

THE CENTER FOR INTERNATIONAL LOVE, PEACE, AND UNITY CORPORATION

K-12 International Scientifically Research-based Summer Reading Camp

Orlando, Florida 32802-2811

info@thecenterforinternationallovepeaceunity.org

APPLICATION

OUTREACH LOCATION
(Office use)

TODAY'S DATE: _____ **CHILD'S GRADE AS OF 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:			
PARENT/GUARDIAN (1)			
First Name:		Last Name:	Phone No. (If different above)
Employer:		City/State:	Phone No.
PARENT/GUARDIAN (2)			
First Name:		Last Name:	Phone No. (If different above)
Employer:		City/State:	Phone No.
EMERGENCY CONTACT:			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 _____	
Have you (person enrolling) participated in other research-based Reading Programs? ____ Yes ____ No If yes, please indicate program(s): _____ What year? _____			
Has any member of your family participated in other research-based Reading Programs? ____ Yes ____ No If yes, please indicate family member and program(s): _____ - _____			
How did you hear about the Research-based Reading Camp? Check all that apply:			
____ 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: _____

The Center for International Love, Peace, and Unity Corporation
 K-12 International Research-based Summer Reading Camp
 Telephone: 1.888.614.6776 or 407.963.0377

PLEASE DO NOT SUBMIT APPLICATION ONLINE, MAIL TO US IMMEDIATELY TO: P. O. BOX 2811, ORLANDO, FLORIDA 32802-2811