

# BEST SUMMER EVER



tyler's camp

by SummerCollab

at Castle Hills Elementary

**July 1 - August 1**

Open to 1st - 5th Grade students  
from Castle Hills & Eisenberg



summercollab





# Summer is a time for kids to run wild and explore—a time to play, sprint, create, take chances, learn, and grow.

Some kids want to spend their summers playing ball; others want to spend them in the art studio. At Tyler's Camp, kids get a chance to do it all.

**Tyler's Camp at Castle Hills is SummerCollab's five-week long academy for the students at Eisenberg and Castle Hills Elementary schools in grades 1-5.** Campers will take on a range of activities, courses, and projects across disciplines, which might include everything from basketball, field hockey, and soccer to painting, dance, and percussion.

During their summer at Tyler's Camp at Castle Hills, kids will experience programming that responds to their interests, their academic growth, and their personal growth. Tyler's Camp has partnered with a team of expert educators, including STRIVE, to create a diverse community of leaders to support campers throughout the summer.



## **DATES:**

**July 1 - August 1 (Monday - Thursday) from 8:30 am- 3:30 PM**  
**Optional FREE Aftercare available until 5:30 pm at the Garfield Park PAL\***

See main office staff for details

**For: Rising 1st-5th Graders**  
**at Castle Hills and Eisenberg Elementary School**

*Attendance: Students will be expected to participate every day of the program.*

## **COST: FREE**

**Breakfast and lunch will be provided.**

**Students participating in Tyler's Camp this summer will be given a priority for enrollment in FREE after school programming during the school year.**

**To learn more, contact [info@summercollab.com](mailto:info@summercollab.com)**

Funding for this 21st Century Community Learning Centers program is provided by the US Department of Education and administered by the Delaware Department of Education.



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## CAMPER ENROLLMENT FORM

**Please submit this packet, completed in full,  
to the secretary at Eisenberg or Castle Hills.**

***Limited spaces are available, registration is on a first come, first serve basis.***

### BACKGROUND INFO

Camper Name \_\_\_\_\_

Camper Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Camper Grade in Fall of 2019 \_\_\_\_\_

Camper Gender \_\_\_\_\_ Camper School \_\_\_\_\_

Home Zip Code \_\_\_\_\_

### CAMPER HOME ADDRESS (NOT REQUIRED)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PARENT/LEGAL GUARDIAN INFO

Parent/Legal Guardian Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Phone number (primary) \_\_\_\_\_

Phone number (secondary) \_\_\_\_\_

Email \_\_\_\_\_

### EMERGENCY CONTACTS

#### Emergency Contact #1

Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Phone number (primary) \_\_\_\_\_ Phone number (secondary) \_\_\_\_\_

#### Emergency Contact #2

Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Phone number (primary) \_\_\_\_\_ Phone number (secondary) \_\_\_\_\_



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# CAMPER ENROLLMENT FORM

## MEDIA RELEASE

I, as the parent or guardian of below-named child, hereby give SummerCollab and its employees, representatives, and authorized third party media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

Child's Name: \_\_\_\_\_

Parent/Guardian name (print): \_\_\_\_\_

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

## DATA RELEASE AND CONSENT

We hope you will allow your child to participate in SummerCollab's study to measure our programming's impact. This study will assess your child's growth during both the summer and the academic school year; specifically, we will measure growth in literacy, critical thinking, and sense of self. Impact will be measured through data collected during the summer and data shared by the Colonial School District. Data sharing between SummerCollab and districts is only applicable to students who attend Colonial District Schools.

If you agree to participate, SummerCollab will collect data related to literacy, critical thinking, and sense of self during your child's participation in Tyler's Camp at Castle Hills. Additionally, SummerCollab will ask the Colonial School District (if applicable) for your child's test scores from 3 tests over the course of the last school year. SummerCollab will also receive data from an upcoming Fall 2019 test, in addition to basic demographic information. When SummerCollab sees school district data, it will be anonymized by ID number, and at no time will SummerCollab know the name of the student attached to the data. Your child's privacy is our priority; all data sharing between SummerCollab and the school districts will be in full compliance with Family Educational Rights and Privacy Act (FERPA), the federal education data privacy law.

I hereby grant permission to Colonial School District to share with SummerCollab all requested forms and information, including my child's emergency contact information, health forms, and relevant permissions. Additionally, I grant permission for the Delaware Department of Health and Social Services to share with SummerCollab and the Colonial School District all requested forms and information related to eligibility and receipt of public assistance for reporting purposes. I attest that my child is fit for and medically able to participate in Tyler's Camp activities.

I understand that Tyler's Camp activities have inherent risks and on behalf of my child I hereby assume all risks and hazards incident to my child's participation. In consideration for permitting my child to attend Tyler's Camp, I hereby forever waive, release and give up any and all claims, demands, liability, damages, costs and expenses of any kind whatsoever, including property loss, personal injury, or wrongful death, against The Summer Learning Collaborative, Inc., Colonial School District and each of their respective agents, employees, officers, directors, participants, coaches, instructors, transportation providers, contractors, volunteers, other representatives, and heirs, which may arise from my child's attendance at, participation in, or transportation to/from Tyler's Camp.

Child's First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Child's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Delaware Student ID Number: \_\_\_\_\_

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

Student Current School: \_\_\_\_\_ Current Grade level: \_\_\_\_\_

Parent/Guardian name (print): \_\_\_\_\_

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



**FIRST AID/EMERGENCY MEDICAL RELEASE**

I give my permission to the Tyler's Camp staff to administer basic first aid to my child when needed. I also understand that I will be informed of any injuries attained by my child when I pick him/her up from the program.

The health history the school district has is correct and complete to the best of my knowledge and the camper described has permission to engage in all camp activities except as noted on the registration forms.

I give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. All important medical information for my child has been documented on the medical and individual care plan forms.

In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director and/or nurse to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied for trips out of camp. In the event that I cannot be reached in an EMERGENCY, I give permission to the physician selected by the program director and/or nurse to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

**SCREEN TIME PERMISSION**

My child may, as part of a scheduled activity, watch educational and/or program based programs or movies during the day and/or use a computer for up to one hour per day.

**DRESS**

I understand that the below-named child will spend a portion of the day outdoors; weather permitting. I understand that appropriate attire for weather conditions and enclosed toe shoes must be worn and that sunscreen is my responsibility.

**MEALS AND SNACKS**

I understand that breakfast and lunch will be provided by Tyler's Camp, but I may choose to pack my child's meals. I understand there will NOT be access to a microwave for food which needs to be heated. I also understand that campers will be NOT able to order or receive "take out" at Tyler's Camp.

**ELECTRONICS**

I acknowledge that my child is responsible for any personal belongings that are brought to Tyler's Camp. In addition, I understand and agree that Summer Collab/Tyler's Camp is not responsible for any personal items regardless of the value that may be lost, stolen, or destroyed even if item is confiscated while a member is attending Tyler's Camp.

I acknowledge that cell phones may not be used, must be turned off while at Tyler's Camp and must be out of sight. In addition, I understand that personal electronics and other computer devices are not permitted at Tyler's Camp. I understand that staff will confiscate any device that my child brings to Tyler's Camp.

Child's Name: \_\_\_\_\_

\_\_\_\_ This camper has permission to engage in all camp activities

\_\_\_\_ This camper has restrictions on participation in camp activities

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AFTERCARE: My child will need aftercare: Yes \_\_\_\_\_ No \_\_\_\_\_

By signing below you agree to the policies detailed above.

Parent/Guardian name (print): \_\_\_\_\_

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



## HEALTH INFORMATION FORM

CHILD NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

	YES	NO	IF YES, EXPLAIN
ALLERGIES? (FOOD, INSECT, OTHER)			
DIAGNOSIS OF ASTHMA			
DIABETES?			
SEIZURES?			
HEART PROBLEMS?			
EAR/HEARING PROBLEMS?			
BEHAVIOR CONCERNS?			
EYE/VISION CONCERNS?			

Does your child require administration of medication during camp hours (8:30a-3:30p)?      \_\_\_\_ Yes      \_\_\_\_ No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Information may be shared with appropriate school and camp personnel for health purposes. By signing below, you give the Tyler's Camp Nurse permission to administer the above medication as needed.

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_