



# Bethel Youth Drop-In Center

Email [ydic@bethelpdx.org](mailto:ydic@bethelpdx.org) • YDIC Phone 971-717-5734 • BLC Phone 503-285-4919 • Website [www.bethelpdx.org/youth-drop-in-center](http://www.bethelpdx.org/youth-drop-in-center)  
Address 5658 North Denver Avenue • Portland, Oregon 97217

## Registration – Summer 2020

### CONTACT INFORMATION

#### Participant

Name \_\_\_\_\_

Gender: Male  Female  Prefer not to disclose  Gender I Identify With: Male  Female  Non-Binary

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Birthdate: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Fall School Grade \_\_\_\_\_ Name of School \_\_\_\_\_

Participants Interests (*games, activities, etc.*) \_\_\_\_\_

#### Parent/Guardian 1

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

#### Parent/Guardian 2

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### EMERGENCY CONTACTS

In case of emergency in what order should we call parents/guardians and at what numbers?

1. \_\_\_\_\_ phone \_\_\_\_\_

2. \_\_\_\_\_ phone \_\_\_\_\_

If parents/guardians cannot be reached, who is an emergency contact?

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_



## STUDENT PLEDGE

- I will treat myself and others with respect.
- I will respect the church building and other people's property.
- I will use the equipment and supplies only as intended & put them away when I'm done.
- I will not bring anything to sell.
- I will not litter.
- I will respect other people regardless of race, creed color, physical ability, gender identity, orientation, or family origin.
- I will not bring anything into the Bethel YDIC that may be considered dangerous to myself or anyone else.
- I will not bring any toys, cell phones, or other electronic devices.
- I understand that if the safety and conduct rules are not followed, I will be sent home from Bethel YDIC. If this continues I may be asked not to return.

---

*Participant*

*Date*

---

*Parent/Guardian*

*Date*

## PARENT PLEDGE

- As a parent/guardian of a child attending the Bethel YDIC, I pledge to support Bethel YDIC in its work.
- I will offer emotional, volunteer and financial help as I am able to the children, the volunteers, and the staff.
- I will abide by the decisions of the staff regarding the operation of Bethel YDIC to provide a safe and developmentally appropriate atmosphere for the children.
- I will freely bring my questions and concerns to the staff of Bethel YDIC.
- I understand that I am responsible for transportation to and from Bethel YDIC.
- To protect the health of all attendees I will keep my child home when he/she is ill.

---

*Parent/Guardian 1*

*Date*

---

*Parent/Guardian 2*

*Date*



## EMERGENCY MEDICAL AUTHORIZATION

I understand that in the event of an emergency, or if any medical or surgical care becomes necessary for \_\_\_\_\_, I, the parent/guardian grant those in charge of the Bethel YDIC,

*(Participant's Name)*

permission to authorize medical attention as recommended by a licensed physician, if I am unavailable. I also agree to pay all the medical costs involved in such an emergency treatment. Every attempt will be made to contact the parent/guardian. I release and discharge the Bethel YDIC and its representatives from liability whatsoever in exercising this permission.

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Legal Guardian (*primary contact*): \_\_\_\_\_

Physician name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy#: \_\_\_\_\_

### If emergency transport is required, please transport to:

\_\_\_\_\_ Randall Children's Hosp. (Emanuel/Legacy Health System)

\_\_\_\_\_ Doernbecher Children's Hospital (OHSU)

\_\_\_\_\_ Closest children's emergency facility.

\_\_\_\_\_  
**Parent/Guardian 1 Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian 2 Signature**

\_\_\_\_\_  
**Date**

## HEALTH & MEDICAL INFORMATION

Medical information we should know about the Participant? \_\_\_\_\_

Please list any current medications your child is taking: \_\_\_\_\_

Allergies (*include all drug and food allergies*) \_\_\_\_\_

Food Restrictions \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Does the Participant have a disability requiring any accommodations?  Yes  No

If yes, please explain: \_\_\_\_\_



## PHOTO/VIDEO RELEASE FOR BETHEL YDIC

I, \_\_\_\_\_, give permission to the Bethel YDIC and its agents to photograph or  
*(Parent/Guardian)*

video tape my child, \_\_\_\_\_ during Bethel YDIC activities.  
*(Participant's Name)*

I understand that this contract constitutes my permission to have my child photographed or video taped for purposes of promoting the Bethel YDIC.

The photos or videos will be used for promotional use **ONLY** and will not be used for any other purpose. Bethel YDIC will use photos in their local newsletter as well as for such purposes for applying or funding to keep Bethel YDIC open. There will also be photographs hung in Bethel YDIC for parents/guardian, children, and anyone visiting the building to see.

1. I release and discharge Bethel YDIC and its representatives involved, from any liability whatsoever in exercising this permission.

\_\_\_\_\_  
*Parent/Guardian Signature* *Date*

2. I prefer not to have your child photographed or videotaped.

\_\_\_\_\_  
*Parent/Guardian Signature* *Date*

## GENERAL FIELD TRIP RELEASE

I, \_\_\_\_\_, give permission to Bethel YDIC Drop and its agents, to  
*(Parent's/Guardian's Name)*

take my child, \_\_\_\_\_ from Bethel YDIC for occasional and regular Bethel YDIC  
*(Participant's Name)*

activities, including swimming, park outings, neighborhood walks, and trips on public transportation.

\_\_\_\_\_ I do not wish to sign a general field trip release, I wish to have a separate release for each field trip.

\_\_\_\_\_  
*Parent/Guardian Signature* *Date*



## 2020 SUMMER CAMP TUITION PRICING (PER WEEK)

The Bethel Youth Drop-In Center believes all neighborhood children should have the opportunity to attend our summer day camp. We know families have different abilities to pay, so we offer a voluntary five-tiered pricing program to better meet all financial needs. Since you know your family's financial situation better than we do, you select the rate you can afford.

*Reduced pricing doesn't change the quality camp experience your child receives!*

Having the multiple payment options (tiers) listed below shows you the true cost of the Drop-In Center's programming (Tier 1) and gives you a range of possible payment plans in Tiers 1 through 5. The level you choose is up to you. Consider selecting the highest price you can afford because that choice helps more kids come to camp!

- **Tier 1:** This option is closest to the true cost of camp.
- **Tier 2:** This option is slightly subsidized for families needing a bit of support to make camp affordable.
- **Tiers 3, 4, and 5:** These options are more highly subsidized rates; we can provide these lower payment options because of fundraising events and individual contributions from Drop-In Center supporters. Choose one of these rates if your family requires additional campership support.

We encourage all families to assist us in keeping our costs low by volunteering at least one evening during the summer to help with janitorial and clean-up work after campers have gone home.

**Payment:** A non-refundable deposit of \$20 is due with your registration. Payment for each week of camp is due by Monday morning of each camping week. You may pay earlier than Monday morning, and you may pay for several weeks at a time.

TIER ONE	TIER TWO	TIER THREE	TIER FOUR	TIER FIVE*
First Child: \$200	First Child: \$150	First Child: \$100	First Child: \$50	First Child: \$25
Additional children from same immediate family \$150 per child	Additional children from same immediate family \$100 per child	Additional children from same immediate family \$50 per child	Additional children from same immediate family \$25 per child	Additional children from same immediate family \$15 per child

\*If you find your family situation falling outside these payment tiers, please speak with the Director. The Bethel Youth Drop-In Center has a policy of never turning a child away because the family is unable to pay. We want to work with you so that your child has a wonderful camping experience during Summer Drop-In.



## PROGRAM FEE AGREEMENT

Full Day Program Fees are **\$200** per week, per child. This fee includes all day care (8 am to 5:30 pm) and a healthy breakfast, lunch and snack.

Bethel can provide a sliding scale for our families and discount for multiple children. Please select the amount that you can pay for each child. Payment is expected on Monday of each week.

\_\_\_\_\$200    \_\_\_\_\$150    \_\_\_\_\$100    \_\_\_\_\$50    \_\_\_\_\$25

### **Further tuition assistance, discounts for multiple children, and other work-trade options are available**

If you require tuition assistance, please speak with the camp director.

Tuition Assistance is determined on an individual basis without regard to race, religion, physical ability, ethnic background or sexual orientation according to the amount of Tuition Assistance money available.

I (we) understand our weekly fee for the summer program will be: \_\_\_\_\_

---

***Parent/Guardian Signature***

---

***Date***

Accepted:

---

***Center Director Signature***

---

***Date***



## FINANCIAL ASSISTANCE APPLICATION

\*\*\* NOTE: ALL information contained in this application is confidential. \*\*\*

### Camper Information

CAMPERS NAME	Birth Date
MAILING ADDRESS	Grade
CITY/STATE/ZIP	

### Parent/Guardian Information

PARENT/GUARDIAN NAME	Occupation
ADDRESS, IF DIFFERENT THAN ABOVE	Cell Phone
EMAIL ADDRESS	
PARENT/GUARDIAN NAME	Occupation
ADDRESS, IF DIFFERENT THAN ABOVE	Cell Phone
EMAIL ADDRESS	

### MONTHLY FAMILY INCOME

GROSS MONTHLY INCOME (Salary, wages, commission)	\$
ALL OTHER ASSISTANCE (Alimony, TANF, SNAP, etc.)	\$
Please list the total number of people in your household living on the above income	
Amount I am able to contribute	\$
I have skills/services I can contribute	
My family experiences food insecurity during the month. Please explain.	



## HOUSEHOLD INFORMATION

The Bethel YDIC depends on a variety of sources for financial support. Many of our funders require that we submit statistics on the people we serve. Please help us gather this information. Bethel YDIC will not release information about any individual or family; we will use the information you give us only for compiling statistics about groups Bethel YDIC serves.

How did you hear about the Bethel YDIC? \_\_\_\_\_

How many children are in your family? \_\_\_\_\_ Ages? \_\_\_\_\_

How many use the Bethel YDIC? \_\_\_\_\_

Do any of your children (attending Bethel DYIC) have special needs? Briefly Describe \_\_\_\_\_

How many adults are in your household? \_\_\_\_\_

What is their employment status? \_\_\_\_\_ If employed, how many hours per week do they work? \_\_\_\_\_

### Which of the following best describes the head(s) of household?

\_\_\_\_ Single Parent    \_\_\_\_ Two Parent s    \_\_\_\_ Grandparent(s)    \_\_\_\_ Foster Parent    \_\_\_\_ Other

### Which of the following best describes the head(s) of household ethnicity?

\_\_\_\_ African American    \_\_\_\_ Asian    \_\_\_\_ Caucasian    \_\_\_\_ Hispanic    \_\_\_\_ Native American    \_\_\_\_ Pacific Island    \_\_\_\_ Other

### Total annual household income:

\_\_\_\_ under \$10,000    \_\_\_\_ \$10,000 - \$19,000    \_\_\_\_ \$20,000 - \$29,000

\_\_\_\_ \$30,000 - \$39,000    \_\_\_\_ \$40,000 - \$49,000    \_\_\_\_ over \$50,000

Does your family struggle with food scarcity? \_\_\_\_\_

Does your family struggle with housing insecurity? \_\_\_\_\_





**SUMMER CAMP WEEKS ATTENDING FORM**

<b>Child's Name</b>	<b>Week 1</b> July 13 – July 17	<b>Week 2</b> July 20 – July 24	<b>Week 3</b> July 27 – July 31	<b>Week 4</b> Aug 3 – Aug 7	<b>Week 5</b> Aug 10– Aug 14	<b>Week 6</b> Aug 17 – Aug 21

**ALTERNATE DROP OFF AND PICK UP PERSONS**

<b>1. Name</b>	<b>2. Name</b>
Home Phone	Home Phone
Cell Phone	Cell Phone
<b>3. Name</b>	<b>4. Name</b>
Home Phone	Home Phone
Cell Phone	Cell Phone

**Yes, I am enrolling my 4<sup>th</sup> and/or 5<sup>th</sup> grader in the University of Portland Summer Learning Program.**  
 (Child must attend weeks 1 through 5 and Bethel pays tuition)

<b>Child's Name</b>	<b>Grade</b>