



1201 McKenna Blvd., Madison, Wisconsin 53719 • Phone: 608-276-9782 • Fax: 608-276-4050

Elver Park Neighborhood Center is operated by Wisconsin Youth Company.

Dear Families,

We are pleased to announce that Camp Elver begins June 24 and will run through August 16 for our elementary and teen programs. Camp will be closed on July 4-5 this year. Below are special reminders that will help prepare your child for the best possible experience at summer camp.

Summer Program Location & Hours

Camp Elver will be located at the Elver Park Neighborhood Center (EPNC), 1201 McKenna Blvd., for summer 2019. Transportation will not be provided to and from camp. The elementary program will operate from 8 a.m.-5:30 p.m. and the teen program will operate from 12-6 p.m.

Meals

The elementary program will be provided breakfast, lunch and snack daily. The teen program will be provided lunch, snack and dinner daily. We ask that parents **do not** send food with your child due to various life-threatening allergies that some children have. All meals served at camp are nut-free.

Dress Code

We encourage all children to wear appropriate play clothing. Students may wear sandals, but they must have backs attached to them. For safety reasons, we do not allow flip flops in program as they will be active during summer program and spending a lot of time outdoors.

Field Trips

This summer, our weekly field trips for the **elementary program** will be held on **Wednesday** and **Friday**. The **teen program** will be held on **Tuesday** and **Thursday**. Additional field trips may be added on different days due to events at the center. Please send a swimsuit, towel and a bag for wet clothes. The elementary program will be provided with sunscreen and a camp t-shirt to be kept at program and laundered every week to wear during field trips.

Parent Volunteers

We are asking parents to volunteer with us this summer and join us on elementary field trips throughout camp. A field trip calendar will be sent out before summer starts along with a sign-up sheet.

Communication

If your child is going to be absent from program, please call the 24-hour attendance message line at 608-276-9898. If you need to contact EPNC staff or your child during summer camp, please call 608-335-1424 for the elementary program and 608-577-6986 for the teen program.

If you have any questions about either summer camp, please contact Maria McIntyre at 608-210-1625.

Sincerely,

Elver Park Neighborhood Center Staff

EPNC, operated by Wisconsin Youth Company, Registration Form: 2019 Summer



Participant's Name (First, Middle, Last)		Male / Female	Birthdate	Age
Grade in Fall 2019	School Attending in Fall 2019	Program Site		
Parent/Guardian 1	Relationship to Child	Parent/Guardian 2	Relationship to Child	
Address		Address		
City/State/Zip	Home Phone	City/State/Zip	Home Phone	
<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home		
Work Phone	Cell Phone	Best Phone # During Program Hours	Work Phone	Cell Phone
Email Address		Email Address		

Participant resides with: Mother Father Guardian Other Relationship: _____

Special Health Information (Please be specific; use other side if necessary.)

Allergies: _____ Have Epi Pen: Yes No

Medical Conditions: _____

Behavioral/Emotional Needs: _____

Asthma: _____ Have Inhaler: Yes No

Emergency Contact/Pick-up Authorization Information:

In addition to primary and secondary persons listed above, list one emergency contact (REQUIRED). In an emergency, if no contact can be made to those listed here, the police department may be notified. Add additional authorized pick up persons here, if applicable.

Name (First & Last)	Best Phone # During Program Hours	Complete Home Address	Relationship to Child	Emergency Contact Person
				<input checked="" type="checkbox"/>
				<input type="checkbox"/>

Swim Level

I certify that my swim level is the following:

- I cannot swim.
- I cannot swim. I am comfortable in the water.
- I can swim, but I am not a strong swimmer.
- I am an advanced swimmer. I can tread water for up to one minute.

Registration, Swim Level and Permission to Participate

1. I am aware that if my child's participation in any Wisconsin Youth Company (WYC) program(s) for which he/she is registered requires more than reasonable accommodations, whether due to special needs or behavior, my child may be removed from the program.
2. I understand if my child has any behavioral/emotional needs, I have so indicated in the special health information section of this form.
3. In the event my child becomes ill or injured, I understand that an effort will be made to reach me or an emergency contact person on file. I give consent for Wisconsin Youth Company to act on my behalf to obtain emergency care and treatment if deemed necessary.
4. I give my permission for my child to be transported in a WYC van for field trip purposes. I understand that unacceptable behavior on the bus may lead to my child's removal from the program.
5. I give permission for my child or me to appear in any media coverage approved by Wisconsin Youth Company and for WYC to use photos of my child in promotional publications, flyers, social media or website.
6. I have read and understand the program description and schedule as outlined in the registration information letter.
7. Participant: I agree to follow all rules of the pool and the lifeguards. I agree to wear appropriate swimwear. I agree to communicate with staff about my location so that they know where I am at all times. I agree to always swim with other youth or staff member from the center.
8. Parent/Guardian: I agree that my child's swim level is what is marked above. My child can participate in the swimming field trip.

Parent/Guardian - Please Print Name	Participant - Please Print Name
_____ Signature of Parent/Guardian	_____ Signature of Participant
Date	Date

Demographic Information (collected for grant reporting purposes only):



1. My child's ethnicity is:

- Also Hispanic or Latino
- Only Hispanic or Latino
- Not Hispanic or Latino

2. My child's race is (check all that apply)

- White/Caucasian
- Black/African American
- Asian
- American Indian/Alaska Native
- Native Hawaiian or other Pacific Islander
- Black/African American and White/Caucasian
- Asian and White Caucasian
- American Indian/Alaska Native and White/Caucasian
- American Indian/Alaska Native and Black/African American
- Other: _____
(please specify)

3. There are _____ members of my household with a disability.

4. The head of my household is male female

5. There are _____ number of people in my household.

6. The annual income of my household is approximately _____.



This program is funded through a grant from the City of Madison.