



Dear Kid Power student or parent,

This could be the best summer of your life! You are cordially invited to participate in Kid Power's Summer Leadership Academy. The program is free to all participants. At the Summer Leadership Academy you will have the opportunity to:

- ✓ Go on amazing field trips!
- ✓ Play fun games while learning!
- ✓ Learn to cook delicious food and garden!
- ✓ Practice math and reading with DCPS teachers!
- ✓ Go swimming!
- ✓ Meet new friends!
- ✓ Gain leadership skills!

Other details:

Location: Jefferson Academy, 801 7th St SW, Washington, DC
Dates: July 5th-July 29th
Days: Monday-Friday
Time: 9:30 am-4:00pm

IMPORTANT info for parents:

If your child is selected to participate in the summer program, you will receive a call from Kid Power staff. Priority will be given to current Kid Power students and Summer Leadership Academy alumni with a history of positive behavior. Parents of ALL summer participants MUST report for an orientation date on either June 17th or 24th between 12 pm and 5 pm at Kid Power's Program Office located at 755 8th St. NW. It is mandatory that you come to our office at any time during one of these two sessions. Orientation and registration will take approximately 60 minutes and your attendance will ensure that you and your child has all the information necessary to have the safest and best experience this summer. Please note that your child will NOT be permitted to attend the Summer Leadership Academy if you do not attend one of these two dates.

PLEASE NOTE - your child will need a DC One Card in order to participate in Kid Power's 2016 Summer Leadership Academy. You will need to show this DC One Card at the mandatory orientation. Please contact the Kid Power office with any questions at 202-383-4543.

Sincerely,

A handwritten signature in cursive script that reads "Sara Wells".

Sara Wells
21st Century Program Director
sara@kidpowerdc.org



GREATER WASHINGTON

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United Way 7215
CFC 76384



2016 ELEMENTARY SCHOOL SUMMER LEADERSHIP ACADEMY APPLICATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Ward _____

Current Grade: _____ Date of Birth: _____ Eligible for Free/Reduced Lunch? Yes _____ No _____

Student Gender: _____ Language spoken at home: _____ Race/Ethnicity: _____

Current School Attending: _____ DCPS Student ID #: _____

Parent's Last Name: _____ Parent's First Name: _____

Parent's Address (if different) _____

Parent Cell Phone: _____ Backup Phone Number: _____

Email Address: _____

Emergency Contact Person: _____ Relation to student: _____

Emergency Contact Phone: _____

Adult(s) authorized to pick your child up from the program: _____

List any of your child's medical, physical or mental health needs that require special attention: _____

List any medications your child takes regularly: _____

List any food allergies: _____

Do you consent for your child to receive medical attention in the event of an emergency? Yes _____ No _____

PARENT/GUARDIAN STATEMENT

I hereby give permission for my child to participate in all activities conducted by the program, including educational and recreational activities at the local site, performing and visual arts activities at the local (school) site, field trips to educational and recreational activities away from the local (school) site, and sports/pool activities conducted in DCPS and/or DC Dept. of Parks and Recreation facilities. I further grant permission for my child: 1) to appear in person or in voice, video or photographic presentation for non-commercial radio, television, internet or print media reports and/or media campaign(s) resulting from participation in this program and its activities, 2) to complete confidential or anonymous surveys, and 3) to participate in interviews for evaluation purposes. I understand that if my child is not picked up from the local site by 4:30 pm, he/she may be taken to the Office of Child Protective/Emergency Family Services located at 400 Sixth Street, SW (202) 671-SAFE.

Signature: _____ Relationship to Student: _____
Parent/Guardian

Date: _____

form continued on reverse

PARENT/GUARDIAN STATEMENT

By signing this form, I agree to the following:

1. My child has the right to participate in all activities conducted by the program, including educational and recreational activities at the local site, performing and visual arts activities at the local (school) site, field trips to educational and recreational activities away from the local (school) site, and sports/pool activities conducted in DCPS and/or DC Dept. of Parks and Recreation facilities. My child will make a full commitment to Kid Power programs and will attend all program activities unless a valid excuse is provided. Three unexcused absences may be grounds for termination from all programs.
2. Kid Power or any Kid Power personnel (staff or volunteers) will not be held responsible for child injury, death, or loss and/or property damage or loss during Kid Power events or arising from actions associated with the events, including transportation and the provision of meals, except in cases of criminal negligence and/or gross misconduct.
3. My child's picture, likeness, words, voice, and created work can be used for Kid Power or DCPS informational, media, program, or fundraising purposes.
4. Kid Power staff may have access to my child's academic records, including report cards, attendance information, teacher notes, IEP's, and standardized test scores.
5. My child may participate in any assessments, interviews, and/or evaluations administered by Kid Power or Kid Power-approved evaluators.
6. I will be responsible for all transportation to and from programs.
7. I authorize any necessary emergency medical treatment and assume liability for all medical expenses involved. Should a medical emergency arise, I consent to:
 - a. the administration of medical treatment, including surgical procedures deemed necessary by a medical doctor or facility selected by Kid Power personnel, and
 - b. the immediate administration of medication, including aspirin, and other measures deemed necessary by medical or Kid Power personnel under emergency circumstances. All effort will be made by Kid Power to contact child guardian.
8. Kid Power has the right to terminate my child from its programs at any time and for any reason.

Signature: _____ Relationship to Student: _____
Parent/Guardian

Date: _____

Program: Kid Power Inc.



Evaluation Consent Form

Dear Parent/Guardian,

Your child is enrolled in Kid Power Inc., an out-of-school time (OST) program supported by the DC Children & Youth Investment Trust Corporation (the Trust), which is part of the DC One City Youth Initiative (OCYI). In order to monitor the effectiveness and future success of Kid Power Inc. and OCYI, the DC Children and Youth Investment Trust Corporation is conducting an ongoing evaluation study. It is the intention of this evaluation to learn how the provided services and activities benefit students, how the program can be continuously improved, and whether participation in youth development programs in general helps keep students on a trajectory to graduate from high school and reach other goals.

Specifically The Trust and Kid Power Inc. asks permission from you, as parent/guardian, for a period of up to seven years, until your child's projected date of college graduation to:

- Contact your child's school and obtain records showing their progress, including information about demographics, enrollment, grades, citywide test scores, and attendance.
• Track youth participation and services provided by OCYI programming and participating district agencies.
• Talk to teachers and after-school staff about your child's progress and participation in the OST program, and review program records on participation in the program.
• Survey and/or interview you and your child about the OST program, OCYI, and its effects.

This is an evaluation of the OCYI and the OST program funded by the Trust and is NOT an evaluation of your child. Any information we collect will be used ONLY to assess the OST program and OCYI to track general group trends regarding progress toward graduation and other youth goals. Individual responses will not be made public. Participating in the evaluation will not affect your child in school, in the OST program, OCYI, or in any other way. We will not use your name or your child's name in any report. At the end of the evaluation, the Trust and/or Kid Power Inc. will destroy all records that include personal information.

We expect that no harm will come to you or your child from participation in this study and it may benefit your child by providing opportunities, supports, and services that may enhance development. Participation in the evaluation is completely voluntary and participants may withdraw at any time with no consequences.

If you have any questions about the study, you may contact the Trust at 202-347-4441 or Kid Power Inc. at 202-383-4543.

Child Name: _____ Date of Birth: _____

Please select one of the options below and return this form to the program director. Thank you.

[] Yes, I give permission to my child to participate in the evaluation activities of Kid Power Inc., the Trust and OCYI.

Signature of Parent/Guardian _____ Print Name of Parent/Guardian _____ Date _____

[] No, I do not want my child to participate in the evaluation activities.

Signature of Parent/Guardian _____ Print Name of Parent/Guardian _____ Date _____



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of the Chief Academic Officer

Office of Out-of-School Time

1200 First Street, NE 8th Floor

Washington, DC 20002

202-442-5002

OutofSchoolTime@dc.gov

Dear Parents/Guardians,

In an effort to serve your child better in the afterschool program at his/her school, and to ensure that the program meets your child's academic needs, DCPS works with organizations that specialize in providing afterschool programs (Afterschool Providers). In order to more effectively tailor the afterschool program to your child's needs, further cultivate his/her strengths, and identify and develop areas where he/she is in need of improvement, DCPS would like to share certain student records related to your child with his/her school's Afterschool Provider(s). Under the Family Educational Rights and Privacy Act (FERPA), DCPS must first obtain your consent before sharing education records with the Afterschool Provider(s) at your child's school.

Please indicate below whether you consent to give the Afterschool Provider(s) at your child's school access to your child's demographic data, test scores, quarterly grades and, if applicable, Individualized Education Program materials. If you choose to consent to DCPS' sharing of this information about your child with the Afterschool Provider(s), you may request that DCPS provide you with a copy of the records disclosed. All staff members of the Afterschool Provider(s) with a right to access your child's education records have signed confidentiality agreements regarding the privacy of your child's education records.

_____ I **consent** to DCPS' sharing of my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with the Afterschool Provider(s) at my child's school for purposes of academic enrichment.

_____ I **do not consent** to DCPS' sharing of my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with the Afterschool Provider(s) at my child's school.

Signature of Parent/Guardian

Date

Printed Parent/Guardian's Name

Printed Child's Name

Your Child's School