

Human Services Center Corp.

Westinghouse Valley Human Services Center
519 Penn Avenue, Turtle Creek, PA 15145-2057
(412) 829-7112 Fax (412) 829-4363
Website: www.hsc-mvpc.org

May 14, 2010

Dear Parent or Guardian:

The 2010 Kids, Outgoing, Outdoing, and Learning (KOOL) Summer Programs are currently accepting applications for children between the ages of five and thirteen for both the Turtle Creek (KOOL 1) and Swissvale (KOOL 2) sites.

The KOOL Summer Programs are summer academic enrichment programs for youth that offer academic, cultural, social enrichment, and recreation. KOOL provides participants with an educational and fun summer experience. Youth participate in academic activities on a daily basis, a computer-based curriculum to help improve math and reading skills, as well as arts and crafts, and experiential seminars provided by local agencies. On Fridays, KOOL participants have the opportunity to attend field trips to various places throughout the Pittsburgh region including the Pittsburgh Zoo and Aquarium, Carnegie Science Center, Heinz History Center, Phipps Conservatory, Idlewild Park, Boyce Park Wave Pool, and many more. In addition, youth are provided with a FREE breakfast, lunch, and snack daily. ****The Human Services Center Corporation **DOES NOT provide transportation** to and from the Programs. Transportation is provided to and from field trips ONLY.*

KOOL 1 – located at Human Services Center Corporation, 519 Penn Avenue, Turtle Creek, PA 15145 – July 6-August 20, 2010, Monday-Friday, 8:30AM-4:30PM – For participants going into K – 8 grades

KOOL 2 – located at Woodland Hills Junior High, 7600 Evans St., Swissvale, PA 15218 – July 6-August 6, 2010, Monday-Thursday, 8AM-4PM and Friday, 8:30AM-4:30PM – For participants going into 1-5 grades and reside only in the Woodland Hills School District

Due to the overwhelming demand for the Programs, we do not fill slots by first come, first served. Instead, a number of important factors will be considered for every application for either site. Priority will be given to applicants who:

- Submit their fully and correctly completed application and application fee in a timely manner;
- Have household income below 125% of the poverty level;
- Possess a Medical Assistance ACCESS, Gateway, MedPlus, or UPMC for You insurance card – ***MUST provide a copy of the child's card with application,***
- Reside in the Woodland Hills School District;
- Give the HSCC copies of child's 2009-2010 final report card and annual assessments scores – ***MUST provide copies with application or at orientation at the latest!***

Based on these factors, it is *possible* that past participants may not be accepted into this year's Programs. **Do not let this deter you from applying.**

A nonrefundable application fee of \$80 (per child) is required to process the application in order to help secure your child's space. **Only cash or money orders will be acceptable forms of payment. NO checks will be accepted!** YOUR CHILD'S APPLICATION WILL BE CONSIDERED ONCE THE PAYMENT (PAYABLE TO THE HSCC) AND COMPLETED APPLICATION ARE RECEIVED. All KOOL activities are FREE for all participants. **TURN OVER => =>**

You can return the completed packet in person at the Human Services Center Corporation's office, 413 Penn Avenue 2nd Floor in Turtle Creek, Monday through Friday between 9:00AM and 4:00PM or by mail to Leah Price, Human Services Center Corporation, 519 Penn Avenue, Turtle Creek, PA 15145.

You will receive a letter within a month our office receiving your completed application and non-refundable application fee to inform you of your child's acceptance status. I will also send you a letter if your child is not selected or if your child is on the waiting list.

Prior to your child being enrolled in either KOOL Summer Program, **BOTH parents and the child must attend ONE of the following MANDATORY** orientation sessions. The location of the orientations will be noted in your acceptance letter. **For those parents with joint custody or married parents, BOTH must attend an orientation session.** You and your child/children will meet some of the staff of the KOOL Summer Programs, learn the rules and policies, receive a program schedule, and go over additional paperwork that must be completed for your child to participate. **You and your child must attend one scheduled orientation session, or your child will be unable to participate in the 2010 KOOL Summer Programs. There will be no make-up orientation sessions. If you do not attend ONE scheduled orientation, your child WILL NOT be permitted to attend the Program and your spot WILL NOT be saved.** Attendance will be taken at the orientation sessions. **If you are late your attendance will not be counted.** The following are the dates and times for the orientations:

- Wednesday, June 2nd from 6PM-7PM (only for Turtle Creek site participants – KOOL 1) @ HSCC
- Saturday, June 19th from 12PM-1PM (for either site participants – KOOL 1 and 2) @ HSCC
- Thursday, June 24th from 6PM-7PM (only for Swissvale site participants – KOOL 2) @ WHSD Junior High

****You will not be allowed to attend an orientation unless you receive an official acceptance letter.*

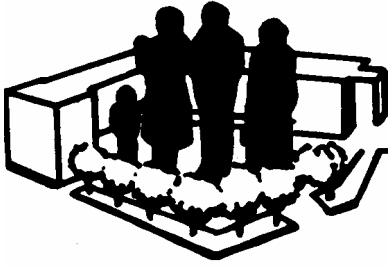
If you have any questions or concerns, please do not hesitate to contact me at 412-829-7112 or by email at Lprice@hsc-mvpc.org. The staff and I look forward to working with you and your child this summer!

Sincerely,

Leah Price

Leah Price, MPA
Youth Programs Director

Enclosure



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2010 KOOL Summer Programs Application

The following information will help us to make this summer program as beneficial as possible to your child. Please print all information clearly. Failure to complete this document correctly could result in your child not being accepted into the KOOL Summer Program. All information will be kept confidential.

Child's First Name: _____ Middle Initial: _____ Child's Last name: _____

Street Address: _____ Apartment # if Applicable: _____ Town: _____

State: _____ Zip Code: _____ Home Phone #: _____ Child *lives* in the Woodland Hills School District? Yes No

Site you are applying for (please only pick one): Turtle Creek (KOOL 1) Swissvale (KOOL 2) No preference

Social Security #: _____ Birthday: _____ Age: _____ Grade in the fall: _____

Name of School *and* District Attending in the Fall 2010: _____

Name of School *and* District Attended during 2009-2010 School Year: _____

Projected Name of School *and* District Attending in 2011-2012 School Year: _____

Sex: Male Female Child's T-Shirt Size: Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult XLarge

Is your child living with his/her mother? Yes No Is your child living with his/her father? Yes No

Do parents/guardians share LEGAL custody *or* are parents/guardians married? Yes No

If not living with either parent, with whom is the child living with? _____

Place(s) of Employment of Mother/Guardian: _____ Not Applicable

Place(s) of Employment of Father/Guardian: _____ Not Applicable

Please RSVP for **ONE** mandatory orientation that you and your child will be attending:

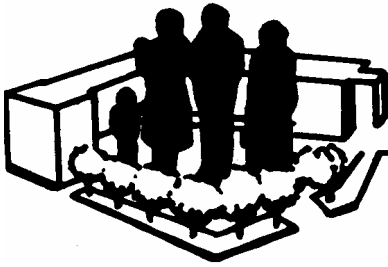
- Wednesday, May 2nd from 6PM-7:30PM (only for Turtle Creek site participants – KOOL 1) @ HSCC
- Saturday, June 19th from 12PM-1:30PM (for either site participants – KOOL 1 or 2) @ HSCC
- Thursday, June 24th from 6PM-7PM (only for Swissvale site participants – KOOL 2) @ WHSD Junior High

*At orientation you **MUST** bring your child's last period report card from the 2009-2010 school year as well as his/her most recent assessment test scores. All participants entering kindergarten are obviously excluded from this request.

****For internal/office use only:**

Date application received: _____ WHSD # if applicable: _____ HSDF # if applicable: _____
Application Fee Paid: Yes No Type of Payment: Cash Money Order Past KOOL: Yes No
Copy of Medical Card: Yes No N/A HSDF Eligible: Yes No Accepted: Yes No

TURN OVER => =>



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2010 KOOL Summer Programs CLIENT DATA SHEET PART I

The following are for statistical purposes only to report to our funders the demographics of the youth and families we are serving. All information will be kept confidential.

- Ethnicity/Race: Black White American Indian or Alaska Native Chinese Filipino Japanese
 Korean Asian Indian Vietnamese Samoan Native Hawaiian Native American
 Other Asian _____ Some Other Race _____
 Hispanic, Latino, or Spanish Origin Mexican, Mexican American, Chicano Puerto Rican
 Cuban Other Hispanic, Latino, or Spanish Origin _____

Does the child possess a Medical Assistance ACCESS, Gateway, MedPlus, or UPMC for You insurance card? Yes No

Housing: Own Rent Other

Source of Family Income: No Income TANF Social Security Pension General Assistance Unemployment
 SSI Employment Only Child Support
 Other _____

Family Type: Single parent/female Single parent/male Two-parent Other

Other Family Characteristics: Receives Food Stamps
 If you receive food stamps, what is the case #? _____

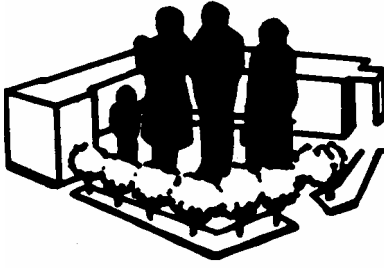
Family Size: One Two Three Four Five Six Seven Eight or more

Approximate Monthly Income of Mother/Guardian: _____ Not Applicable

Approximate Monthly Income of Father/Guardian: _____ Not Applicable

Names, birthdays, and sex of the family members living in the household (if you need additional space, please continue on the bottom of this sheet):

Name (First and Last Name)	Relationship to Youth (Mother, Father, Sister, etc.)	Birthday (Month/Day/Year)	Sex (Male, Female)



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2010 KOOL Summer Programs CLIENT DATA SHEET PART II

Is/are the child's legal guardian(s) someone other than the biological parent(s)? Yes No

Is the participant a foster child? Yes No

Has the participant ever been a foster child? Yes No

Does the child have an IEP (Individualized Education Plan)? Yes No *(If "Yes", please provide a copy to the Youth Programs Director when available)*

Has the child ever failed a grade level in school? Yes No

Has the child ever attended summer school? Yes No

Is school attendance an issue for the child? Yes No

Has the participant been suspended from school at any time? Yes No

Has the child ever been expelled from school? Yes No

Has the participant ever been a part of the juvenile justice system? Yes No

Has a parent of the child been incarcerated at any point? Yes No

Has any close relative of the child been incarcerated at any point? Yes No

Is there a history of drug and/or alcohol abuse in your family? Yes No

Is the child's family receiving services from Children, Youth and Families? Yes No

Is the child's family receiving any public welfare benefits (such as Temporary Assistance for Needy Families (TANF) payments, Medicaid health insurance, food stamps)? Yes No

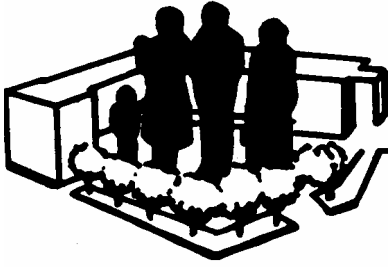
Is Mother/Guardian registered to vote? Yes No N/A

Is Father/Guardian registered to vote? Yes No N/A

Does your family live in subsidized, Section 8, or any other form of public/subsidized housing? Yes No

Does anyone in your household receive cash assistance? Yes No

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2010 KOOL Summer Programs *EMERGENCY CONTACT INFORMATION*

Mother/Legal Guardian First Name:

Mother /Legal Guardian Last Name:

Mother Home Phone:

Mother Cell Phone:

Mother Work Phone:

Mother Email Address:

Mother Social Security #:

Mother Birth Date:

Father/Legal Guardian First Name:

Father/Legal Guardian Last Name:

Father Home Phone:

Father Cell Phone:

Father Work Phone:

Father Email Address:

Father Social Security #:

Father Birth Date:

1st Emergency Contact (*OTHER THAN PARENT/GUARDIAN*):

Relationship to Applicant:

1st Contact Cell Phone:

1st Contact Home Phone:

2nd Emergency Contact (*OTHER THAN PARENT/GUARDIAN*):

Relationship to Applicant:

2nd Contact Cell Phone:

2nd Contact Home Phone:

Persons To Whom Child May Be Released from the Program (**parents and emergency contacts listed above are already assumed**):

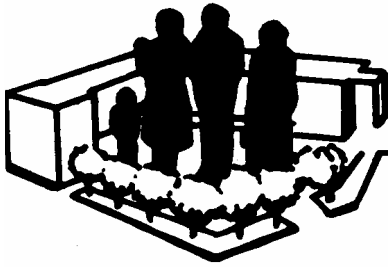
Health Insurance Coverage for Child:

Policy Number:

Special Disabilities:

Allergies:

Medications:



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KOOL Summer Programs *PARENTAL CONSENT FORM*

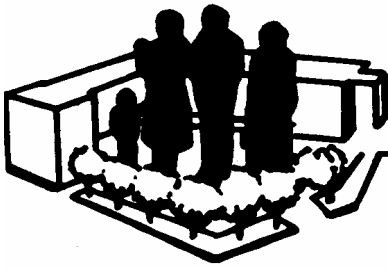
I grant permission for my son/daughter _____ to participate in all scheduled activities of the 2010 KOOL Summer Programs. I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of this summer program.

For those parents with joint custody or are married, **BOTH parents must sign this release. Failure to do so will result in your child being prohibited from participating in the KOOL Summer Program.

Signature of Parent or Guardian 1: _____ Date: _____

Signature of Parent or Guardian 2: _____ Date: _____

TURN OVER => =>



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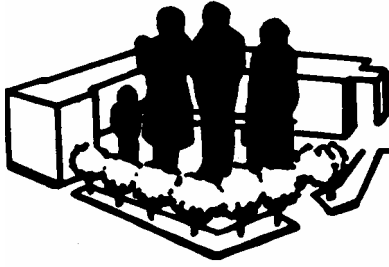
KOOL Summer Programs *RELEASE TO BE TAKEN OFF-SITE*

I grant permission for my son/daughter _____ to be taken off-site by Human Services Center Corporation staff for field trips and other special events. I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of this summer program.

For those parents with joint custody or are married, **BOTH parents must sign this release. Failure to do so will result in your child being prohibited from participating in the KOOL Summer Program.

Signature of Parent or Guardian 1: _____ Date: _____

Signature of Parent or Guardian 2: _____ Date: _____



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KOOL Summer Programs *PHOTO/IMAGE CONSENT FORM*

Occasionally, KOOL Summer Programs staff members wish to photograph, videotape, or otherwise record the activities of program participants for the purpose of recording, promotions, and reporting outcomes of the 2010 KOOL Summer Programs. We sometimes provide local newspapers with information about KOOL Summer Program participants, such as the student's name, grade, school district, and what the student has done during the program. Please indicate if you give us permission to use your child's image and name for such purposes by signing below.

I hereby give permission for my child, _____, to be photographed, videotaped, or otherwise have their image or voice recorded, in connection with the KOOL Summer Programs. I give permission for the Human Services Center Corporation to use the photographed, videotaped, and/or recorded materials in any publications, promotional materials, reports, websites, CD's, DVD's, other media for publicity, reporting purposes, or in any other non-commercial manner that it chooses. I hereby waive and release any rights that I may have to the said videotaped, recorded, and/or photographed materials.

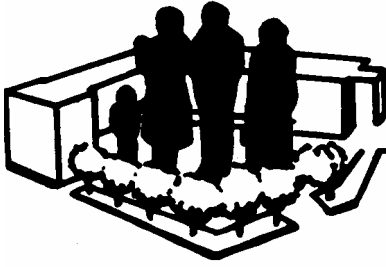
I further grant permission for the Human Services Center Corporation to provide local media and foundations with information about my child. Moreover, I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of this summer program.

For those parents with joint custody or are married, **BOTH parents must sign this release. Failure to do so will result in your child being prohibited from participating in the KOOL Summer Program.

Signature of Parent or Guardian 1: _____ Date: _____

Signature of Parent or Guardian 2: _____ Date: _____

TURN OVER => =>



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KOOL Summer Programs *AUTHORIZATION FOR SHARED INFORMATION*

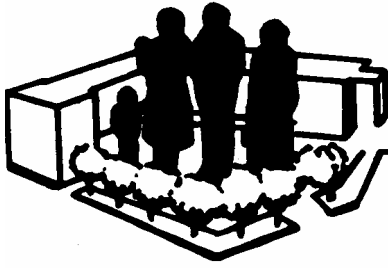
I hereby give permission to the Human Services Center Corporation to share information on my child, _____, with funders, emergency care providers, counselors, medical professionals, and other human service agencies on an as-needed basis. All information will be kept strictly confidential.

I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of this summer program.

For those parents with joint custody or are married, **BOTH parents must sign this release. Failure to do so will result in your child being prohibited from participating in the KOOL Summer Program.

Signature of Parent or Guardian 1: _____ Date: _____

Signature of Parent or Guardian 2: _____ Date: _____



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KOOL Summer Program *PERMISSION FOR MEDICAL TREATMENT AND RELEASE*

I wish to have my child, _____, participate in the 2010 KOOL Summers. I understand that there are risks and hazards, in addition to benefits, associated with my child's participation. I, on behalf of myself, my child, our heirs, executors, administrators, and other personal representatives, do hereby irreversibly and unconditionally remise, release, settle, compromise and forever discharge any and all manner of suits, actions, causes of action, damages and claims, known and unknown, that I or my child, have or may have against the KOOL Summer Programs and the Human Services Center Corporation arising from or connected with my child's participation in the 2010 KOOL Summer Programs, including the securing of medical treatment for my child.

I give permission for the KOOL Summer Programs and Human Services Center Corporation to secure medical treatment for my child in the event that such treatment is required during my child's participation in the KOOL Summer Programs. I will be financially responsible for the cost of such treatment. In addition, should my child need medication administered on a daily basis, I will provide the KOOL Summer Program and Human Services Center Corporation staff with clear instructions, including the name of the medication(s), dosages, time(s) to be administered, and the prescribing doctor's name, address, and phone number, should they need to be contacted.

The Commonwealth of Pennsylvania's laws apply to this Permission for Medical Treatment and Release. This release will remain valid and binding from the beginning to the end of the Program.

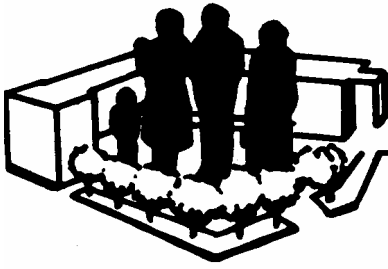
I have read and understand the terms of this release. I sign this document voluntarily, knowing that I am legally bound by it. I am over eighteen years of age, and competent to sign this document. I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of this summer program.

For those parents with joint custody or are married, **BOTH parents must sign this release. Failure to do so will result in your child being prohibited from participating in the KOOL Summer Program.

Signature of Parent or Guardian 1: _____ Date: _____

Signature of Parent or Guardian 2: _____ Date: _____

TURN OVER => =>



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KOOL Summer Programs *MEDICAL INFORMATION SHEET*

Child's Name: _____

Date of Birth: _____ Dietary Restrictions: _____

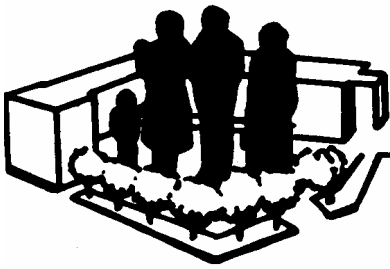
Regular Medications: _____

Allergies: _____

Medical Conditions and History (Please check all that apply)

- Asthma _____
- Arthritis _____
- Alcoholism/Drug Abuse _____
- Allergies _____
- Black-outs _____
- Bleeding Trouble _____
- Diabetes _____
- Depression _____
- High Blood Pressure _____
- High Cholesterol >200 _____
- Kidney Trouble _____
- Leukemia _____
- Migraine Headaches _____
- Obesity _____
- Seizures _____

Other: _____



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KOOL Summer Programs *AUTHORIZATION FOR ADMINISTRATION OF MEDICATION* (Medication to be supplied by parent)

I hereby authorize and instruct KOOL Summer Programs and Human Services Center Corporation staff at the Human Services Center Corporation to administer the following medication to my child in the appropriate dosages at the designated times outlined below. I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of this summer program.

For those parents with joint custody or are married, **BOTH parents must sign this release. Failure to do so will result in your child being prohibited from participating in the KOOL Summer Program.

Not Applicable

Parent/Guardian Signature 1: _____ Date: _____

Parent/Guardian Signature 2: _____ Date: _____

Name of Child: _____

Name of Medication(s): _____

Dosage(s): _____

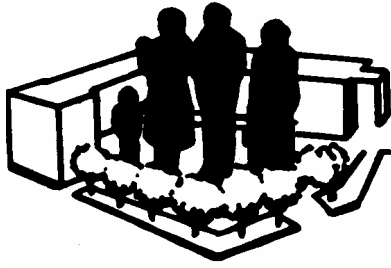
Time(s) to Be Administered: _____

Name of Prescribing Doctor: _____

Prescribing Doctor's Address: _____

Prescribing Doctor's Phone Number: _____

TURN OVER => =>



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KOOL Summer Programs *AUTHORIZATION TO CROSS PENN AVENUE in Turtle Creek*

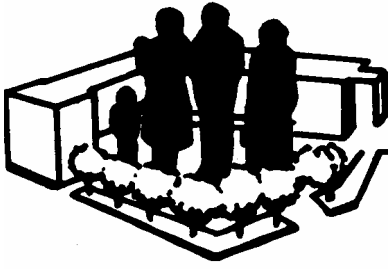
The KOOL Summer Program 1 is carried out daily in two separate buildings (413 Penn Avenue and 519 Penn Avenue). I acknowledge that in order for my child, _____, to participate in the Program he/she will be crossing Penn Avenue daily with the assistance of an adult AT ALL TIMES. By signing, I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his/her participation in the activities of this summer program.

In addition, I understand my child will be removed from the Program if he/she attempts to cross the street without an adult.

For those parents with joint custody or are married, **BOTH parents must sign this release. Failure to do so will result in your child being prohibited from participating in the KOOL Summer Program.

Signature of Parent or Guardian 1: _____ Date: _____

Signature of Parent or Guardian 2: _____ Date: _____



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KOOL Summer Programs *RELEASE FOR REPORT CARD, ASSESSMENT TEST SCORES, ATTENDANCE AND BEHAVIOR REPORTS, DIPLOMA, AND/OR FINAL TRANSCRIPT*

I, _____, do hereby authorize and instruct the KOOL Summer Programs to obtain my son/daughter's report card, attendance and/or behavior records, assessment tests *including but not limited to* the PSSA, Terra Nova, 4Sight, and OLSAT test scores for the purpose of tracking academic and social progress.

For those parents with joint custody or are married, **BOTH parents must sign this release. Failure to do so will result in your child being prohibited from participating in the KOOL Summer Program.

Signature of Parent/Guardian 1: _____ Date _____

Signature of Parent/Guardian 2: _____ Date _____

Name of Youth: _____

Name of School and District Attended during 2009-2010 School Year: _____

Name of School and District Attending in 2010-2011 School Year: _____

Date of Birth of Youth: _____