

May 11, 2023

Dear Parents,

Summer is quickly approaching and we are getting ready for another exciting ZONE Summer Program. The Program will be starting June 19th and ending July 27th with no Program the week of July 4th. We will once again operate four days a week Monday through Thursday 9:00 a.m. to 3:00 p.m. The Program will be held at the Newport Veterans Playground on Mondays and Wednesdays and at Little Buffalo State Park (pavilions #1 and #2) on Tuesdays and Thursdays which, weather permitting, will be swim days. You will be notified of any changes to the schedule.


Even though this is a summer program we still focus on STEAM (Science, Technology, Engineering, Arts, Math) and Reading in a fun learning environment. As in past years the students will be participating in the Newport Library Summer Reading Program.

All students will be provided with breakfast, lunch and snacks in the morning and afternoon. Please remember to note any allergies your child might have either food or environmental on their health form. Students are always encouraged to continue basic sanitary practices such as good hand washing and not to come to the Program if they are feeling ill.

All students who reside in Perry County and have completed kindergarten through 10th grade may attend the Program at no cost.

Applications may be mailed or dropped off to/at the Perry County Literacy Council at 133 S. 5th Street, P.O. Box #37, Newport or may be e-mailed to: pecosummerzone@yahoo.com

Looking forward to a great Program.


Judy Bentz
Program Director

**Transportation is NOT provided.

PERRY COUNTY
2023 SUMMER ZONE PROGRAM
Perry County Literacy Council

New Enrollment Attended Previous Summer Program

Student's Name _____

Current Grade: _____ Birth Date: _____ Age: _____

Current Medical Conditions: _____

Physical Limitations: _____

Food and/or drug allergies: _____

Medications: _____

Parent/Guardian Information:

Name _____
Address _____
City _____ State PA Zip Code _____
Home Phone _____ Work Phone _____
Cell/Pager _____ E-Mail _____
Relationship to child (please check one): I am the Guardian Parent Grandparent Other _____

Please read and check the following boxes as they apply to YOU.

I give permission for my above named child to participate in the Perry County Summer "Zone" Program. I agree that my child will benefit from the academic, arts, safety and recreational components of the Summer "ZONE" Program.
I also understand that bus transportation will NOT be provided for my child.
I give my permission for my child's name and/or picture to be used in publications regarding his/her activities in the Perry County Summer "ZONE" Program.
I give my permission for my child to watch a PG rated movie, if applicable

Signature of Parent/Guardian _____
Date

Emergency Contact Information

In the event that an emergency should occur while your student is attending the Summer ZONE Program and you, the parent or guardian, cannot be reached, please list at least one reliable emergency contact that will be able to make decisions regarding your child. You will always be called first! This information will only be used in the event that you cannot be reached. Contacts will be called in the order listed. Thank you.

Child's Name: _____
Parent/Guardian's Name: _____
Best Contact Number: _____

Non-Parent Emergency Contact 1 Information:
Name: _____
Relationship to Child: _____
Best Contact Phone Number(s): _____

Non-Parent Emergency Contact 2 Information:
Name: _____
Relationship to Child: _____
Best Contact Phone Number(s): _____

Please check which of the following that the named **Emergency Contact** is permitted to decide for the above-mentioned child, based on the nature of the emergency. (Please check all that apply):

- Pick the child up from the program in the event of a minor accident, behavior incident, or early dismissal.
 - Distribution of pain/allergy medications (such as Tylenol, Ibuprofen, Benadryl, etc.)
 - Choice of hospital (in case of an extreme emergency)
- Or you may list your choice here _____

By signing this form I give permission to the Program Coordinator/Program Staff, employed by the 2024 ZONE Program, to contact and discuss important emergency information with the Emergency Contact listed above.

Signature: _____ Date: _____
(Parent/Guardian Signature)

Medical Information

Child's Name: _____

Medical condition(s): _____

Physical limitations: _____

Food Allergies: _____ Reaction: _____

Other Specific Allergy: _____ Reaction: _____

Is the reaction severe enough to require immediate medical attention? (circle one) Yes No

General Medical Treatment:

() The Program Coordinator or designated staff member has my permission to treat my child for any minor injury or illness.

Please check any standard medications your child may receive during the program should the need arise. () Tylenol () Tums () Cough Drops () Caladryl lotion () Benadryl
() I do not want my child to be given any of the above medications without my verbal consent

Prescription Medication Release:

Is your child currently taking any medication that will or may need to be given to them during the program (between the hours of 9am-3pm)? (circle one) Yes No
If yes please list the medication, dosage, and time to be given.

Medication

Dosage

Time

Sunscreen: We also strongly encourage that you apply sunscreen before your child leaves in the morning.

() I give permission for a (Female / Male) staff member to apply sunscreen sent with my child as needed.

I (please print) _____, certify that all information above is accurate and give my permission for the Program Coordinator or designated staff member to administer medical care as indicated above.

Parent/Guardian Signature

Relationship to Child

Date