

Participant's Last Name _____ First Name _____



Sponsored by City of New Bedford Parks Recreation & Beaches

Kennedy Summer Day Program hosts children ages 5-14 who are looking for a fun and exciting summer experience. Participants take part in many outdoor activities; take part in on site learning explorations, arts and crafts, environmental education, swimming at the beach and much more!

Additionally, participants can access FREE breakfast, lunch and transportation.

LOCATION

Ft. Taber Community Center

COST

\$190 NB residents per session

Scholarships are available to residents only, limited amount offered. (\$100 per session)

Non-residents may register for sessions at the cost of \$225 per session.

Registration packets are available now! Call (508) 961 -3015
Space is limited; register early to ensure a fun filled summer!

Available Sessions

Session 1 July 3–July 14
Session 2 July 17–July 28
Session 3 July 31–August 11
Session 4 August 14–August 25
8 am – 3 pm daily, closed July 4

Payment Information

Payment for Session 1 is due upon registration.
Session 2–Due July 17
Session 3–Due July 31
Session 4–Due August 14

For more information call or visit the
Administrative Offices of Parks Recreation & Beaches at:
(508) 961-3015
181 Hillman St. Building 3
New Bedford, MA 02740



Participant's Last Name _____ First Name _____



**KENNEDY SUMMER DAY PROGRAM
REGISTRATION PACKET
2017**

PLEASE CAREFULLY COMPLETE ALL THE INFORMATION ENCLOSED AND PROVIDE ALL THE REQUIRED DOCUMENTATION.

THIS REGISTRATION PACKET WILL NOT BE ACCEPTED UNLESS ALL INFORMATION IS COMPLETED.

PLEASE MAKE CHECKS PAYABLE TO THE CITY OF NEW BEDFORD

(PAYMENT: ONLY CHECK, MONEY ORDER, OR CREDIT CARD* ACCEPTED)

NO CASH ACCEPTED!

***CONVENIENCE FEE**

RETURN COMPLETED REGISTRATION PACKET TO:

181 HILLMAN STREET, BUILDING #3,

PARKS RECREATION & BEACHES ADMINISTRATIVE OFFICES.

PAGE 3 ...CHILD INFORMATION

PAGE 4 ...TRANSPORTATION SCHEDULE

PAGE 5 ... INCOME CERTIFICATION FORM

PAGE 6-7... MEDICAL INFORMATION

PAGE 8 ... MEDICATION POLICY

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Participant's Last Name _____ First Name _____

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CITY OF NEW BEDFORD

JONATHAN F. MITCHELL, MAYOR

KENNEDY SUMMER DAY PROGRAM REGISTRATION PACKET 1 PACKET PER CHILD PLEASE

Child's First Name _____ Last Name _____

Address _____

City _____ Zip _____ **Submit proof of residency for resident rate.**

Sex: Male _____ Female _____

Date of Birth ____/____/____ Age ____ Grade in Sept. 2017 ____ **Submit copy of child's Birth Certificate**

Mother/Guardian _____ Father/Guardian _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

Home Phone _____ Home Phone _____

Work _____ Cell _____ Work _____ Cell _____

Emergency/Pick-up Information (other than parent/guardian)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please circle sessions attending:

Session 1: July 3 – July 14

Session 2: July 17 – July 28

Session 3: July 31 – August 11

Session 4: August 14 - August 25

TRANSPORATION

My child has permission to walk home from Fort Taber Yes ☐ No ☐

My child has permission to walk home from the bus stop Yes ☐ No ☐

Participant's Last Name _____ First Name _____

My child will use provided transportation: **ROUTE#** _____ **Location:** _____

See page 4 for route information

Kennedy Summer Day Program Routes 2017
(All bus routes are subject to change.)

ROUTE 1

1	Corner of Acushnet Ave. & Fieldstone Dr. (Block South from Braley Rd)
2	Child and Family Services Parking Lot (Accu-Billards at 140 Highway Sign)
3	Corner of Phillips Ave & Morton Ave. (Campbell School)
4	Greater New Bedford Voc-Tech (Infront of Sign)
5	Corner of Tarkilnhill Rd & Orleans St. (Normandin Middle School Sign)
6	Wilks Library on Acushnet Ave (at Sign)
7	Corner of Ashley Blvd & Glennon St. (Lincoln School)
8	St. Anthony's Church (Acushnet Ave.)
9	Hayden McFadden School (County St. at Crosswalk)

ROUTE 2

1	Corner of County St. & Parker St. (Parker School)
2	Corner of County St. & North St. (St. Lawrence Church)
3	Corner of County St. & Court St. (N.B. Public Schools)
4	Corner of County St. & Allen St.
5	Corner of County St. & Rivet St.
6	Corner of County St. & Jouvette St.
7	Corner of Brock Ave. & David St.
8	Corner of Brock Ave. & Valentine St.
9	Corner of Brock Ave. & Oaklawn St.

ROUTE 3

1	Corner of Mt. Pleasant & Rayno St. (Across from Kings Hwy Park & Ride)
2	Mt. Pleasant St. & Barret St. (Eddie James Park Sign)
3	Carlos Pacheco Elementary School (Buchanan St. Side)
4	Corner of Shawmut Ave. & Durfee St.
5	New Bedford High School (at the Sign)
6	Corner of Rockdale Ave. & North St. (behind Rodman School)
7	Corner of North & James St. (Boys and Girls Club)
8	Corner of North St. & Park St.
9	Corner of Court St. & Tremont St. (Hathaway School)
10	Corner of Court St. & Jonathan St. (Block East of Rockdale Ave.)
11	Corner of Rockdale Ave. & Hawthorn St.
12	Corner of Palmer & Bedford St. (behind Winslow School)
13	Corner of Oak St. & Dartmouth St.
14	Corner of Hemlock & Thompson St. (Condon School)

Participant's Last Name _____ First Name _____

15	Corner of Dunbar St. & Dartmouth St. (Dunbar School)
16	Corner of Hemlock & Rockdale Ave. (Storage Center)



CITY OF NEW BEDFORD
Department of Planning, Housing and Community Development
INCOME CERTIFICATION FORM
FISCAL YEAR 2016

Individual assisted by a Community Development Block Grant Funded Activity

Income Limits required by the U.S. Dept. of Housing & Urban Development – *please circle one.*

INCOME LEVEL	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Extremely Low Income (30%)	0 - 12,400	0- 14,150	0 - 15,900	0- 17,650	0- 19,100	0- 20,500	0- 21,900	0- 23,300
Very Low Income (50%)	12,401- 20,650	14,151- 23,600	15,901- 26,550	17,651- 29,450	19,101- 31,850	20,501- 34,200	21,901- 36,550	23,301- 38,900
Low Income (80%)	20,651- 33,000	23,601- 37,700	26,551- 42,400	29,451- 47,100	31,851- 50,900	34,201- 54,650	36,551- 58,450	38,901- 62,200
Over Income	33,001- above	37,701- above	42,401- above	47,701- above	50,901- above	54,651- above	58,451- above	62,201- above

Ethnicity: (select one only) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (select one)

- | | |
|---|--|
| ☐ White | ☐ Asian & White |
| ☐ Black /African American | ☐ Black/African American & White |
| ☐ Asian | ☐ Am. Indian/Alaskan Native & Black/African Am. |
| ☐ American Indian/Alaskan Native | ☐ Other Multi-Racial |
| ☐ Native Hawaiian/Other Pacific Islander | ☐ Asian/Pacific Islander |
| ☐ American Indian/Alaskan Native & White | |

Other: (select all that apply)

- ☐ Senior (62 years or older)
☐ Handicapped or Disabled
☐ Female Head of Household
☐ Minor (up to age 18)

Applicant's Signature _____

Type or Print Name _____

If client is below 18 years of age, a parent or legal guardian must verify income and sign form.

I certify, under the penalties of law, this income information is correct and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the City of New Bedford

Participant's Last Name _____ First Name _____

Office of Housing and Community Development, and the U.S. Department of Housing and Urban Development.
This information will be kept confidential and used for HUD monitoring purposes only.

Signature of Parent/Legal Guardian: _____ Date: _____

MEDICAL INFORMATION

Medical History (please check all that apply)

Heart condition ☐ Diabetes ☐ ADD/ADHD ☐ Migraines ☐ Depression _____

Other (specify) _____

Allergies (food, insects, medications, environment) _____

Hearing problems (specify) Left ear ☐ Right ear ☐ Hearing Aid(s) ☐

Vision Problems (specify) Eyeglasses ☐ Contact lenses ☐

Are there any activities that your child cannot participate in? (specify) _____

Please list any medications your child currently takes _____

A written order from a Doctor AND parent is necessary if medication is to be taken at the program. No medication (OTC included) will be given to any child without this. Medication will **ONLY** be dispensed by the nurse. Children are **NOT ALLOWED** to carry any medications on their person. Please contact the Parks Recreation & Beaches Department for appropriate medication order form. (See Medication Policy on Page 5)

DATE OF LAST PHYSICAL EXAM _____

Submit copy of participant's physical exam report of current year

IMMUNIZATION RECORD

	DATE	DATE	DATE	DATE	DATE	DATE
DPT						
TD/Tdap						
IPV/Polio						
Varicella (or documentation of Chicken Pox disease)						
HEP B						
MMR (Measles, Mumps, Rubella)						

Participant's Last Name _____ First Name _____

Signature of Physician _____ **Date** _____

All applicants are required to certify that they have received the above immunizations and that these immunizations are current. Please have form filled out and certified by Physician and returned.

Name of Family Physician _____ Phone _____

Name of Family Dentist _____ Phone _____

.....
I give permission to the program nurse to share information relevant to my child's health condition with appropriate personnel when needed to meet my child's health and safety needs and to exchange information with my child's primary care physician for the purpose of referral, diagnosis, and treatment.

Signature _____ **Date** _____

Participant's Last Name _____ First Name _____

MEDICATION POLICY

To ensure the health and safety of all children attending the Kennedy Summer Day Program, here upon referred to as the “**program**”, a health supervisor, hereupon referred to as the “**nurse**”, will administer all medications. The nurse is a contracted employee of the City of New Bedford, Department of Parks Recreation & Beaches. According to regulations from the Massachusetts Department of Public Health, 105 CMR 430.160, which pertains to the standards regarding the storage and administration of medications to children, an adaptation will be applied to the program.

All medication administered (prescription and over the counter) must have the physician's order (prescription) and parent/guardian permission forms complete.

All medication must be delivered to the program by the parent/guardian or responsible adult and counted or reviewed with the nurse or designated staff person.

All prescribed medication shall be sent to the program in the original containers bearing the pharmacy label with its name, address, and pharmacist's initials, the date filled, the prescription number, the physician's name, the patient's name, the name and amount of the medication prescribed with the directions for use and cautionary statements.

*****Ask the pharmacist for a duplicate labeled container for the medication to be dispensed while the child attends the program.**

All over the counter medications, with written permission from the physician and parent/guardian, must be kept in the original container with the label and directions for use intact and brought to the program as stated above.

No child will be allowed to carry medications with the following exemptions:

- a. A child in grade 7 or 8 who is capable and has self-medicating orders, parental permission, and approval of the program nurse. A child may be allowed to carry an inhaler at all times and self-administer but this must be done under the supervision of the nurse.
- b. The permission/approval of the use of self-monitoring and self-injecting devices is permissible but must be taken in the presence of the nurse and according to the physician's orders. (i.e., diabetics)

Medication delegation: the MDPH has authorized “limited delegation” for unlicensed personnel to administer medication in limited situations. The individuals will be trained to administer an Epi-pen to a child with a known allergy and for whom Epi-pen has been prescribed. This does not allow the trained individual to administer the Epi-pen to a child without his/her own prescription. That decision is to be made only by the program nurse, in the event of an emergency situation.

NO medications will be administered without meeting these program requirements. If you have any questions, please contact Parks Recreation & Beaches.

Please keep this page for your records! Thank you.

Participant's Last Name _____ First Name _____

MEDICATION PERMISSION FORM

I give the Kennedy Summer Day Program nurse permission to administer the following medication(s) to

_____ (Child's Name)

PLEASE LIST MEDICATIONS AND TIMES TO BE ADMINISTERED:

_____ @ _____

_____ @ _____

_____ @ _____

I realize that this is a service and I agree to the guidelines stated in the Medication Policy.

Parent/Guardian Signature

Date

Participant's Last Name _____ First Name _____

PROGRAM CONSENT FORM

Swimming

Initial

I give permission for my child to go swimming at East Beach next to Fort Tabor Park in New Bedford, Massachusetts throughout their Kennedy Summer Day Program Session. Participants will be WALKING to the beach and supervision will be provided. I understand that my child must bring a swimsuit, a towel, and sunscreen to swim.

Field Trips

Initial

I give permission for my child to attend all trips associated with the program. This includes field trips that may involve walking and travel by bus. I understand that all field trips will take place during program hours and that my child will be back before dismissal time.

Photo Release

Initial

I hereby give permission for my child's photograph to be taken and for him/ her to be captured on video in connection with the activities of the Kennedy Summer Day Program and to be used in newspaper and magazine articles, on television and other presentations concerning the program, or on the internet. I understand that my child would only be identified by first name, if at all.

Food Release

Initial

I give permission for my child to participate in all events that incorporate special snacks such as but not limited to chips, juice, fruit, and cake. I have listed all known allergies of my child below.

Food Allergy

Cancellation and Refund

Initial

Request forms for refunds must be received prior to the start of the session, all payment made with the exception of a \$25.00 administrative fee, per session enrolled, will be refunded.

Behavior

Initial

I understand that the Kennedy Summer Day Program is responsible for maintaining a safe and interactive environment and if my child's behavior is disruptive or in violation of the Kennedy Summer Day Program rules for participants, he/ she may be dismissed from the program without a refund.

Participant's Last Name _____ First Name _____

WAIVER – SIGNATURE

Waiver: In consideration of this application and/or the right to participate in this activity, I or my child, release the City of New Bedford, its employees, agents, representatives, and other persons or organizations for whose conduct the City may be responsible from any and all liability, loss damage, costs, claims and/or causes of action, including but not limited to all bodily injury claims and property damage resulting from or arising out of the use of premises, facilities, or equipment of the City of New Bedford, and/or caused in any way by the City of New Bedford, its employees, agents, representatives, and other persons or organizations for whose conduct the City may be responsible. I and/or my child are in the necessary physical condition to participate in the registered activity. I authorize the staff to seek emergency medical care on my behalf or on behalf of my child if needed. I will assume all costs associated with any such treatment. I have been informed of the program's policies, including the refund policy, if applicable. I fully understand this waiver and voluntarily accept its terms. I certify, under the penalties of law, this information is correct and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the City of New Bedford Office of Housing and Community Development, and the U.S. Dept of Housing and Urban Development. This information will be kept confidential and used for funding monitoring purposes only.

Parent/Guardian Signature: _____ Date: _____

Office Use Only

Sessions Enrolled: 1 2 3 4 Total Amount Due: \$ _____ Deposit/ck.# _____

Birth Certificate _____ Immunizations _____ Proof of Residency _____ Employee Initials _____

Bus Pickup a.m. _____ Bus Drop-off p.m. _____



What to Bring! (EVERYDAY)

Participants Will Need...

- Loose-fitting and appropriate clothing. Clothes should cover the stomach and back. Participants must also wear or bring sneakers
- Everyone will receive a Kennedy t-shirt. Participants are asked to wear their Kennedy t-shirt on WEDNESDAYS!
- Swim suit, towel, and flip flops for the beach and other water activities
- Lotion based sunblock (No Spray), a hat, and a water bottle
- Breakfast and lunch is provided daily however, participants may bring their own food and snacks
- A jacket or sweatshirt for days when the weather is cool
- A change of clothing in case of an emergency (Strongly recommended)

*Please keep in mind that cell phones and electronic devices are **NOT** permitted at the Kennedy Summer Day Program.*

Participant's Last Name _____ First Name _____

City of New Bedford Parks, Recreation & Beaches

Scholarship Program

Application & Guidelines & Information

The City of New Bedford Parks, Recreation & Beaches Department has developed a scholarship program for New Bedford residents requesting financial assistance to participate in recreation department programming. New Bedford residences who meet the qualification and income requirements listed below, as well as contribute a minimum of \$15 towards each program fee, are eligible to apply. Please review the eligibility criteria and instructions below for participation. At this time, scholarships are available only to those between the ages of 1-15 years old.

1. Fill out attached application form. Incomplete forms will not be processed.
2. Applicant must be a resident of New Bedford.
3. Proof of residency and copies of the following programs or verification documents
 - SNAP
 - WIC
 - 1040
4. Participants must pay a minimum of \$15 towards program fees, unless otherwise specified. Fee will not be applied until application has been approved.
5. It is intended that this assistance be temporary. Participants may be required to pay full or partial cost.
6. Assistance is limited to one activity per program application and season.
7. Not all program activities offer assistance.
8. All requests must have a program registration form including the class name.
9. A maximum of \$100 funding per individual may be received within the fiscal year (July-June), unless otherwise specified.
10. Provide 4 weeks processing prior to class/activity start date.
11. Funds are limited, and subject to availability.
12. Fee assistance is awarded on a first come, first serve basis.
13. Fee assistance is to be used for registration only, and does not include supplies, equipment, or other costs.
14. Any past due accounts must be brought current before a fee assistance application is considered.
15. Decisions regarding assistance are final.
16. Applicant who falsify information or do not attend class regularly may be ineligible for fee assistance. If extenuating circumstances please call the supervisor at 508-961-3015.
17. All applications are kept confidential.

Participant's Last Name _____ **First Name** _____

Date: _____

1. What Parks, Recreation & Beaches Program are you requesting funding for?

Program Name _____ Fee _____

Activity Start Date _____

2. Amount of Funding Requested _____

3. Participant's Name _____ Age _____

4. Address _____

5. Primary Parent/Guardian Name: _____

6. Home Phone: _____ Work Phone: _____

7. Place of Employment: _____

8. Family Size: _____

Name of Entire Household:

Name: _____ Age (if under 18): _____

Relationship to Applicant _____

Name: _____ Age (if under 18): _____

Relationship to Applicant _____

Name: _____ Age (if under 18): _____

Relationship to Applicant _____

Name: _____ Age (if under 18): _____

Relationship to Applicant _____

Name: _____ Age (if under 18): _____

Relationship to Applicant _____

9. Proof of one of the following programs or documents (please check box(s) that apply):

☐ SNAP

☐ WIC (Women, Infants, and Children)

☐ 1040

☐ other

Participant's Last Name _____ First Name _____

10. Has your child received New Bedford Parks, Recreation & Beaches funding before? ☐ Yes ☐ No

If yes, When: _____ Amount: _____

11. Comments or additional information you wish to add:

I certify that all statements on this application are true and correct. I understand that false or incorrect statements shall be sufficient cause for disqualification or request.

Signature

Date

All application must be dropped off to the office of Parks Recreation & Beaches, located at 181 Hillman Street Building 3, New Bedford MA, 02740. Applications must be accompanied by a complete registration form. Please call (508) 961-3015 for more information. Applications will not be accepted after deadline date and will not be accepted without all required documentation.

OFFICIAL USE ONLY

Proof of Low Income Program _____

Residency Verified: _____

Activity Availability Verified: _____

Scholarship Awarded: _____

Amount Awarded: _____

-or-

Reason for Denial:

Approved by Supervisor: Signature

Date