



Summer Program 2019

Dear Parent/Caregiver,

Collective Impact would like to thank all of our parents/guardians for choosing Magic Zone as a summer program for your child. Please take the time to thoroughly fill out this application and all deliverables. If your child is new to the program, you must submit their recent report card and a letter of recommendation, which describes their academic, social and emotional strengths and/or weaknesses. If your child is currently in the program or has been in previous years, you only need to submit a current copy of their report card. The application fee is **\$20** and needs to be paid in full when the application is submitted. We are on a first come, first serve basis. There are a limited number of spots for each grade cohort. Also, please be sure to remember your mandatory orientation date. Thanks again for choosing to be a part of the Magic Zone family!

Warm regards,

Magic Zone Staff



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Hello Parents/Guardians, listed below is our late and absent policy:

Late Policy:

- If you are late picking up your child more than three times, your child will be required to miss one day of program.
- If you are late picking up your child more than five times, you will be required to pay a fee of **\$25**.
- If you are late picking up your child more than eight times, your child will be removed from the program.

Absent Policy

- If your child misses more than two days of program, they will not be allowed to go on the Friday field trip.
- If your child is absent more than two days from the reading program, they will not be allowed to go on the Friday field trip.
- If your child is absent more than ten days, they will be removed from the program.

We understand that things happen so please feel free to give us a call at 415-567-0400 or reach out to your child's cohort teachers directly to let them know if you are going to be late or if your child is going to be absent. Also, please let us know of any planned vacations so that we are aware of them.

Print Name

Signature



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Dear Parents/Guardians,

It is always our hope that every youth will have a great day every day. However, we know sometimes that is not always possible. The actions listed below include situations that can lead to your child missing field trips.

- If your child consistently breaks program and cohort agreements two or more days out of the week, they will not be allowed to go on the Friday field trip.
- If your child consistently breaks program agreements two or more days out of the week at the reading program, they will not be allowed to go on the Friday field trip.

Please note that if your child is not able to attend the Friday field trip, they will not be allowed to come to program that Friday and will have to return on the following Monday. Teachers will inform you of any issues at the end of the day on Thursday, so that you are aware. Thank you for your cooperation.

Warm Regards,

Magic Zone Staff



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Applicant (Youth) Information – 3rd-5th Grade Summer Program

Applicant (Youth) Name: _____

Date of Birth: _____ Current Age: _____ Grade (Spring 2019) _____

School (Fall 2019): _____ Grade (Fall 2019) _____

Student H.O. # _____ (**SFUSD Students Only**)

With what gender does the applicant identify? Male Female Other _____

Race/Ethnicity: _____

Name of Legal Guardian: _____

Relation to Applicant: _____

Address: _____ City, State, ZIP _____

Email Address: _____

Cell Phone: _____ Alternate Phone: _____

Please select your child's field trip t-shirt size (**Choose One**):

Child: Small Medium Large

Adult: Small Medium Large

Mandatory Orientation Dates (**Choose One**):

Thursday, May 2, 2019 5:30-6:30pm or Thursday, May 16, 2019 5:30-6:30pm



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Applicant Information		
	Yes	No
Does the applicant have an Individualized Education Plan (IEP) or 504 Plan?		
Has applicant ever been held back a grade?		
Has applicant ever been expelled from a school?		
Has applicant ever been suspended from a school?		
Is the applicant currently receiving any mental health support or services?		
Has the applicant been diagnosed with a cognitive impairment?		

How did you hear about this program?

School Family I am a Returning Participant Other _____

Please share why you are interested in the Magic Zone program: _____

Medical Information
<p>Allergies (Please specify): _____</p> <p><input type="checkbox"/> Seizures <input type="checkbox"/> Other medical conditions _____</p> <p>Medication(s): _____</p>



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Additional Information

How would you rate applicant's reading performance?

- Exceeds Standards
 Meets Standards
 Approaching Standards
 Needs More Time

How would you rate applicant's math performance?

- Exceeds Standards
 Meets Standards
 Approaching Standards
 Needs More Time

Program Pick up & Emergency Contact Information

Please list all people who are authorized to pick up/sign out child from program:

Name	Relation to child	Phone Number

Emergency Contact – Please list all persons to call in case of emergency:

Emergency Contact #1	Relation to child	Phone Number
Emergency Contact #2	Relation to child	Phone Number
Emergency Contact #3	Relation to child	Phone Number

In case of emergency, I hereby give permission to Magic Zone to call emergency medical professionals in order to provide necessary treatment for my child.

Signature _____



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Family Profile

A family is defined as all persons living in the same household who are related by birth, adoption, marriage or domestic partnership.

- Single Female Head of Household Single Male Head of Household
 Dual Head of Household

Below, please share the names of family members living in the household:

Name	Relation to participant	Age
Name	Relation to participant	Age
Name	Relation to participant	Age
Name	Relation to participant	Age
Name	Relation to participant	Age

Household Information

Number in Family at Home _____ Total Annual Family Income: _____

Is English the primary language spoken at home? Yes No

If no, please specify home language: _____

Supportive Services - Does the applicant's family receive any of the following?

None		Homeless services		Foster Care	
Medi-Cal		Cal WORKS		Transitional Housing	
TANF		General Assistance		Public Housing	
SSI		SNAP EBT		Subsidized Housing	



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Does applicant qualify for free or reduced lunch at school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please indicate the applicant's housing status:

- | | |
|---|---|
| <input type="checkbox"/> Permanent/Stable Housing
<input type="checkbox"/> Homeless – Transitional/Supportive Housing
<input type="checkbox"/> Homeless – Shelter/Emergency Housing | <input type="checkbox"/> Homeless – Staying with Friends/Family
<input type="checkbox"/> Homeless – Motel/Hotel
<input type="checkbox"/> Homeless – Unsheltered |
|---|---|

What is the highest level of education attained by the primary caregiver(s) of the child?					
Some High School		2-Year Degree (AA)		Vocational Training	
High School Diploma		4-Year Degree (BA/BS)		Other Certification	
Some College		Advanced Degree			

Please sign below:

I irrevocably authorize Collective Impact, Mo' MAGIC, Magic Zone, its employees, partners and agents, to use my child's or my name, picture, likeness and words for any purpose that Collective Impact deems appropriate - including promotional or marketing efforts for the organization.

Signature _____

I am the legal guardian of _____, a minor under the age of 18. On behalf of the minor, I have read and understand and I hereby acknowledge, consent and agree to all the terms of the enclosed liability waiver and consent. Furthermore, I understand that it is my duty as the legal guardian of this minor to adhere to the expectations set forth by the program. I recognize that failure to do so may jeopardize participation in the program.

(cont'd)



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I agree to the following (please initial):

_____ I will support my child's participation in the Magic Zone program and give permission to the program for the care and custody of my child during program hours, whether on or off site.

_____ I will give Collective Impact – Magic Zone permission to obtain information from my child's school, including grades, test scores, and other information concerning my child's success at school.

_____ I understand the expectations I should hold of the organization and do not hold any additional spoken or unspoken expectations of the program.

_____ I will complete this application and the supplemental information required for enrollment, in their entirety and to the best of my ability, providing accurate and honest information.

Signature _____

Magic Zone Expectations Guardian and youth, please initial next to each expectation to indicate understanding:

- | | |
|---|---|
| _____ Youth come ready to participate every day | _____ Youth respect people and property |
| _____ Youth grow, learn and have fun | _____ Youth are honest |
| _____ Youth follow all community rules | _____ Youth communicate respectfully |
| _____ Youth value selves | _____ Youth all try their best |
| _____ Youth support and care for others | _____ Youth keep our community safe |
| _____ Youth honor adult requests | _____ Youth attend regularly and consistently |

Parents/caregivers: What are your expectations of the Magic Zone Program?



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- I understand five or more unexcused absences might impact ability to continue in the program.
- I understand consistently late pickup could impact ability to continue in the program.
- I understand consistent disregard for rules and expectations could impact ability to continue in the program.
- We understand Magic Zone reserves the right to remove from program any participant who does not adhere to the policies set above.

I understand the expectations listed above and I am signing my name below to show my commitment to try my best to do everything that is expected of me and to indicate I want to participate in the Magic Zone Program.

Participant Signature _____

I have read over the expectations with my child and we are committed to following the outlined expectations and understand failure to do so could jeopardize participation in the Magic Zone Program.

Parent/Guardian Signature _____

For Organizational Use Only: Paid Registration Fee _____ Application Complete _____
Report Card Submitted _____ Letter of Recommendation from Teacher _____



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3-5 Magic Zone Application – Summer 2019

Given Name:

Nickname:

My Birthday is:

People I know at Magic Zone:

Favorite subject at school:

Favorite thing to do at home:

Things I want to learn:

Three great things about me:

Three things I want to improve:

Draw a picture of what a successful summer looks like to you:



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Liability Waiver and Consent

As a condition of your participation in the programs and services offered by Collective Impact (dba Magic Zone), you must read, agree to & sign this Liability Waiver & Consent. If you are under 18 years of age, your parent /legal guardian must also sign the liability Waiver & Consent.

In consideration for my participation in the after-school programs and services offered by Collective Impact (collectively, the "Programs"), I agree to the defined Indemnity and hold harmless Collective Impact and its directors, officers, members, employees, associates, affiliates, and other agents (collectively, "Indemnities") from any and all actual or potential claims, proceedings, lawsuits, liabilities, damages, loss, fines, penalties, judgements, awards, costs, and expenses (including, without limitation, attorneys' fees and costs and expenses of investigation) suffered or incurred by any indemnity resulting from, arising out of, or in any way connected with my participation in the Programs. I further understand and acknowledge that there are risks associated with my participation in the Programs, and that such risks can include serious bodily injuries, death, and property damage. In consideration for my participation in the Programs, I hereby expressly assume all of the foregoing risks, and I agree to forever release, discharge, and hold harmless the programs from and against any and all liability, actions, cause of actions, debits, suits, claims, and demands of any and every kind of nature whatsoever (whether based upon bodily injury, death or property damage), which I now have or which may hereafter arise out of or in connection with the Programs or my participation in the Programs.

The terms of this liability Waiver & Consent shall serve as a complete release and express assumption of risk for me, my parent(s)/ legal guardian(s), heirs, assignees, administrators, executors, and all members of my family. I have read and fully understand the provisions and legal consequences of this Liability Waiver & Consent, and I hereby agree to all of its terms and conditions. I grant Collective Impact the right to record in print and on film, magnetic tape, CD-Rom, DVD or any other video, audio or audio/video format now or hereafter existing, my image, voice, and participation in the Programs for any use or purpose that Collective Impact deems appropriate. If any portion of this Liability Waiver & Consent is held invalid, it is agreed that the balance shall continue in full legal force and effect. This Liability Waiver & Consent is to be construed under California law. I have read, understood, and voluntarily agree to be bound by each of the terms stated above.

Signed _____ **Date** _____

Legal guardian of _____

Print Name/Relation to youth _____



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Liability Waiver and Consent – Swimming Activities

Every program week during Summer 2019, our K-5 grade participants will do "free swim" at a local pool. Two designated days during Summer 2019, our 6-8th grade participants will do "free swim" at a local pool. The following document must be signed and returned if you are interested in your child using the pool.

By signing below, you affirm your understanding that playing in the pool involves certain risks that include, but are not limited to, the risk of injury from the equipment, tripping and falling over obstacles surrounding the pool, and water related dangers, including drowning.

Additionally, you acknowledge that your child will require proper swimming attire during pool use, and you have given consent to staff to allow your child to be in the water, potentially fully immersed. Your child will observe all safety rules and procedures given by the Boys and Girls Club Pool and Staff, and Hamilton Rec Center Staff and give Collective Impact (dba Magic Zone) staff permission to uphold these precautions as well.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS I AM WAIVING CERTAIN LEGAL RIGHTS, AND WILL NOT HOLD COLLECTIVE IMPACT (dba MAGIC ZONE) AND ITS STAFF LIABLE FOR ANY HARM OR INJURY DURING THIS TIME.

Signed _____ Date _____

Legal guardian of _____

Print Name/Relation to youth _____



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DCYF Photography Release Form

Participant Name: _____ **Date of Birth:** _____

You or your child participates in a youth program funded by the San Francisco Department of Children, Youth, and Their Families (DCYF). DCYF staff or contractors may on occasion visit this program to take photographs for public information projects.

The public information projects aim to educate civic leaders and the general public about programs and services available for San Francisco children, youth and families. Example projects include DCYF publications and exhibits, as well as the DCYF website (<http://www.dcyf.org>).

By signing this form, you authorize DCYF staff and contractors to take photographs of program activities that may include images of you or your child and to use these photographs for the public information projects described above.

Your Name:

Relationship to Participant: Parent Legal Guardian Participant 18 Years of Age or Older

Signature: _____ **Date:** _____



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Authorization for Release of Confidential Information

Participant Name: _____ **Date of Birth:** _____

Our agency, Collective Impact, is supported by a grant from the San Francisco Department of Children, Youth and Their Families (DCYF). As a condition of the funding we receive, we are required to report information about the services we provide and the children, youth, and families that we serve to DCYF. DCYF works in close partnership with the San Francisco Unified School District (SFUSD). The data that we report to DCYF is also shared with SFUSD.

By signing this form, you authorize our agency to share information about your child's participation in our program (or your participation, if you are 18 years of age or older) with authorized staff at DCYF and SFUSD for the purposes described above. The information that we report to DCYF includes:

- Personal information, such as name, date of birth, and address;
- Demographic information, such as race/ethnicity and gender identity;
- Education information, such as school name and grade level;
- Participation in activities and services, such as attendance dates and hours attended; and
- Anonymous and voluntary youth experience surveys.

DCYF and SFUSD will not publicly report any information that we provide in a way that may be used to identify your child (or you, if you are 18 years of age or older).

Restrictions: All information that we provide that is related to an SFUSD student is protected by federal and state laws that govern the use, disclosure, and re-disclosure of student education records. Parties other than DCYF and SFUSD will not have access to any personally identifiable information that we report, except to the extent that the parties have obtained prior written authorization from you or have followed SFUSD policies and procedures to obtain access to such information.

Expiration: This authorization expires on June 30, 2023.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing our agency in writing. If you cancel your permission allowing us to release information to DCYF and SFUSD, it will go into effect immediately, unless the information has already been released. You have a right to receive a copy of this form.

Your Name _____

Relationship to Participant: Parent Legal Guardian Participant 18 Years of Age or Older

Signature: _____ **Date:** _____