



# OCSU EduFUN 2022 Registration

## SUMMER PROGRAMS

Registration Paperwork Due May 13th  
Confirmation of Placement by May 25th

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Students currently in grades K-7 in the Orleans Central Supervisory Union can experience great summer adventures and enrichment with EduFUN. All programs will include breakfast and lunch, exploration, investigations, outdoor activities, and a whole lot more! Join other students from the area for a summer full of fun and learning opportunities.

Programs will take place in June and July at OCSU schools. Transportation to and from programs is the responsibility of families. Dates and times of programs vary by school. Activities may change slightly from day to day depending on the theme for the week, weather, etc.

There are a limited number of spaces so registration will be first come, first served. Confirmation of placement will be sent to families via email. Once a student has been confirmed into a program by the site coordinator additional information will be sent including schedules, off campus activities, and other supplies to bring each day to camp.



### SWIM WEEK

June 27th - July 1st  
8am - 3pm

We are working together with Teach America To Swim, to offer a one-week American Red Cross certified swimming program to students in the Orleans Central Supervisory Union Elementary Schools. Students who are confirmed into the swim week program will be dropped off at their local school at 8am for breakfast then transported by bus to Crystal Lake. Participants will join a full-day summer camp experience that includes STEM experiments about water, art in nature, fishing, water safety, and swimming lessons. At the end of the day students will pack up and be transported back to the school for pick-up.

If you would like your child(ren) to attend the summer program in any capacity, please fill out the following forms and return to your local school or email to Rachelle Miller, After School Director at [rmiller@ocsu.org](mailto:rmiller@ocsu.org). We will be confirming placement with you via email, so please be on the lookout! As always, if you have any questions please feel free to contact me.

Let's have a fun-filled summer!

Rachelle Miller, OCSU After School & Summer Director  
[rmiller@ocsu.org](mailto:rmiller@ocsu.org)

## 2022 EduFUNPROGRAM REGISTRATION FORMS

Please return the next five pages ON or BEFORE May 13th

Placement will be confirmed by May 25th and will be on a first-come first-served basis.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade as of Spring 2021: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Student's Shirt Size: \_\_\_\_\_

Name of Parents/Caregiver:

Caregiver 1 \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Caregiver 2 \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Caregiver 1 Address \_\_\_\_\_

2<sup>nd</sup> Caregiver's Address (if different from above) \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Please provide a valid email address. We will be sending additional information to you through email, so **please check often.**

E-Mail Address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person's Relationship to Child \_\_\_\_\_

Emergency Contact Person #2 \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person's Relationship to Child \_\_\_\_\_

**Is there anything we need to know about your child to ensure they have a successful experience?**

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**At which site will your child participate?**

Please **CHECK** the week(s) your child would like to attend at the school site of your choice.

*\*\*June 27th -July1st is SWIM WEEK at Crystal Lake.*

<b>Albany</b>	JUNE 20th-23rd	**JUNE 27th-JULY 1st	JULY 11th-14th	JULY 18th-21st
<b>Barton</b>	JUNE 20th -24th	**JUNE 27th - JULY 1st	JULY 11th-14th	
<b>Brownington</b>	**JUNE 27th - JULY 1st	JULY 11th-14th	JULY 18th-21st	JULY 25th -28th
<b>Irasburg</b>	JUNE 20th-23rd	**JUNE27th-JULY 1st	JULY 11th-14th	JULY 18th-21st
<b>Orleans</b>	**JUNE 27th - JULY 1st	JULY 11th-14th	JULY 18th-21st	JULY 25th-28th

**TRANSPORTATION**

Who will be responsible for picking up your child?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list any additional people who have permission to pick up your child.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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Please list anyone who is forbidden access to your child or who is forbidden to pick your child up from the program.

Name(s) \_\_\_\_\_

If you have a restraining order against any person who cannot have contact with your child, please supply the site coordinator with this order. Also, if there are other court orders that affect who has access to your child, please supply the site coordinator with a copy of the order.

## MEDICAL INFORMATION

Does your child have any allergies (food, drug, insect, etc.)  Yes  No

Please describe the allergy:

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Does your child have any medical conditions (e.g. asthma, seizures)?  Yes  No

Please describe any medical conditions:

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Are there any other medical health issues, social, emotional, or health conditions that we should be aware of?

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Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Is your child currently taking any medication?  Yes\*  No

If yes, please describe: \_\_\_\_\_

Does this medication need to be given during program time?  Yes\*  No

Special Dietary Needs: \_\_\_\_\_ -

May we give your child non-prescription pain relief medication (ibuprofen, acetaminophen, aspirin)?

Yes  No

May we give your child non-prescription allergy medication in case of an allergic reaction (Benadryl or the generic equivalent)?

Yes  No

We suggest that your child bring sunscreen and insect repellent, but if they run out or need some, do we have permission to use our own?

Yes  No

## PERMISSION FORMS

I understand photographs/videotaping of children involved in program activities may be taken. I give permission for my child's photograph/video be used for newspaper, newsletter or informational releases, including those that may appear on school or supervisory union websites and social media.

I understand some of the programs are off school grounds. I give permission for my child to leave school grounds and be transported if necessary. I understand that the site coordinator will notify me of trips off school grounds prior to the day of the activity.

I give permission for surveys to be given to my child and his/her family for purposes of program evaluation.

I give my child permission to use the school playground.

I understand that if my child displays any symptoms of illness not confirmed by a doctor as safe, that they will need to stay or be sent home until 72 hours after their symptoms have ended.

I give my child permission to go on walks off school campus without notice, as long as they are not entering buildings, being transported by vehicle, or interacting with others outside of OCSU EduFUN on those walks.

The Orleans Central Supervisory Union and their employees will exercise reasonable judgment and care in the planning and operation of these programs. I understand, and agree, that neither the supervisory union, the other organizations, nor their employees will be liable for injuries resulting from accidents or unanticipated occurrences beyond their control.

In case of illness or accident, I understand the staff will contact me immediately. If I cannot be reached or the emergency contact person cannot be reached at the phone numbers I have provided, I authorize and direct staff to seek emergency medical care or take other action they believe is necessary under the circumstances to protect the best interest of my child/ward. If my child/ward is taken for emergency medical treatment, I hereby authorize the attending physician to administer the emergency treatment he/she believes is appropriate, and I agree to pay any resulting expense.

I have read the above form and my signature below demonstrates that I have provided my consent for my child/ward to participate in the programs/field trips under the terms described above.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

After School and Summer Program  
**Behavior Expectations**

OCSU After School and Summer Programs are designed to provide opportunities for children outside the regular school day in the following areas: academic support, educational enrichment, health and wellness, and character development. In order to provide a safe and nurturing environment, **behavior expectations of respect, safety, and responsibility that are in place during the school day will be followed in the after school and summer programs.**

Any child whose behavior does not meet school day behavior expectations during the after school or summer programs will be warned and removed from the activity if necessary. If the child continues to behave disrespectfully and/or engages in unsafe behavior, the parent/guardian will be contacted and expected to take the child home.

If a child has to be taken home by a parent/guardian more than one time during a program session, that child may not return to the after school or summer program until a parent/guardian conference is held with the Director and strategies for helping the child abide by behavior expectations are agreed upon. At the discretion of the Director, the child may then finish the program session. If the child violates behavior expectations to the point of removal a third time, that child will not be allowed to re-enter the program for the remainder of the summer term or school year as appropriate.

If a parent/guardian refuses to pick up a child within one hour of a request to do so, the child will no longer be allowed in the program.

**Please sign and date below**, indicating that you understand the procedures for violations of behavior expectations.

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Child's name: \_\_\_\_\_