



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; 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

\$195 NB residents per two week session

Scholarships are available to residents only. A limited amount will be offered to eligible families at \$95.00 per scholarship. (Cost would be \$100 per session)

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

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

Available Sessions

- Session 1 July 2–July 13
 - Session 2 July 16–July 27
 - Session 3 July 30–August 10
 - Session 4 August 13–August 24
- 8 am – 3 pm daily, closed July 4

Payment Information

- Payment for Session 1 is due upon registration.
- Session 2–Due June 25
- Session 3–Due July 9
- Session 4–Due July 23

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





KENNEDY SUMMER DAY PROGRAM REGISTRATION FORM 2018

Please carefully complete all information enclosed and provide all the required documentation.

This registration form 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)
*convenience fee**

**Return completed registration form to:
181 Hillman Street, Building #3
Parks Recreation & Beaches Administrative Offices**

Office Use Only:

- Child Information
 - Session Enrolled: 1 2 3 4
 - Birth Certificate
 - Proof of Residency
 - Immunizations
 - Medication Order
- Program Consent
- Waiver
- Scholarship Application
 - 1040
 - Recent paystubs (at least 3 paystubs)
- SNAP/WIC/other financial assistance documentation
- Income Certificate Form
- Bus Pick Up A.M. _____
- Bus Drop Off P.M. _____

Payment

- Session 1: \$ _____
- Check/ Money Order #: _____
- Session 2: \$ _____
- Check/ Money Order #: _____
- Session 3: \$ _____
- Check/ Money Order #: _____
- Session 4: \$ _____
- Check/ Money Order #: _____

Participant's Last Name _____

First Name _____

Age _____



CITY OF NEW BEDFORD

Jonathan F. Mitchell, Mayor

KENNEDY SUMMER DAY PROGRAM REGISTRATION FORM

Office Use Only:

- Child Information
 - Session Enrolled: 1 2 3 4
 - Birth Certificate
 - Proof of Residency
 - Immunizations
 - Medication Order
- Program Consent
- Waiver
- Scholarship Application
 - 1040
 - Recent paystubs (at least 3 paystubs)
- SNAP/WIC/other financial assistance documentation
- Income Certificate Form
- Bus Pick Up A.M. _____
- Bus Drop Off P.M. _____

Payment

- Session 1: \$ _____
- Check/ Money Order #: _____
- Session 2: \$ _____
- Check/ Money Order #: _____
- Session 3: \$ _____
- Check/ Money Order #: _____
- Session 4: \$ _____
- Check/ Money Order #: _____

Child's First Name: _____ Last Name: _____

Address: _____

City/ Town: _____ Zip Code: _____ **Submit proof of residency for residential rate**

Sex: Male _____ Female _____ Date of Birth: ____/____/____ Age: _____

Grade in September 2018 _____ **Submit copy of child's Birth Certificate** School: _____

Mother/Guardian: _____ Father/Guardian: _____

Address: _____ Address: _____

City/ Town: _____ Zip: _____ City/ Town: _____ Zip: _____

Home Phone: _____ Home Phone: _____

Cell: _____ Work Phone: _____ Cell: _____ Work Phone: _____

Emergency/Pick-up Information (other than Parent/Guardian)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Please check sessions attending:

Session 1: July 2 – July 13

Session 3: July 30 – August 10

Session 2: July 16 – July 27

Session 4: August 13 - August 24

TRANSPORTATION

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 _____

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

See page 4 for route information

Participant's Last Name _____ First Name _____ Age _____

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

ROUTE 1

Stop	AM	PM	Location
1	7:20	3:35	Corner of Acushnet Ave. & Fieldstone Dr. (Block South from Braley Rd)
2	7:25	3:30	Child and Family Services Parking Lot (Accu-Billard's at 140 Highway Sign)
3	7:28	3:28	Corner of Phillips Ave & Morton Ave. (Campbell School)
4	7:32	3:24	Greater New Bedford Voc-Tech (In front of Sign)
5	7:35	3:21	Corner of Tarkilnhill Rd & Orleans St. (Normandin Middle School Sign)
6	7:39	3:17	Wilks Library on Acushnet Ave (at Sign)
7	7:42	3:14	Corner of Ashley Blvd & Glennon St. (Lincoln School)
8	7:44	3:12	St. Anthony's Church (Acushnet Ave.)
9	7:47	3:10	Hayden McFadden School (County St. at Crosswalk)

ROUTE 2

Stop	AM	PM	Location
1	7:29	3:32	Corner of County St. & Parker St. (Parker School)
2	7:32	3:29	Corner of County St. & North St. (St. Lawrence Church)
3	7:35	3:27	Corner of County St. & Court St. (N.B. Public Schools)
4	7:37	3:25	Corner of County St. & Allen St.
5	7:39	3:23	Corner of County St. & Rivet St.
6	7:41	3:21	Corner of County St. & Jouvette St.
7	7:43	3:19	Corner of Brock Ave. & David St.
8	7:45	3:17	Corner of Brock Ave. & Valentine St.
9	7:46	3:16	Corner of Brock Ave. & Oaklawn St.

ROUTE 3

Stop	AM	PM	Location
1	7:15	3:48	Corner of Mt. Pleasant & Rayno St. (Across from Kings Hwy Park & Ride)
2	7:16	3:45	Mt. Pleasant St. & Haskell St.
3	7:17	3:44	Mt. Pleasant St. & Barret St. (Eddie James Park Sign)
4	7:18	3:42	Carlos Pacheco Elementary School (Buchanan St. Side)
5	7:21	3:38	Corner of Shawmut Ave. & Durfee St.
6	7:24	3:36	New Bedford High School (at the Sign)
7	7:25	3:34	Corner of Rockdale Ave. & North St. (behind Rodman School)
8	7:27	3:32	Corner of North & James St. (Boys and Girls Club)
9	7:28	3:30	Corner of North St. & Park St.
10	7:30	3:28	Corner of Court St. & Tremont St. (Hathaway School)
11	7:32	3:27	Corner of Court St. & Jonathan St. (Block East of Rockdale Ave.)
12	7:34	3:25	Corner of Rockdale Ave. & Hawthorn St.
13	7:36	3:24	Corner of Palmer & Bedford St. (behind Winslow School)
14	7:38	3:21	Corner of Oak St. & Dartmouth St.
15	7:42	3:18	Corner of Hemlock & Thompson St. (Condon School)
16	7:44	3:16	Corner of Dunbar St. & Dartmouth St. (Dunbar School)
17	7:48	3:15	Corner of Hemlock & Rockdale Ave. (Storage Center)

Please keep this page for your records! Thank you.

Participant's Last Name _____ First Name _____ Age _____

MEDICAL INFORMATION

Medical History (please check all that apply)

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

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 (i.e. epipen, inhaler, etc.)

A written order from a physician 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 6)

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)						

Physician's Signature _____ Date _____

Participant's Last Name _____ First Name _____ Age _____

.....
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.

Parent/Guardian Signature _____ Date _____

Participant's Last Name _____ First Name _____ Age _____

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 _____ Age _____

MEDICATION PERMISSION FORM

I give the Kennedy Summer Day Program nurse and director 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 _____ Age _____



CITY OF NEW BEDFORD
Department of Planning, Housing and Community Development
INCOME CERTIFICATION FORM
FISCAL YEAR 2017

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 - 13,250	0- 15,150	0 - 17,050	0- 18,900	0- 20,450	0- 21,950	0- 23,450	0- 24,950
Very Low Income (50%)	13,251- 22,050	15,151- 25,200	17,051- 28,350	18,901- 31,500	20,451- 34,050	21,951- 36,550	23,451- 39,100	24,951- 41,600
Low Income (80%)	22,051- 35,250	25,201- 40,300	28,351- 45,350	31,501- 50,350	34,051- 54,400	36,551- 58,450	39,101- 62,450	41,601- 66,500
Over Income	35,251- above	40,301- above	45,351- above	50,351- above	54,401- above	58,451- above	62,451- above	66,501- above

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

Race: (select one)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black /African American | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Am. Indian/Alaskan Native & Black/African Am. |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other Multi-Racial |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> 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 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.**

Parent/Guardian Signature _____ Date _____

Participant's Last Name _____ First Name _____ Age _____

PROGRAM CONSENT AND WAIVER FORM

<p><u>Swimming</u></p> <p>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.</p>	<u>Initial</u>
<p><u>Field Trips</u></p> <p>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.</p>	<u>Initial</u>
<p><u>Photo Release</u></p> <p>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.</p>	<u>Initial</u>
<p><u>Food Release</u></p> <p>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 including a note from the physician confirming the allergy.</p>	<u>Initial</u>
<p><u>Food Allergy</u></p>	<u>Initial</u>
<p><u>Cancellation and Refund</u></p> <p>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.</p>	<u>Initial</u>
<p><u>Behavior</u></p> <p>I understand that the Kennedy Summer Day Program is responsible for maintaining a safe and refund.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</p>	<u>Initial</u>
<p><u>Late Pick Up Charge</u></p> <p>I understand that the Kennedy Summer Day Program pick up time is 3pm. Any campers not picked up by 3:15 will be assessed a charge of \$10 every 5 minutes until camper has been picked up.</p>	<u>Initial</u>

Participant's Last Name _____ First Name _____ Age _____

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 _____

Initial



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 field trip days.
- 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).
- **We are a peanut free facility.**

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

Please keep this page for your records! Thank you.

City of New Bedford Parks Recreation & Beaches

Scholarship Application

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 residents who meet the qualification and income requirements listed below, as well as contribute a minimum of \$100 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 5-14 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:
 - 1040 (mandatory)
 - 3 Recent Pay Stubs (mandatory)
 - SNAP
 - WIC
 - Other
4. Participants must pay a minimum of \$100 towards program fees, unless otherwise specified. Fee will not be applied until application has been approved.
5. It is intended that this assistance be for the program noted only. Participants may be required to pay full or partial cost.
6. Assistance is limited to one to two sessions per application.
7. A maximum of \$95 funding per individual may be received within the fiscal year (July-June), unless otherwise specified.
8. Funds are limited, and subject to availability.
9. Fee assistance is awarded on a first come, first serve basis.
10. Fee assistance is to be used for registration only, and does not include supplies, equipment, or other costs.
11. Any past due accounts must be brought current before a fee assistance application is considered.
12. Decisions regarding assistance are final.
13. 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.
14. All applications are kept confidential.

Please keep this page for your records! Thank you.

Participant's Last Name _____ First Name _____ Age _____

Kennedy Summer Day Program Scholarship Application 2018

*Please **PRINT** all information and answer **ALL** questions. This information is essential to better serving your child. All information is confidential. Financial Assistance is limited. Please provide all requested information.

*Your application must be returned with your **registration form** and **completed 2017 1040 Tax return, last three (3) pay stubs, and any other financial documentation. You will not be considered for a scholarship if you do not submit the materials listed above. *To qualify for a scholarship you must fall within the "Very Low" to "Extremely Low" income bracket on the attached CDBG form.**

If you have questions or need any assistance in filling out this form, please contact the office at (508)961-3015.

Parent/Guardian #1

Name _____

Address _____

(Street)

(City/Town)

(State)

(Zip Code)

Home Phone _____ Cell Phone _____

Employment

_____ Full Time Employed _____ Self Employed _____ Part Time Employed

_____ Unemployed (Please provide documentation)

Parent/Guardian #2

Name _____

Address _____

(Street)

(City/Town)

(State)

(Zip Code)

Participant's Last Name _____ First Name _____ Age _____

Home Phone _____ Cell Phone _____

Employment

_____ Full Time Employed _____ Self Employed _____ Part Time Employed
_____ Unemployed (Please provide documentation)

Participants

Please identify the name(s) of participant(s) enrolled in the Kennedy Summer Day Program 2018

Name of Participant	Address	Age	Grade 2018	Session(s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employer

Name _____

Address _____

(Street) (City/Town) (State)
(Zip Code)

Phone _____ Your Position _____

Pay _____ Salary _____ Hourly Annual Income _____

Employer

Name _____

Address _____

(Street) (City/Town) (State)
(Zip Code)

Participant's Last Name _____ First Name _____ Age _____

Phone _____ Your Position _____

Pay _____ Salary _____ Hourly Annual Income _____

*If there are any additional employers, please attach the information to this application.

Please identify any and all sources of additional income & support (ex. Child Support, WIC, SNAP, etc.)

Parent/Guardian #1

Description: _____ Monthly Amount: _____

Description: _____ Monthly Amount: _____

Description: _____ Monthly Amount: _____

Parent/Guardian #2

Description: _____ Monthly Amount: _____

Description: _____ Monthly Amount: _____

Description: _____ Monthly Amount: _____

Income Information

Number of members in household: _____

Total monthly income for the household: \$ _____

Gross yearly income for household: \$ _____

Expenses

Rent/Mortgage \$ _____

Food \$ _____

Medical \$ _____

Car \$ _____

Utilities \$ _____

Tuition \$ _____

Other \$ _____

Total Expenses \$ _____

Participant's Last Name _____ First Name _____ Age _____

Please attach three (3) recent pay stubs (or unemployment statements) and a copy of the most recent tax return (1040) for each parent/guardian.

*I certify that the information on this application is complete and accurate.

*If the information contained in this application changes (ex. Income, employment status...) before or during my child's time in the program, I promise to notify the Parks Recreation & Beaches Department no later than ten (10) days after the change.

*I understand that providing false, incomplete or misleading information may result in the loss of financial assistance and make me ineligible for receiving future assistance.

*New Bedford Parks Recreation & Beaches cannot award assistance without proof of income and expenses.

Note: If there are compelling circumstances or important information that you wish to share which would help give us a more accurate and complete picture of your financial situation, please feel free to attach a letter.

Parent/Guardian Signature _____ Date _____