



Dear Kid Power student or parent/guardian,

This could be the best summer ever! You are cordially invited to participate in Kid Power's Middle School Summer Leadership Academy. This program is free to all participants, who must be current 6th – 8th grade students. At the Summer Leadership Academy, you will have the opportunity to:

- Go swimming and take amazing field trips!
- Play fun games while learning!
- Learn how to garden and cook delicious food!
- Practice math and language arts!
- Learn how to start a small business!
- Meet new friends from all over the city!
- Gain leadership skills!



DETAILS:

Location: Jefferson Academy, 801 7th Street SW, Washington DC
Dates: June 26 – July 28, 2017
Days: Monday – Friday
Time: 9:30am – 4:00pm (optional breakfast begins at 9:00am)

Parents of all summer participants MUST report for a 30 minute drop-in orientation on Friday, June 16th between 12:00pm – 6:00pm at Kid Power's Program Office, located at 755 8th Street NW.

It is **mandatory** that you stop by during one of these two sessions. Orientation and registration will take approximately 30 minutes, and your attendance will ensure that you and your child receive 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.

You will receive a phone call from Kid Power staff if your child is selected to participate in the summer program. Priority will be given to Kid Power alumni with a history of positive behavior.

Kid Power will not provide guided metro transportation to and from summer camp this year. All camp participants must make their own way to and from camp each day.

Please complete each of the attached pages (front and back) to register your child for the program, and return the forms to us one of the following ways:

- Scan and email to curtis@kidpowerdc.org
- Mail to Curtis Leitch, Kid Power, 755 8th Street NW, Washington DC 20001
- Fax to the Kid Power office: 202-347-6360 (attn: Curtis Leitch, Kid Power)
- Place in the large yellow Kid Power envelope in the main office of a Kid Power partner school (Barnard, Jefferson, LaSalle-Backus, Malcolm X, Stanton, or J.O. Wilson)

If you have any questions, please do not hesitate to contact me at 202-383-4543.

Best,

Curtis Leitch
Assistant Program Director



GREATER WASHINGTON

Kid Power, Inc.

www.kidpowerdc.org
 facebook.com/kidpowerdc
 @kidpowerdc (twitter)
 info@kidpowerdc.org
 United Way 7215
 CFC 76384

Main Office:

400 E St. SW
 Washington, DC 20024
 202.484.1404 (p)

Program Office:

755 8th St NW
 Washington, DC 20001
 202.383.4543 (p)
 202.347.6360 (f)



2017 MIDDLE 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 activities at the local site, performing and visual arts activities at the local (school) site, field trips to arts and educational activities away from the local (school) site, and sports 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 p.m., 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 activities at the local site, performing and visual arts activities at the local (school) site, field trips to arts and educational activities away from the local site, and sports 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. If my child meets a Kid Power staff or SYEP staff to travel to program, those staff and Kid Power do not assume liability for my child until they sign in at the location where program is being held.
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: _____
Parent/Guardian

Relationship to Student: _____

Date: _____



DISTRICT OF COLUMBIA

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

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 United Way of the National Capital Area (UWNCA). In order to monitor the effectiveness and progress of Kid Power Inc. and the UWNCA towards citywide youth outcomes, the UWNCA 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 summer programs in general helps keep students on a trajectory to graduate from high school and reach other goals.

Specifically the UWNCA 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 UWNCA 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, the UWNCA, and its effects.

This is an evaluation of the youth progress in the city and the OST program funded by the UWNCA and is NOT an evaluation of your child. Any information we collect will be used ONLY to assess the OST program and citywide youth outcomes 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, 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 UWNCA and/or Asian American Lead 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 UWNCA at grants@uwnca.org 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 for my child to participate in the evaluation activities of Kid Power Inc. and the UWNCA.

Signature of Parent/Guardian

Date

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

Signature of Parent/Guardian

Date