

# THE CENTER FOR INTERNATIONAL LOVE, PEACE, AND UNITY CORPORATION

K-12 International Scientifically Research-based Summer Reading Camp

Email: [readingisgreat2@aol.com](mailto:readingisgreat2@aol.com) or Phone: 407-963-0377 or Toll-Free: 888-614-6776

## APPLICATION

**OUTREACH LOCATION**  
(Office use)

**TODAY'S DATE:** \_\_\_\_\_ **CHILD'S GRADE THE PAST MAY** \_\_\_\_\_ **KINDERGARTEN** \_\_\_ **PRE-K** \_\_\_

First Name: (Child)	Middle Initial	Last Name: (Child)	Social Security #
Sex: Male ___ Female ___	Age	Date of Birth	Camp STAFF enter Student ID #
Street Address:		City	State/Zip
Home Telephone Number:			
<b>PARENT/GUARDIAN (1)</b>			
First Name:		Last Name:	<b>Phone No. (If different above)</b>
Employer:		City/State:	Phone No.
<b>PARENT/GUARDIAN (2)</b>			
First Name:		Last Name:	<b>Phone No. (If different above)</b>
Employer:		City/State:	Phone No.
<b>EMERGENCY CONTACT:</b>			Phone No.
Two parents ___ One parent ___ Foster Family ___		Place of residence: Greenwood ___ Leflore County ___ Other (please indicate) _____	
Ethnic Origin: ___ Black ___ Native American ___ Hispanic ___ White ___ Other		Household Income: ___ \$0 – 13,999 ___ \$40,000 – 54,999 ___ \$14,000 – 24,999 ___ \$55,000 – 74,999 ___ \$25,000 – 39,999 ___ \$75,000 – Over	
Is your home? ___ Rented ___ Owned		Number of years in the community _____	
<b>Have you (person enrolling) participated in other research-based Reading Programs?</b> ___ Yes ___ No If yes, please indicate program(s): _____ What year? _____			
<b>Has any member of your family participated in other research-based Reading Programs?</b> ___ Yes ___ No If yes, please indicate family member and program(s): _____ - _____			
<b>How did you hear about the Research-based Reading Camp? Check all that apply:</b>  ___ Friend ___ Mailed Brochure ___ Volunteer ___ TV/Radio/Newspaper ___ Billboard ___ Yellow Pages ___ Camp Flyer ___ Other _____			

**"WHERE FUN!! MEETS LEARNING AT THE NEXT ACADEMIC LEVEL(S)"**

## Medical Release and History

Health Statement: (to be completed by Parent/Guardian and/or Medical Doctor). **YES** responses will require an explanation.

	YES	NO
• Respiratory problems – asthma, persistent cough, etc.	___	___
• Heart problems – high/low blood pressure, chest pain, etc.	___	___
• Kidney, stomach, gall bladder or liver problems	___	___
• Diabetes, hypoglycemia	___	___
• Recent fractures, illness, exposure to contagious disease, etc.	___	___
• Eye, ear, nose or throat problems – skin disease	___	___
• Allergies – bee stings, ant bites, plants, sun, food, penicillin, etc.	___	___
• Nervous disorders – epilepsy, convulsions, dizziness, etc.	___	___
• Emotional disorders – frequent anxiety, excessive fears, etc.	___	___
• Any hospitalization in the last two years?	___	___
• Do you have any physically limiting conditions?	___	___
• Do you currently take medication?	___	___
• The participant WILL be bringing medication to program and activities	___	___

Explanations: \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Medical Treatment:** I understand that every effort will be made to contact the parent(s) or guardian(s) of participants. If this is not possible, I hereby, authorize The Center for International Love, Peace, and Unity Corporation to obtain medical treatment.

Parent/Guardian Signature \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Family Physician/Clinic \_\_\_\_\_ Location \_\_\_\_\_  
 Phone \_\_\_\_\_ Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Authorization to remove child from this camp: SECRET CODE:** \_\_\_\_\_

Father: YES \_\_\_ NO \_\_\_      Mother: YES \_\_\_ NO \_\_\_      (If no code, child will remain with Camp Director)

Other: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Other: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**IMPORTANT NOTE:** Please notify us immediately if there is a change in child's pickup – secret code and description must be given.

### WAIVER

I hereby state that I/my child are physically and mentally capable of safe participation in The Center for International Love, Peace, and Unity Corporation (LPU) activities. I understand and expressly acknowledge that I release The Center for International LPU Corporation and its staff from all liability for any injury, loss or damage connected in any way to me/my child participation in the Center for International LPU Corporation activities, whether on or off The Center for International LPU Corporation premises. I also authorize The Center for International LPU Corporation to obtain medical treatment for me/my child in the event of an emergency. I give my permission to The Center for International LPU Corporation to use, without limitation or obligation, photographs, film footage, or tape recording in which may include me/my child's image or voice for the purposes of promoting or interpreting The Center for International LPU Corporation educational programs.

I hereby give my permission for my child \_\_\_\_\_ to be transported during the camp to and from any scheduled field trips.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_