



Sponsored by City of New Bedford Parks Recreation & Beaches
Kennedy Summer Day Program 2024

- Ages 5-14
- Free Breakfast & Lunch
- Many outdoor activities
- onsite learning explorations
- arts and crafts
- environmental education
- swimming at the beach
- and much more!

LOCATION: Ft. Taber Community Center
COST: \$280.00 NB residents per two-week session (4 sessions available)

Non-residents may register for sessions at the cost of \$550.00 per two-week session.
Scholarships are available to NB residents only. A limited amount will be offered to eligible families at \$130.00 per scholarship. (Cost would be \$150.00 per session)

*****Deadline for Scholarship Application is June 14th*****

Payment Information
Session 1-Due upon Registration.
Session 2-Due June 22
Session 3-Due July 6
Session 4-Due July 20

Available Sessions
Session 1: July 1-July 12 (Closed 4th of July)
Session 2: July 15-July 26
Session 3: July 29-August 9
Session 4: August 12-August 23

KENNEDY SUMMER DAY PROGRAM REGISTRATION FORM

- Please carefully complete all the information enclosed and provide all the required documentation.
- This registration form will not be accepted unless ALL information is completed.

Payments can be made by check, money order, credit/debit card, or cash can be accepted at our main office: **181 Hillman Street, Building #3**

****Please make checks payable to the City of New Bedford**

****Registration to be completed online: www.NBPRB.com**
email lsidro.thomas@newbedford-ma.gov for assistance.



CITY OF NEW BEDFORD

Jonathan F. Mitchell, Mayor

Participant's Last Name _____ First Name _____ Age _____

Child's First Name: _____ Last Name: _____

Address: _____

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

Date of Birth: ____/____/____ Age: _____ Grade in September 2024 ____ School: _____

Parent 1/Guardian _____

Phone: _____

Address _____

Alt. Phone: _____

Parent 2/Guardian: _____

Phone: _____

Address: _____

Alt. Phone: _____

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

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Please check session(s) attending:

Session 1: July 1 – July 12

Session 3: July 29 – August 9

Session 2: July 15 – July 26

Session 4: August 12 - August 23

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 always carry an inhaler 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.

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 _____

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 an 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 _____

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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 _____

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 _____

<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>	<p>Circle One</p> <p>YES</p> <p>NO</p>
<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>	<p>Circle One</p> <p>YES</p> <p>NO</p>
<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>	<p>Circle One</p> <p>YES</p> <p>NO</p>
<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> <p><u>Food Allergy:</u></p>	<p>Circle One</p> <p>YES</p> <p>NO</p>
<p><u>Behavior</u></p> <p>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.</p>	<p>Initial</p>
<p><u>Late Pick Up Charge</u></p> <p>I understand that the Kennedy Summer Day Program pick up time is 3pm. Any <u>campers not picked up by 3:15 will be assessed a charge of \$15 per occurrence, excessive late pickups can be subject to dismissal from the program.</u></p>	<p>Initial</p>

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 _____

Participant's Last Name _____ First Name _____ Age _____



CITY OF NEW BEDFORD-Office of Housing and Community Development

INCOME CERTIFICATION FORM FISCAL YEAR 2023

Income Limits set by the U.S. Department 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 – 20,950	0 – 23,950	0 – 26,950	0 – 30,000	0 – 35,140	0 – 40,280	0 – 45,420	0 – 50,560
Very Low Income (50%)	20,951 – 34,900	23,951 – 39,850	26,951 – 44,850	30,001 – 49,800	35,141 – 53,800	40,281 – 57,800	45,421 – 61,800	50,561 – 65,750
Low Income (80%)	34,901 – 55,800	39,851 – 63,800	44,851 – 71,750	49,801 – 79,700	53,801 – 86,100	57,801 – 92,500	61,801 – 98,850	65,751 – 105,250
Over Income	55,801 – Above	63,801 – Above	71,751 – Above	79,701 – Above	86,101 – Above	92,501 – Above	98,851 – Above	105,251 – Above

Ethnicity: (select only one)

- Hispanic or Latino Not Hispanic or Latino

Race: (select only one)

- White Native Hawaiian/Other Pacific Islander Am. Indian/Alaskan Native & Black/African Am.
 Black/African American American Indian/Alaskan Native & White
 Asian Asian and White Asian/Pacific Islander
 American Indian/Alaskan Native Black/African American and White Other multi-racial

Other: (select all that apply)

- Seniors (62 years or older) Female Head of Household Handicapped or Disabled

Participant's Last Name _____ First Name _____ Age _____

Minors (up to age 18) **NOTE: If client is below 18 years of age, parent or legal guardian must verify income and sign form.**

Applicant's Signature

Typed or Printed Name

I certify, under the penalties of law, that 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's Office of Housing & Community Development and the U.S. Department of Housing & Urban Development.

This information will be kept confidential and used for HUD monitoring purposes, only.

Signature of Parent/Legal Guardian: _____ Date: _____

FY23 CITY of NEW BEDFORD OFFICE OF HOUSING & COMMUNITY DEVELOPMENT
CDBG INCOME CERTIFICATION FORM

Revised May 17, 2023



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.
- Swimsuit, 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 are 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.