



Dear Parents,

This year we are once again offering our summer camp for five-weeks, beginning Monday, June 3rd and ending on July 5th. Doors will be open daily at 7:30 for those needing extended care, and pick up time will be 5:30.

Mornings will be dedicated to academics with high-interest, hands-on science, math, and reading (library time). The afternoon will be more casual and filled with swimming, outdoor games, cooking, arts and crafts, and Friday field trips.

This year our theme will continue to be kindness, empathy and in touch with our Hawaiian décor - "Be like a pineapple, stand tall, wear a crown and be sweet on the inside".

We look forward to another exciting and stimulating experience for your child this summer. Staff members are ready and we are going to have a BLAST!

Sincerely,

A handwritten signature in black ink, appearing to read "Iliana Bezares". The signature is fluid and cursive, with a long horizontal line extending to the right.

**Iliana Bezares**

BLAST Director/Coordinator

Frank V. Bergman Elementary

[ilianab@usd383.org](mailto:ilianab@usd383.org)

785-587-2865



**FRANK V. BERGMAN ELEMENTARY  
SUMMER CAMP  
2019**

***Be Like a Pineapple, Stand Tall, Wear a  
Crown and be SWEET on the Inside***

A \$35.00 registration fee will be due at the time of enrollment in addition to the first week's enrollment fees.

**FEEES ARE NON-REFUNDABLE**



# BLAST

Bergman Learning in After School Time

SUMMER 2019



Student's Name \_\_\_\_\_ Grade in Fall 2018 \_\_\_\_\_

\_\_\_\_\_ My child will ride the bus at 5:00

\_\_\_\_\_ My child may walk home from BLAST

\_\_\_\_\_ My child will be picked up by 5:30 p.m. Parents or authorized person(s) must come into the building to pick up their child(ren).

### Student Information: (Please print and complete all questions)

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: Female \_\_\_ Male \_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_

**T-Shirt Size** (Circle One) Youth Small Youth Medium Youth Large  
Adult Small Adult Medium Adult Large

<b>Ethnicity:</b> (circle one)	
African-American	Asian
Caucasian	Hispanic
Multi-Racial	Native American

### Attendance Center (if other than Bergman)

Amanda Arnold Bluemont Lee Marlatt Northview Ogden  
Theodore Roosevelt Woodrow Wilson Home Schooled Out-of-District

### Emergency Contact Information

Mother / Stepmother / Guardian (circle one)
Name _____
Home phone _____
Place of work _____
Work or cell phone _____
E-mail _____

Father / Stepfather / Guardian (circle one)
Name _____
Home phone _____
Place of work _____
Work or cell phone _____
E-mail _____

For your child's safety, children will not be dismissed from BLAST early OR to another adult unless a written note or phone call has been received by the staff.

### Emergency Contacts: (other than parent or guardian who has permission to pick up child from clubs)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

# Health Form Summer 2019

(To be completed by Parent or Guardian)



Student's Name \_\_\_\_\_ Female \_\_\_ Male \_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Is child covered by insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

## Health History:

Does your child have asthma \_\_\_ No \_\_\_ Yes      Convulsions \_\_\_ No \_\_\_ Yes

Diabetes \_\_\_ No \_\_\_ Yes

Other chronic or long-term illness (ex: ADHD) \_\_\_ No \_\_\_ Yes

If illness, explain \_\_\_\_\_

Medications \_\_\_\_\_

## Allergic Reactions: (Please list and explain any reactions)

Foods \_\_\_\_\_

Drugs/Medications \_\_\_\_\_ Insects \_\_\_\_\_

Plants \_\_\_\_\_ Animals \_\_\_\_\_

Hay Fever \_\_\_\_\_ Others \_\_\_\_\_

Any restrictions in activities \_\_\_\_\_

## Restrictions While Participating in After School Events:

Special Diet or Dietary Restrictions \_\_\_\_\_

Special Activity Restrictions \_\_\_\_\_

Past History of Serious Injuries or Illnesses \_\_\_\_\_

Special Considerations Staff should know about \_\_\_\_\_

**Parent's Authorization:** In case of emergency I understand every effort will be made to contact our family's physician and me. In the event, I cannot be reached, I give permission to the BLAST program to secure proper medical treatment for my child. I give permission for my child to engage in all activities except as noted above.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## **ATTENDANCE**

You may choose to enroll your child in half-day or full-day activities. You may also choose which weeks your child wants or needs to attend. (There is a minimum 2 week sign-up.)  
Full-time students will be given priority.

## **DAILY SCHEDULE**

Doors will open at 7:30.  
Students staying for the morning only will be dismissed at 12:00.  
Lunch will be at 12:00.  
Students participating only in the afternoon need to be at Bergman no later than 12:30.  
Afternoon activities will include swimming, outdoor games, cooking, arts and crafts.

## **TRANSPORTATION**

Parents will need to drop off students between 7:30 and 8:00 and pick up by 5:30.  
More information will follow after enrollment is finalized.

## **FEEES**

Consult the attached sliding fee schedule. All families NOT paying full price will need to fill out the Verification of Fee Payment and attach proper documentation.  
Fees **MUST** be paid in advance—Monday of the week attending.  
A \$35 registration fee is required to hold your child's place. The registration fee (\$35) plus the first week's payment is due when these forms are returned.

## **FEEES ARE NON-REFUNDABLE**

### **LUNCH AND SNACKS**

Morning and afternoon snacks will also be provided.

### **MEDICAL INFORMATION**

All students **MUST** have a current medical health form on file in the BLAST office.

### **FIELD TRIP PERMISSON**

Permission slips will be sent home in advance of trips taken off of school premises.  
USD 383 buses will transport students to other field trip locations.

### **AFTERNOON SWIMMING**

Students who wish to go swimming in the afternoons will walk to CiCo with staff members. Swim passes will be provided for students. (If you have a swim pass, we would appreciate you sending it with your child).

We are limiting our Summer Camp to 130 full-time attendees.  
Preference will be given to those attending every week on a full-time basis.

To reserve your child's space for Summer Camp, please fill out the following information and return with a \$35 registration fee **PLUS** the first week's fee. Fees are **NON-REFUNDABLE**

I want my child to attend the following: (please check all that apply)

**THERE IS A 2 WEEK MINIMUM SIGN UP FOR SUMMER  
CAMP.**

**ALL DAY 7:30—5:30**

- June 3-7
- June 10-14
- June 17-21
- June 24-28
  
- July 1-5

**HALF DAY ONLY**

(Please circle a.m. or p.m.)

- June 3-7            a.m.   p.m.
- June 10-14        a.m.   p.m.
- June 17-21        a.m.   p.m.
- June 24-28        a.m.   p.m.
  
- July 1-5            a.m.   p.m.

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Parent Signature

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Date

If you have questions, please contact Iliana Bezares at  
[ilianab@usd383.org](mailto:ilianab@usd383.org) OR call the school office, 587-2865.

## **STUDENT CONTRACT**

TO BE READ and SIGNED BY STUDENT AND PARENT

Students **MUST** have an enrollment form and health form filled out and on file in order to attend. The student and parent's signatures are **required** at the bottom of this form. **Please review this page with your child.**

1. Total participation is required to be a part of this program. All students are asked to come ready and willing to be an active participant in the chosen activity.
2. Self-controlled discipline is part of the requirement to be in Camp Invention. All students are asked to follow the leader's instructions and procedures. The Six Pillars of Character are the guidelines for positive behaviors. All students are asked to follow the guidelines.
3. **Regular attendance is a requirement** for all students participating in the program. If a student is sick, he/she is automatically excused. We ask that you please send a note or call the school office or Mrs. Iliana if your child is to be excused from camp.

**Parent Information: (please read, initial, and sign below)**

1. I give permission for my child to participate in the activities of BLAST. In case of emergency I understand that every effort will be made to contact me or the person(s) listed under the Emergency Contact section. In the event my contact(s) or I cannot be reached, I give permission for the BLAST personnel to secure proper medical treatment, including hospitalization and any required surgery, for the member. **Initial:** \_\_\_\_\_
2. I understand that I am responsible for payment of any medical bills created by injury to the student during after school activities. **Initial:** \_\_\_\_\_
3. I give my consent for photographs/video, in which my son/daughter may appear, to be used in promotional materials for the BLAST program. **Initial:** \_\_\_\_\_
4. A student cannot leave the school premises or activity without express permission or direction communicated to staff member from a parent/guardian. **Initial:** \_\_\_\_\_
5. I understand that I may be subject to a late fee if I am unable to pick up my child at designated closing time. **Initial:** \_\_\_\_\_

**STUDENTS BEING PICKED UP WILL NOT BE DISMISSED UNLESS PARENTS COME INTO THE BUILDING TO GET THEM.**

**FOR THE SAFETY OF ALL CHILDREN,  
ANY PERSON WHO IS PICKING UP A CHILD IS ASKED TO SIGN OUT WITH A STAFF MEMBER.** If the person is unknown to the staff or not listed on the permission form, parents will be called and identification required. PLEASE INFORM ALL PERSONS INVOLVED WITH YOUR CHILD TO ADHERE TO THIS POLICY.

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_



## **Sliding Income-Based Scale**

### **Summer BLAST 2019**

\$0.00 - \$26,000	\$20.00 per week
\$26,001 - \$44,000	\$60.00 per week
\$44,001 - \$70,000	\$150.00 per week
\$70,000 - Above	\$150.00 per week

**Summer 2019 Verification for After School Fee Payment**  
**Important! Important! This document should be filled out in its entirety.**

HOUSEHOLD MEMBERS				GROSS INCOME BEFORE ANY DEDUCTIONS				
1 2 3 4 5 6	List Names of ALL Household Members earning wages of ALL Household Members including anyone living at this address		Check if ZERO Income	Frequency: Circle ONE next to each income amount: W = Weekly, E2=Every 2 weeks, 2M=Twice a Month, M=Monthly, Y=Yearly		***Other Regular Income		Check if NOT working due to strike, lay-off, injury or short term disability
	First Name	Last Name		Amount	Circle Frequency	Amount	Circle Frequency	
	List Names of All Household Members Under the age of 18							
1	<input type="checkbox"/>			W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
2	<input type="checkbox"/>			W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
3	<input type="checkbox"/>			W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
4	<input type="checkbox"/>			W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
5	<input type="checkbox"/>			W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
6	<input type="checkbox"/>			W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
	Check if Foster Child	First Name	Last Name	School Name	Grade			

**ADULT HOUSEHOLD MEMBER INFORMATION**

Print Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

\*\*\*Other Regular Income includes the following: welfare, child support, alimony, retirement pensions, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), veteran's benefits (VA), disability benefits, regular contributions from people who do not live in your household, farming, rental income, and ANY OTHER INCOME.

I certify (promise) that information on this application is true and that ALL household income is reported. I am providing proof of income (tax returns, W2, or pay stubs) to be used in verifying fee payment. Purposely giving false information may result in your child(ren)'s dismissal from the after school program.

Sign Here X \_\_\_\_\_ Date \_\_\_\_\_