to adjust after reasonable time period • Uncontrollable tantrums/ angry outbursts • Ongoing physical or verbal abuse to staff or other children • Bullying of any kind

(Initial)

By signing below, I agree that **the above program agreements are accurate and understood**. If I do not agree to the above agreements, I understand that this application is void and my child cannot participate in Team Walker's Program. I further understand that my child will be removed from Team Walker's Program should I ever fail to adhere to, abide by or break the above agreements.



X _____
Signature of Parent or Guardian

Date



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SUMMER STEAM PROGRAM 2019 APPLICATION



Program Receipt of Forms

Name Of Child:	F	M	L	Parent/Guardian's Name:
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URBAN LEAGUE

If your child participates in Urban League, enrollment fee and transportation fees (if applicable) will be waived.
 Please check the box () as Urban League applies to your child.

<input type="checkbox"/>	My child participates in the Urban League.
<input type="checkbox"/>	My child DOES NOT participate in the Urban League.
<input type="checkbox"/>	I would like more information on how to get involved.

CELL PHONE AND ELECTRONIC DEVICES

<u> </u> (Initial)	By initialing, I agree to and understand that Team Walker does not endorse the use of cell phones or other electronic devices used for communication or gaming purposes in any of its Programs, and if the use of my child's cell phone is found to be disruptive, Team Walker has permission to hold that phone or electronic device until the end of the Program day. As such, I understand that Team Walker will not be held liable for any damaged or missing devices.
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POINTS OF IMPORTANCE

Please **initial** each line item to indicate you fully understand and agree to the following:

x <u> </u>	If my (our) child has to miss the Program on a particular day, I will notify the Main Office at (201)433-1888.
x <u> </u>	My (our) child must attend all Program days, and I understand my child's spot will be forfeited after three absences.
x <u> </u>	In order for my (our) child to be dismissed from the Program, I (we) must sign my child out, unless my (our) child can Walk Home.
x <u> </u>	I have received a copy of both the Parent and Student handbooks and agree to review all information.
x <u> </u>	As a condition of my child's continued participation in the Program, I or a representative will participate in 75% of parent workshops.

Parental Involvement

As the parent(s)/ legal guardian(s) of the above named child, I (we) understand and agree to attend and participate in at least 75% of parent workshops, Program events, and activities. I (we) understand and agree that participating in Program workshops, events and activities is important for Team Walker to continue its programming, and participation in such shows my (our) child support and love. Further, I understand and agree that Team Walker reserves the right to remove my child if I (we) do not participating in 75% of parent workshops, Program events and activities.

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:
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RECEIPT OF FORMS

By checking each box () below, I, the parent/guardian listed above, have received, reviewed, agreed to, and fully understand the forms set forth by Team Walker, Inc., and agree that all information provided in this application is accurate and up to date.

<input type="checkbox"/>	Page 1 – Parent/Guardian Information / Emergency Contacts (Authorized Pickup) / Custody
<input type="checkbox"/>	Page 2 – Child Information / Medical Information / Authorization for Emergency Medical Treatment / Liability and Injury Release
<input type="checkbox"/>	Page 3 – Child Information / Permissions (Walking Trips, Photo Release, Academic Records, Special Events, Walk Home)
<input type="checkbox"/>	Page 4 – Late Fees / Attendance and Absences / Expulsion Policy
<input type="checkbox"/>	Page 5 – Urban League / Cell Phone and Electronic Devices / Points of Importance / Parental Involvement / Receipt of Forms

By signing below, I agree that **the above program receipt of forms is accurate and understood**. If I do not agree to the above program receipt of forms, or fail to abide by any information, policies or agreements in this application, I understand that this application is void and my child cannot participate in Team Walker's Program.



X _____
 Signature of Parent or Guardian Date