

Application Instructions

CAMP PANDA 2017 Summer Learning Program

Please include the following documents to complete your child's Application:

<input type="checkbox"/> 1. Application	Complete ALL SECTIONS of the Application Form Legal parent/guardian must sign and date.
<input type="checkbox"/> 2. Parent/Legal Guardian Information	Please complete ALL SECTIONS .
<input type="checkbox"/> 3. Seattle Public School Assignment Letter	If your child has NOT been registered for Kindergarten, DLEC will assist in completing the Registration Process
OR	
<input type="checkbox"/> 3. Proof of Age: to be age eligible, your child must be five (5) years old by August 31, 2017 AND	<u>Age – Any 1:</u> Birth Certificate, Passport, Government Issued Identification
<input type="checkbox"/> Proof of Residency	<u>Residency - Any 1</u> with parent name and address: Utility bill (gas, electricity, water, garbage), mortgage documents/homeowners insurance, OR 2 current documents showing same name and address: Driver's License, paycheck stubs, medical/dental insurance information, government documents (IRS, property tax) Lease Agreement, Business mail (bank statements, bills as cable, cell, medical)
<input type="checkbox"/> 4. Complete, Up-to-Date Immunization Record	
<input type="checkbox"/> 5. Child Medical/Dental Insurance Information	Any of the following: Current Apple Health Coverage (Medical Coupon), Medical Identification card from Health Insurance provider (employer, government, other)
<input type="checkbox"/> 6. Complete Individual Education Plan (IEP) if applicable	If your child has an IEP, the complete IEP must accompany the Application. Per ADA, DLEC will make reasonable accommodations for children with diagnosed Special Needs, within the limitations that their IEP goals/restrictions can be integrated into the Camp Panda curriculum.

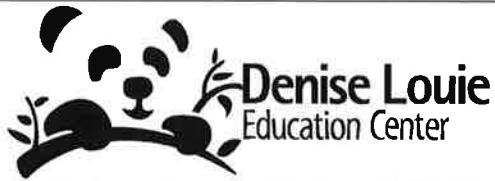
WITHOUT THE ABOVE LISTED DOCUMENTS,
YOUR APPLICATION IS INCOMPLETE AND CANNOT BE PROCESSED.
APPLICATIONS DUE May 19, 2017

Please note...

If your child has a medical/physical condition that requires special accommodation, Denise Louie Education Center will require additional information and a **Classroom Accommodation Plan** before your child begins classroom services. This includes written instructions from your Medical Provider, the required medication AND a meeting with program staff.

Please return your application to: Denise Louie Education Center, **Beacon Site**
3327 Beacon Avenue South
Seattle, Washington 98144
Att. Camp Panda

For information call: (206) 769-3982
Email: summercamp@deniselouie.org



CAMP PANDA

2017 Summer Learning Program

Program Information and Requirements

CAMP PANDA

is a 6 week Kindergarten Readiness Program funded by the City of Seattle's Office of Education focusing on preparing children with none or little Pre-school experience and their families for the Kindergarten Classroom.

Camp Panda will concentrate on Kindergarten expectations, building social and emotional competency, strengthening language and literacy proficiency and will reinforce other academic and developmental areas.

This will be done with parent participation in classroom, home and community parent/child activities. Parents will be provided information, training and access to community resources in order to support their child and entire family.

Our goal is to ensure a positive transition to Kindergarten and build a strong foundation for the future.

Program Requirements:

Child:

- Must be able to fully participate in program activities as Field Trips, community projects etc.
- DLEC will make reasonable accommodations for children with diagnosed Special Needs, within the limitations that their IEP goals/restrictions can be integrated into the Camp Panda curriculum and that the child can receive measurable benefits from the 6 week program.
- Children must attend all scheduled program days.

Parent/Family:

- Will commit to the entire 6 week program.
- Will fully participate in Camp Panda scheduled activities, including Registration/Orientation, Open House, a Parent-Teacher Conference, 2 Classroom activities – including the end of the Program Celebration and 1 outside of class time Parent Training.
- Will provide a re-fundable deposit of \$30.00. This will be returned at the end of the program if the child's attendance percentage is 90% or above.
- Work with child on "At Home Assignments".
- Drop-off and Pick-up on time for self-transportation.
- Provide all needed documentation, including medical information and attending Classroom Accommodation Plan meeting if needed.
- Register for the "Jump Start" program if the child's assigned Kindergarten participates.
- Assist program staff in the transfer of child information to the Kindergarten placement.



Application: **CAMP PANDA**
2017 SUMMER LEARNING PROGRAM

Section I: Child Information

Last Name		First Name		Middle Name	Date of Birth / /		Gender <input type="checkbox"/> M <input type="checkbox"/> F
Residence Address			Apt #	City	State	Zip	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address			Apt #	City	State	Zip	
Phone: Home ()	<input type="checkbox"/> Primary	Cell ()	<input type="checkbox"/> Primary	Work/Message ()	<input type="checkbox"/> Primary	Other ()	<input type="checkbox"/> Primary

Ethnic Origin (*Check all that apply. Please be specific.*)

Asian: Specify: _____ Black or African American Specify: _____ Unspecified

Hispanic/Latino: Specify: _____ White Other: _____

Native Hawaiian or other Pacific Islander American Indian or Alaska Native

Is the child of Hispanic/Latino origin? No Yes

My child speaks: English Primary Proficiency? Not At All Not Well Well Very Well

Other Language _____ Primary Proficiency? Not At All Not Well Well Very Well

Other Language _____ Primary Proficiency? Not At All Not Well Well Very Well

Does this child have a diagnosed disability? No Yes* If yes, please specify: _____
If YES, information MUST accompany Application

Does this child have an Individual Education Plan (IEP)? No Yes* If yes, School District/ID Number: _____
If YES, the COMPLETE IEP MUST accompany Application

Do you have a developmental, behavioral, nutritional, or physical concern about this child? No Yes* If yes, please specify: _____

Does your child have a medical/physical condition that requires special accommodation? (*Check all that apply*) No Yes* If yes, please specify: _____

Allergic to: Food Medicine Other _____

Medical/Physical: Asthma Seizures TB Positive Other _____

**If your child has a medical/physical condition that requires special accommodation, Denise Louie Education Center will require additional information and a classroom accommodation plan before your child begins receiving classroom services.*

Section II: Selection, Placement and Transportation:

My child has attended a Pre-school. NO YES If YES, please complete the following:

Priority for enrollment will be given to children with none or limited Pre-School experience. Children with Pre-School experience may be enrolled with documentation from their current Pre-School indicating the need for additional support services prior to starting Kindergarten.

If YES, you will be asked to complete a DLEC Exchange of Information Consent Form.

Has your child been **previously** enrolled or is **currently** enrolled in:

A Head Start, Step Ahead or ECEAP program? NO YES If YES, where? _____
For how long? _____

Other Pre-School program? NO YES If YES, where? _____
For how long? _____

(Non-education childcare, home day care and babysitting is **NOT** Pre-School)

Transportation: Denise Louie requires self-transportation.

Can you or a relative friend neighbor Other _____ transport your child to school? YES NO

Section III: Additional Information:

Do you have another child that attended or attends Denise Louie Education Center Pre-School or Early Head Start? NO YES

If YES, name(s): _____

Are you currently on the DLEC wait list? NO YES

Where/how did you hear about Denise Louie Education Center?

Would you like to share any other information that would help us address the needs of you and your family?

To the best of my knowledge, the above information is factual and true.

Parent/Legal Guardian Signature

Print Name

Date

The City of Seattle requires agencies who receive City funding collect demographic information on clients served. This information is submitted WITHOUT individual identification:

Number living in household: _____ Number Adults: _____ Number of children under 18: _____

Do you: Make no payment for housing Pay mortgage to own Pay rent Other: _____

Yearly Income: _____ Is family refugee or immigrant? YES NO

Child Information

Last Name	First Name	Middle Name	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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Information for PRIMARY CAREGIVER:

Last Name	First Name	Middle Name	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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Home Phone: Primary: <input type="checkbox"/> Yes <input type="checkbox"/> No ()	Cell Phone Primary: <input type="checkbox"/> Yes <input type="checkbox"/> No ()	Work/Message ()	Email:
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Relationship to child:
 Natural/Adopted/Step Mother Natural/Adopted/Step Father Grandparents Other Relative: Describe _____
 Legal Guardian Foster Parent Other: Describe _____

Ethnic Origin (Check all that apply. Please be specific.) **Are you of Hispanic/Latino origin?** No Yes

<input type="checkbox"/> Asian: Specify: _____	<input type="checkbox"/> African: Specify: _____	<input type="checkbox"/> African American
<input type="checkbox"/> Hispanic/Latino: Specify: _____	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Bi-racial/Multi-racial
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> American Indian/ Native American or Alaska Native	<input type="checkbox"/> Other: _____

Availability: Camp Panda requires parent to attend both day and evening activities.

Please indicate your availability:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Parent Engagement: Camp Panda requires parent to participate with child in activities.

Please indicate areas that you would be interested in participating in the classroom.

<input type="checkbox"/> Artwork	<input type="checkbox"/> Games	<input type="checkbox"/> Reading/Storytelling
<input type="checkbox"/> Cooking	<input type="checkbox"/> Activity Planning	<input type="checkbox"/> Translation
<input type="checkbox"/> Music/Dancing	<input type="checkbox"/> Field Trips	<input type="checkbox"/> Classroom Support
<input type="checkbox"/> Other: Describe _____		

What is the best way to contact you?

Telephone Text Mail – via classroom staff E-mail

Primary Language spoken:	Other Language(s) spoken:	Translation needed? <input type="checkbox"/> Verbal <input type="checkbox"/> Written
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Information for SECONDARY CAREGIVER:

Last Name	First Name	Middle Name	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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Home Phone: Primary: <input type="checkbox"/> Yes <input type="checkbox"/> No ()	Cell Phone Primary: <input type="checkbox"/> Yes <input type="checkbox"/> No ()	Work/Message ()	Email:
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Relationship to child:
 Natural/Adopted/Step Mother Natural/Adopted/Step Father Grandparents Other Relative: Describe _____
 Legal Guardian Foster Parent Other: Describe _____

Ethnic Origin (Check all that apply. Please be specific.) **Are you of Hispanic/Latino origin?** No Yes

<input type="checkbox"/> Asian: Specify: _____	<input type="checkbox"/> African: Specify: _____	<input type="checkbox"/> African American
<input type="checkbox"/> Hispanic/Latino: Specify: _____	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Bi-racial/Multi-racial
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> American Indian/ Native American or Alaska Native	<input type="checkbox"/> Other: _____

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Please indicate areas that you would be interested in participating in the classroom.

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<input type="checkbox"/> Cooking	<input type="checkbox"/> Activity Planning	<input type="checkbox"/> Translation
<input type="checkbox"/> Music/Dancing	<input type="checkbox"/> Field Trips	<input type="checkbox"/> Classroom Support
<input type="checkbox"/> Other: Describe _____		

What is the best way to contact you?

Telephone Text Mail – via classroom staff E-mail

Primary Language spoken:	Other Language(s) spoken:	Translation needed? <input type="checkbox"/> Verbal <input type="checkbox"/> Written
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Parent/Legal Guardian Signature

Date