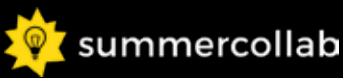




**tyler's camp**  
by SummerCollab



*Colonial*  
SCHOOL DISTRICT



UNIVERSITY OF DELAWARE  
AGRICULTURE &  
NATURAL RESOURCES



**FREE Summer Programming • Virtual & in person options**

**June 28th - August 5th**

**OPEN TO STUDENTS Entering 1st-5th grade at Castle Hills & Eisenberg in the 2021-22 School Year**



# Summer is a time for kids to run wild & explore—a time to play, sprint, create, take chances, learn, & 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 is SummerCollab's six-week long academy for students entering 1st-5th grade at Castle Hills & Eisenberg in the 2021-22 school year.**

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, 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.



Location	Cost	Dates	Time	After Care	Breakfast & Lunch	<b>FREE</b> School Year After School Program	Transportation
Eisenberg	FREE	Mon. - Thurs. June 28 - Aug 5	8:30a - 3:30p	YES	YES	YES	PAL Afterschool Program ONLY

**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:**

**1st - 3rd grade programming: [emily.mallon@colonial.k12.de.us](mailto:emily.mallon@colonial.k12.de.us)**

**4th - 5th grade programming: [jclinton@summercollab.com](mailto:jclinton@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.*



**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.*

**CAMPER INFO**

Name \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Grade Fall 2021 \_\_\_\_\_

Gender \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Current School \_\_\_\_\_

**HOME ADDRESS**

Street \_\_\_\_\_

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

**CAMP TYPE (CIRCLE ONE):**    In Person    Virtual

**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) \_\_\_\_\_

**DISMISSAL**

My student will be a: \_\_\_\_\_ car rider    \_\_\_\_\_ walker    \_\_\_\_\_ attending PAL\*

Person(s) eligible to pickup your child \_\_\_\_\_

\*If attending PAL, must complete PAL paperwork attached.

**FIELD TRIPS**

\_\_\_\_\_ My camper is ALLOWED to attend camp field trips.

\_\_\_\_\_ My camper is NOT ALLOWED to attend camp field trips.

### **DATA RELEASE AND CONSENT**

We hope you will allow your child to participate in a Colonial and SummerCollab 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 2021 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 & 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 school year test data, 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.

### **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.

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.

### **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 & 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. 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: \_\_\_\_\_

\_\_\_\_\_

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?      \_\_\_\_ 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: \_\_\_\_\_



**FREE Summer & Afterschool Programming  
5-7years (4-H) and 8years-up (PAL)**

**Police Athletic League of DE, Inc.  
Membership Application Form**



For additional PAL of DE contact information, please visit our website at [www.palde.org](http://www.palde.org)

**Confidentiality:** Any confidential information requested is for our records and for the funding of our organization receives. The answers you provide will be kept completely confidential. Your providing of this information is both appreciated and necessary.

**Membership Information (Child Information, Please Print):**

First Name:  Middle Name:  Last Name:

Birthdate:  /  /  Gender:  Male  Female  Race/Ethnicity:  School:  Grade:

**Parents/Guardian Information (Please Print):**

First Name:  Last Name:   Male  Female

First Name:  Last Name:   Male  Female

(Address)  (City)  (State)  (Zip Code)

Home Phone Number:  Emergency Phone Number:  Parent Email Address:

**Member Medical Information (Please Print):**

Insurance Company:  Medications:  Medical Concerns/Allergies:

Insurance Policy Number:

I have read the completed application, understand the rules of the PAL of DE and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the PAL of DE will not be responsible for any accident to the boy/girl while on the PAL of DE premises or while engaged in any of its activities away from the PAL of DE. I give my consent for photographs, in which my son/daughter may appear, to be used in any PAL of DE may care to use them. I certify that my child is in good health and is amiable to normal discipline necessary for a successful group experience. I give my permission for PAL of DE to take my child for short trips on rainy days as part of programs. I/we do hereby, for services rendered, release the Police Athletic League of Delaware, Inc. and its employees and the Board of Directors from any and all liability. Disclaimer: The Police Athletic League of Delaware is a non-profit 501 3c Corporation. Consequently in order to receive federal/government regulated funding, we REQUIRE ALL information from the above application.

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

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