



DREAMS SUMMER CAMP REGISTRATION FORM 2018-19

Parent Packet: Terms and conditions

Required Forms:

A personal data sheet, health history form and emergency release must be on file prior to attending the program. Teens will not be allowed to attend the program until all forms are complete and returned to the D.R.E.A.M.S. coordinator.eum

Personal Belongings

D.R.E.A.M.S. is not responsible for any lost or damaged property; therefore, it is advised to leave all personal belongings at home. Cell phones are allowed but please be advised that they are the responsibility of the owner.

Dress Code

To keep a pleasant environment during the summer, the following guidelines have been established:

- Participants are expected to dress appropriately for summer activities and weather.
- Shorts must be no shorter than 3 inches from the floor when kneeling.
- Participants may not wear T-shirts, jackets, and other articles of clothing which contain profanity, suggestive writing, gang associations, advertise or promote the use of tobacco, alcohol, or illegal substances.
- No stomachs or bare backs exposed.
- No sagging pants.
- No hats or bandanas unless permitted by the director.
- Flip flops and sandals are not recommended. Teens will be participating in outdoor challenges, so tennis shoes are best.
- Tank top straps must be at least 3 inches wide. Shirts must not be sheer, tight, or revealing.

Discipline

Discipline guidelines are set in order to achieve an atmosphere conducive to learning. Self-discipline and owning one's actions are critical for life-long success of our participants. This program strives to instill life values for better character and teach individual responsibility. To be successful, our participants must understand their role and responsibilities as learners and possess a full repertoire of social skills that will empower them to interact responsibly with adults and peers at home, in the community, and eventually in the workplace. We support a positive and instructional approach to discipline. If a teen's behavior is unacceptable, the teen's behavior will be documented. Depending upon the severity of the incident, a call will be made to the parent to inform them of the incident which could result in the parent having to pick the child up from the program. After 2 documented incidents, the third incident will result in a suspension from the program.

Web: <http://letusdream.org/>

Let Us Dream is a non-profit 501(c)3 public charity organization, comprised of diverse programs the holistic development of the youth implemented by local community leadership. Its DREAMS, and DREAMS band projects are interpersonal and leadership skills development programs, designed for the holistic development of the middle school students. And DREAMS Pro is designed to lead adults towards their authentic success in life and profession.



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Daily Attendance and Absence Procedures

Due to the teen-building activities, we require daily attendance from participants in order to build better relationships and a team atmosphere. Please notify us if your child will not be attending on a particular day. If parents are dropping off teens for the summer program, we require that you sign your child in and out, parents will place initials and current time in the available space across from their child's name for that day. This policy reinforces your teen's safety.

Authorized Pick-up

Individuals authorized to pick up your child must be listed on your registration form. If someone other than the parent/guardian is designated to pick up a student early, a written request signed by the parent/guardian is required. For safety purposes we require authorized individuals to provide the D.R.E.A.M.S. staff with a photo ID when picking up your child. A copy of existing court orders excluding parent contact, visitation and child release must be on file, on site to sustain law enforcement involvement.

Diseases and illnesses

Teens with pink eye, contagious rashes, vomiting, diarrhea, and/or fever will be sent home and may not return until symptom free for 24 hours. Injuries, etc., would require your child to be picked up immediately.

Prescription and Non-Prescription Medication

Prescription or non-prescription medication is to be taken at home; however, if it is necessary for your teen to take them during program hours, please fill out a medication form. All prescription and non-prescription medication must be in its original container and include the teen's name, name of medication, dosage, and time to give medication. Prescription medication must have RX information affixed and contain the daily dosage.

Meals

We will not offer breakfast during our program, so please make sure your child is given breakfast at home. Lunch will be provided to all participants and volunteers.

Note: If your child has a food allergy, please make sure the D.R.E.A.M.S. staff is aware in order to provide your child with a suitable lunch.

Confidentiality Statement

The following contents of your child's file are confidential documents: personal data sheet, health history, emergency release, and medication form, correspondences from parents and staff, and incident reports. Your child's file may not be duplicated, distributed, discussed or viewed by anyone other than the custodial parent/guardian, D.R.E.A.M.S. staff, and emergency medical personnel. The custodial parent/guardian reserves the right to make their child's records available to designated parties through signed permission. Your child's records will remain on file at the program site throughout your child's attendance.

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DREAMS Program: Registration Form

The participant's custodial parent/guardian must complete the following information. Any changes to this form should be provided to the D.R.E.A.M.S. team upon participant's arrival to the program.

First Name: _____ MI: _____

Last Name: _____

Email Address : _____

Grade Entering for the School Year (2018 - 2019) : _____ D.O.B. ____/____/____ Gender: M F

Address: _____ City _____

State: _____ Zip: _____

Parent/Guardian Name: _____ Email: _____

Home Phone: _____ Day Phone: _____

Cell Phone : _____

Other Parent/Guardian Name: _____ Email: _____

Home Phone: _____ Day Phone: _____

Cell Phone : _____

Emergency contact if parent/guardian cannot be reached (authorized to release child to):

Name: _____

Home Phone: _____ Cell Phone: _____



Program Release Authorization Form

Any teenager who will not be directly released to a parent/guardian or an “Authorized” individual must have a waiver on file with D.R.E.A.M.S. If your child is getting a ride with someone else, walking or riding a bike, we will need an authorization form on file.

DREAMS Program Release Authorization Form

Parents/guardians are required to sign the waiver.

Dear D.R.E.A.M.S.:

I hereby give permission for _____, to be picked
(Name of participant)
up and/or dropped off by one of the following people:

1. _____ relationship: _____
2. _____ relationship: _____
3. _____ relationship: _____

Signature of Parent/Guardian _____

Date _____



DREAMS Program: Health History Form 20__

In addition, I hereby authorize the D.R.E.A.M.S. staff to release my child’s medical information to the following persons:

1. Name: _____ Phone: _____ Relation: _____

2. Name: _____ Phone: _____ Relation: _____

3. Name: _____ Phone: _____ Relation: _____

Physician’s Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Hospital: _____ Address: _____ Phone: _____

MEDICAL INFORMATION:

Please list any physical limitations your child may have which the staff should be aware of:

Please list all medications, including non-prescription, taken daily. It is preferred that all medication be administered at home. However, if medication is required, please send enough to last the entire week. Please keep all medication in the original packaging that identifies the prescribing physician, the name of the medication, dosage, and frequency of administration.

Meds _____

ALLERGY INFORMATION:

Food Allergies: _____

Medicine Allergies: _____

Other Allergies: _____

Parent/Guardian Authorization:

This health history report is true to the best of my knowledge. I will notify the staff if there is any change in my child’s condition before the program begins. In case of an illness or emergency, I hereby give permission for D.R.E.A.M.S. to provide directly or authorize medical treatment of my child by licensed healthcare professionals when necessary, authorize transportation to and from the medical facilities designated by D.R.E.A.M.S. for the care of my child. I authorize D.R.E.A.M.S. and third party caregivers to exchange appropriate medical information.. I hereby agree to release from liability the D.R.E.A.M.S. team and any of its representatives from any legal action associated with injury to my child.

Parent: _____

Date: _____



Release Agreement 20__

Dear Parents and Guardians,

Please read through the document carefully and sign the release agreement at the bottom of the page. All rules and guidelines are put in place to ensure that all participants have a safe and fun experience. We want this to be an exciting experience that your teen will benefit from.

The following Code of Ethics will be expected of all participants:

- Be polite, friendly, and courteous.
- No disrespect to the D.R.E.A.M.S. team or any participant of the program
- No damage or vandalism to any property
- No bullying, fighting, or threatening of any nature.
- No possession of drugs, alcohol, tobacco, or weapons of any kind
- No "rough play" behavior that may be unsafe to others or self
- Help others identify their talents to the fullest
- Take responsibility for your own actions.

I have read and understand the above-mentioned Code of Ethics. I agree that not adhering to the Code of Ethics may result in suspension from the program.

Participant's Name (Print): _____ Date: _____

Participant's Signature: _____

Please initial each of the following statements and sign below.

___ I understand that pictures will be taken throughout the week. I hereby give permission for the pictures to be used to promote future D.R.E.A.M.S. projects. (If no, please initial the following:

___ I prefer my child's photograph not be taken.

___ I give permission for my child's belongings to be searched, with my child present, when the D.R.E.A.M.S. team finds it necessary to protect the well-being of my child or any other participant.

___ I understand that my child will participate in various activities throughout the week, some which may be strenuous. I would like for my child to participate in all activities

___ I release the D.R.E.A.M.S. team or any volunteer from all liability that may result from personal injury or injuries to property, resulting from any physical activity.

Parent/Guardian Name (Print): _____

Parent/Guardian (Signature): _____

Date: _____



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CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE OF STUDY: Evaluation of Project DREAMS

INVESTIGATOR: Fr. (Dr.) Lijo Thomas

PURPOSE

Your child is being asked to participate in a research study. The purpose of this study is to evaluate the program DREAMS for use with youth in the US. This Program has been successfully implemented in Monroe, LA by Fr. (Dr.) Lijo Thomas prior.

PARTICIPANTS

Youths, aged 11-15 years (6th & 7th Graders) to participate in this Program.

PROCEDURES

If you provide consent for your child to participate in this DREAMS Evaluation Program, they will be provided a 5-day free summer camp focused on building self-esteem, self-confidence, and peer and family relationships. The Program will be implemented on the India Cultural & Education Center - ICEC (Kerala Association) Campus located at 3821 Broadway Blvd, Garland, TX 75043 (check the website for the program dates). The sessions will run from Monday through Friday 9 am until 3:00 pm each day for a total of 5 days. Lunch will be provided to your child each day free of charge. The youth will be provided activities and information, which will enhance self-esteem, sociability, and engage in music and art activities across the 5 days of the Program. They will be administered a short survey pre- and post-Program which has measures of teen self-esteem, sociability, self-worth, and relationship quality.

DISCOMFORTS, INCONVENIENCES, AND/OR RISKS & BENEFITS

There are no foreseen risks to the youth participating in this Program. Should any emotional distress or discomfort occur in any youth, they will be excused from the Program, without prejudice or penalty. The benefits are in knowing if this Program serves positive purpose in enhancing self-worth and self-esteem among youth. The Program has shown benefits in its previous researches in Monroe, LA.

CONFIDENTIALITY

Your identity will be protected to the extent allowed by law. You will not be personally identified in any reports or publications that may result from this study.

RIGHT TO REFUSE OR WITHDRAW

You may refuse to participate or withdraw from the study at any time.

QUESTIONS

If you have questions about this study, please email to: mail@letusdream.org

Web: <http://letusdream.org/>

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CLOSING STATEMENT

I have read this Informed Consent form. This study has been explained to me and all of my questions have been answered. I have been told of the risks or discomforts and possible benefits of the study.

If I do not take part in this study, my refusal to participate will involve no penalty or loss of rights to which I am entitled. I may withdraw from this study at any time without penalty.

I have been told my rights as a research subject, and I voluntarily give consent for my son/daughter to participate in this study.

I will receive a signed and dated copy of this consent form.

Signature of Legal Guardian/Parent

Date

Signature of Investigator

Date



Assent Form

Dear Student:

We are asking you to help us with this evaluation of DREAM program. The purpose of the study is to gain a better understanding of the impact the project in its participants.

Participating in this study is voluntary, which means you do not have to take part if you don't want to.

Nothing will happen to you if you decide not to participate. If you agree to participate, we will ask few questions about your behaviors and attitude through few surveys and interviews. You will not be able to put your name on the survey and your answers will be completely private.

Please read the following and sign below if you agree to participate.

I understand that:

- If I don't want to take part in the study that's ok and I won't get into trouble
- Anytime that I want to stop participating that's ok
- My name will not be known and my answers will be completely private

Student Signature: _____

Name: _____ (Please Print)

Date: _____

Thank you in advance for your cooperation and support.

For further information regarding this research please contact:

Fr. (Dr.) Lijo Thomas

Email: lijothomas@letusdream.org

Web: <http://letusdream.org/>

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