

# CAMP

**W**HERE KIDS **H**ARNESS



THE POWER OF **A**RT & **M**OVEMENT!

*THIS SUMMER, DISCOVER THE SUPERHERO IN YOU  
THROUGH ART AND MOVEMENT!*

**What:** A Day Camp for kids entering 1st through 6th grade. Mattie Rhodes Center will lead **AWESOME ART ACTIVITIES** while Take the Stage will get you **MOVIN' IN DANCE CLASS**. Friday afternoon, we will celebrate our new superpowers with a Family/Community Performance!

**When:** Monday, August 3—Friday, August 7, 2015, 9-3:30 p.m. **Free** before and after care available (8-9 a.m. & 3:30-5:30 p.m.). Lunch and snack provided each day.

**Where:** Woodland Early Learning Center, 711 Woodland, KCMO 64106

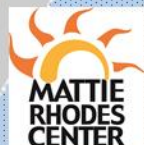
**Space is limited, so register today!**      \$20 for the full week

For more information, call: 816-241-3780

Pick up registration forms at:

Mattie Rhodes Center - 148 N. Topping Ave. or Woodland Early Learning Center - 711 Woodland

**You can also register online:** at [www.mattierhodes.org](http://www.mattierhodes.org)







## Registration Form

### CHILD INFORMATION:

Today's Date: mm/dd/yy		Birth Date: mm/dd/yy		Age:	Program registering for: <b>WHAM Summer Camp</b>	
First Name:			MI:	Last Name:		County:
Address:			City:		State:	Zip Code:
Phone Number 1:			Phone Number 2:		Email:	
Race: Caucasian /White <input type="checkbox"/> African American/ Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/>						Language Preferred:
Ethnicity: Are you Latino/a or Hispanic? Yes <input type="checkbox"/> No <input type="checkbox"/>						Spanish <input type="checkbox"/> English <input type="checkbox"/>
If no, what your ethnicity? _____ What is your country of origin? _____						Other _____
Gender:		Disability: Yes <input type="checkbox"/> No <input type="checkbox"/> Accommodations Needed: _____				
Male <input type="checkbox"/> Female <input type="checkbox"/>		What other programs are you involved in at Mattie Rhodes Center?				
Other _____						

### EMERGENCY CONTACT INFORMATION:

School:			Grade:	Parent/Guardian Language Preferred:	
Parent/Guardian:		Relationship:			Spanish <input type="checkbox"/>
Phone Number 1:		Phone Number 2:		Email:	English <input type="checkbox"/>
					Other _____
Emergency Contact:		Relationship:		Phone Number:	

### HOUSEHOLD DEMOGRAPHICS: (REQUIRED FOR OUR FUNDERS!)

Relationship Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Partnered <input type="checkbox"/> Other <input type="checkbox"/> _____					
Household Gross Income for the Month:			Religion:		
Number in Household: _____		Do your children qualify for: Free Lunch <input type="checkbox"/> Reduced Lunch <input type="checkbox"/>			
Female Head of Household: Yes <input type="checkbox"/> No <input type="checkbox"/>		How long has your family lived in Kansas City, MO? _____			
How did you hear about this program? Friend/Relative <input type="checkbox"/> School <input type="checkbox"/> MRC Staff <input type="checkbox"/> TTS Staff <input type="checkbox"/> Community Agency <input type="checkbox"/>					
Medical Provider <input type="checkbox"/> Media <input type="checkbox"/> Other <input type="checkbox"/> _____					
<p><b>This program is funded in part by COMBAT (Jackson County Community Backed Anti-Drug Tax). As a means toward measuring levels of violence in our community, they request that we collect the following information from families.</b></p> <p><b><u>Your family's personal information will not be reported with your answers.</u></b></p> <p><b>Please check the boxes below if anyone in your family has been affected by the following:</b></p>					
<p>Witnessed violence <input type="checkbox"/> Been a victim of violence <input type="checkbox"/> Been in a fight <input type="checkbox"/> Been convicted of a crime <input type="checkbox"/></p> <p>Currently or ever been in a gang <input type="checkbox"/> Currently being bullied <input type="checkbox"/> Have been bullied before <input type="checkbox"/> Have bullied other people <input type="checkbox"/></p> <p>Used illegal drugs <input type="checkbox"/> Feel in danger at home <input type="checkbox"/></p>					

**CONSENT AND WAIVER FOR WHAM SUMMER CAMP PARTICIPANTS**

**Please initial the following items**

\_\_\_\_\_ I release Mattie Rhodes Center (MRC) and Take the Stage-Owen/Cox Dance Group (TTS) from liability for any injury that may occur during program participation.

\_\_\_\_\_ I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of myself or my child/dependent.

Are there any special medical concerns we should be aware of?                      YES \_\_\_\_\_      NO \_\_\_\_\_      (If yes describe below)

\_\_\_\_\_ Preferred hospital? \_\_\_\_\_

Doctor to notify: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ I give MRC and TTS my permission to use photographs of my child/dependent or myself taken during programming for MRC and TTS marketing use.

\_\_\_\_\_ Participants of all ages are expected to exhibit appropriate behavior. A participant, who displays ongoing inappropriate or unmanageable behavior, including harassment, may be asked to leave the premises or be removed from the group. Police assistance will be requested when the participant is dangerous to self or others or has the potential to be dangerous to self or others.

Please list any behavior or safety issues we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

<p>After programming, my child/dependent will...    Be picked up <input type="checkbox"/>    Will walk home <input type="checkbox"/></p> <p>List of people allowed to pick up your child: _____</p> <p>_____</p> <p><b><i>**I will pick up my child from the WHAM Summer Camp promptly at the end of programming.</i></b></p>
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***Please sign below to acknowledge your understanding and receipt of the information on MRC & TTS Programming, the MRC Letter of Understanding (which includes Behavior Support and Interventions), the Grievance Procedure, the Parent Handbook (if applicable) and the Notice of Privacy Practices (if applicable.)***

\_\_\_\_\_  
**(Print Parent/Guardian Name)**

\_\_\_\_\_  
**(Parent/Guardian Signature)**

\_\_\_\_\_  
**(Date)**