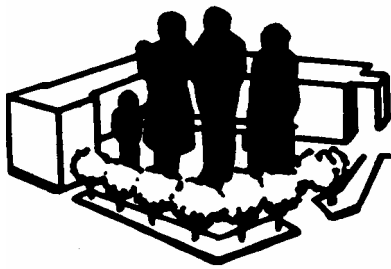


# 2011 KOOL Summer Program Application





# 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](http://www.hsc-mvpc.org)

## 2011 Kids Outgoing, Outdoing, and Learning (KOOL) Summer Program

Now in its sixteenth year, the KOOL Summer Program is currently accepting applications for children going into kindergarten-sixth grades in the fall of 2011. Spots fill up very quickly! **Apply as soon as possible.**

### **KOOL Facts:**

- Affords participants with an educational and fun summer experience
- Provides academic activities on a daily basis to improve math and reading skills
- Physical activities occur daily
- Conducts arts and crafts, science, cultural, and current event activities
- Presents experiential seminars provided by local agencies
- On Fridays, KOOL participants attend field trips to various places throughout the Pittsburgh region including the Pittsburgh Zoo and Aquarium, Carnegie Science Center, Heinz History Center, Phipps Conservatory, Boyce Park Wave Pool, and many more based on their behavior throughout the week.
- FREE breakfast, lunch, and snack provided daily (children must bring a packed lunch on Fridays)
- *The Human Services Center Corporation **DOES NOT provide transportation** to and from the Programs. Transportation is provided to and from field trips ONLY.*

### **KOOL Dates/Times, Locations, and Age Groups:**

**KOOL 1** – located at Human Services Center Corporation, 519 Penn Avenue, Turtle Creek, PA 15145 – *July 5-August 19, 2011, Monday-Friday, 8:30AM-4:30PM* – For participants going into **K – 6 grades**

**KOOL 2** – located at Woodland Hills Junior High, 7600 Evans St., Swissvale, PA 15218 – *July 5-August 19, 2011, Monday-Thursday, 8AM-4PM and Friday, 8:30AM-4:30PM* – For participants going into **1-5 grades and must reside in the Woodland Hills School District** \*\*\*Dates and location of KOOL 2 are pending WHSD Board approval.

**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 all applications, with *priority* given to applicants who:

- Have household income below 125% of the poverty level;
- Receive free or reduced lunch (MUST include copy of card with application) **OR** possess a Medical Assistance ACCESS, Gateway, MedPlus, or UPMC for You insurance card (MUST include copy of card with application) **OR** has a referral from the child's school stating that potential participant is in need of academic assistance;
- **Reside in the Woodland Hills School District;**

\*\*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.**

### **Application Process:**

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 (payable to the HSCC) will be acceptable forms of payment. NO CHECKS will be accepted!** Your child's application will be considered once the payment and completed application are received. All KOOL activities are **FREE** for all participants. Families with multiple children must complete an application for each child.

**TURN OVER => =>**

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

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

**Mandatory Parent/Child Orientations:**

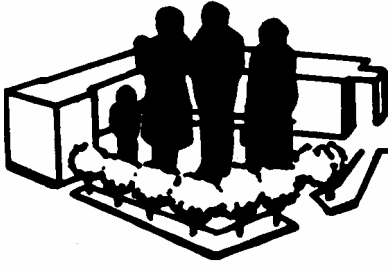
Prior to your child being enrolled in either KOOL Summer Program, ***parent and the child must attend ONE*** of the following MANDATORY orientation sessions. You and your child/children will meet some of the staff of the KOOL Summer Program, learn the rules and policies, receive a program schedule, and 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 2011 KOOL Summer Program. 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 and application fee will not be refunded**. Attendance will be taken at the orientation sessions. *If you are late for registration your attendance will not be counted.* The following are the dates and times for the orientations:

- **Saturday, June 11 from 12PM-1:15PM (registration between 12PM-12:15PM) @ HSCC, 519 Penn Avenue, Turtle Creek - for both sites**
- **Monday, June 27 from 5PM-6:15PM (registration between 5PM-5:15PM) @ WHSD Jr. High, 7600 Evans Street, Swissvale - for both sites**
- **Wednesday, June 29 from 6PM-7:15PM (registration between 6PM-6:15PM) @ HSCC, 519 Penn Avenue, Turtle Creek - for both sites**

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

**Where to call with questions/comments:**

412-829-7112 or by email at [Loreilly@hsc-mvpc.org](mailto:Loreilly@hsc-mvpc.org)



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## 2011 KOOL Summer Program Application

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. ALL releases MUST be signed by the appropriate persons.

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

Social Security #: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade fall 2011: \_\_\_\_\_

Sex:  Male  Female

Did your child attend 2010-11 Youth LIFE After-School?  Yes  No Did your child attend 2010 KOOL Programs?  Yes  No

Site you are applying for (please choose only one):  KOOL 1 - Turtle Creek  KOOL 2 -- Swissvale

Child's T-Shirt Size:  Youth Small (6/8)  Youth Medium (10/12)  Youth Large (14/16)  
 Adult Small  Adult Medium  Adult Large  Adult XLarge

Typically, will you plan to pack a lunch for your child? (Free lunch is provided if child does not pack with the exceptions of Friday.)  Yes  No

Do parents/guardians share LEGAL custody?  Yes  No Are parents/guardians married?  Yes  No

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

Child's Allergies \_\_\_\_\_  Not Applicable

Child's Medications \_\_\_\_\_  Not Applicable

Child's Special Disabilities \_\_\_\_\_  Not Applicable

Name of School *and* District Attending in the Fall 2011: \_\_\_\_\_

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

- Saturday, June 11 from 12PM-1:15PM (registration between 12PM-12:15PM) @ HSCC, 519 Penn Avenue, Turtle Creek - for both sites
- Monday, June 27 from 5PM-6:15PM (registration between 5PM-5:15PM) @ WHSD Jr. High, 7600 Evans Street, Swissvale - for both sites
- Wednesday, June 29 from 6PM-7:15PM (registration between 6PM-6:15PM) @ HSCC, 519 Penn Avenue, Turtle Creek - for both sites

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

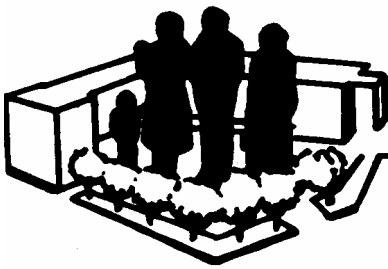
Date application received: \_\_\_\_\_ PDE# if applicable: \_\_\_\_\_ HSDF# if applicable: \_\_\_\_\_

Past KOOL:  Yes  No Reside WHSD:  Yes  No Lunch Eligible:  Yes  No HSDF Eligible:  Yes  No  
 No Academic Assistance:  Yes  No Copy of Report Card:  Yes  No Copy of Tests:  Yes  No  
 PDE  Yes  No

Accepted:  Yes  No

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Sponsored by Allegheny County Department of Human Services Center, PA Department of Education's 21<sup>st</sup> Century Community Learning Centers, and



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## 2011 KOOL Summer Program 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  Biracial  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 receive free lunch?  Yes  No Does the child receive reduced priced lunch?  Yes  No

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

Housing:  Own  Rent  Other Family Type:  Single parent/female  Single parent/male  Two-parent  Other

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

Receives Food Stamps?  Yes  No Case# \_\_\_\_\_

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

Approximate Monthly Income of Mother/Guardian: \_\_\_\_\_  Not Applicable

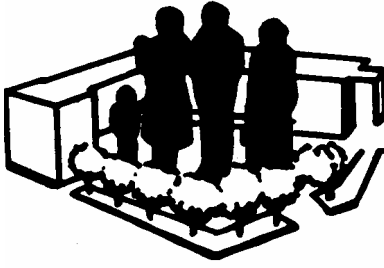
Approximate Monthly Income of Father/Guardian: \_\_\_\_\_  Not Applicable

Place(s) of Employment/Source of Income of Mother/Guardian: \_\_\_\_\_  Not Applicable

Place(s) of Employment/Source 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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## 2011 KOOL Summer Program CLIENT DATA SHEET PART II

Name of School *and* District Attended in the 2010-11 School Year: \_\_\_\_\_

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

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 time? Yes No

Has any close relative of the child been incarcerated at any time? 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

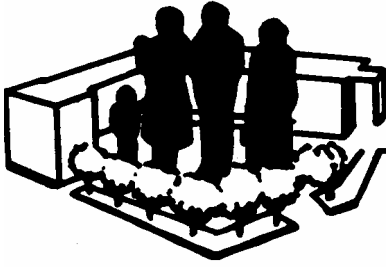
Is Father/Guardian registered to vote? Yes No N/A

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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## 2011 KOOL Summer Program 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:

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

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:

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

*\*Please note, in the event the youth programs staff needs to contact a parent regarding the child, we will first call parents. If we cannot reach the parents we will contact emergency contacts and they will be responsible for resolving any issues or emergencies that need immediate attention. You **MUST** list an emergency contact or your child WILL NOT be accepted. Please keep all contact information UP-TO-DATE!*

1<sup>st</sup> Emergency Contact Name (**OTHER THAN PARENT/GUARDIAN**):

Relationship to Applicant:

1<sup>st</sup> Contact Cell Phone:

1<sup>st</sup> Contact Home Phone:

2<sup>nd</sup> Emergency Contact Names (**OTHER THAN PARENT/GUARDIAN**):

Relationship to Applicant:

2<sup>nd</sup> Contact Cell Phone:


2<sup>nd</sup> Contact Home Phone:

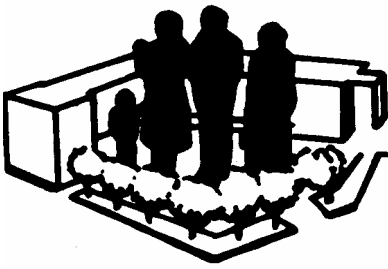
Persons To Whom Child May Be Released from the Program (**all people listed above are already assumed**):

Health Insurance Coverage for Child:

Policy Number:

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United Way of Allegheny County  AWARD FOR EXCELLENCE  
United Way of Allegheny County



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## KOOL Summer Program Rules: The DO's and DO NOT's

*Please read and review with your child and sign the "Rules and Probation Acknowledgement Contract." You will receive a copy of these rules if accepted into the Program. Questions regarding these rules and regulations will be answered at the MANDATORY Orientation scheduled for parent and child.*

### DO:

1. Enter the building quietly.
2. Follow directions and raise your hand to ask/answer a question.
3. Ask an adult if you need to be excused.
4. Remain in your seat during classroom activities.
5. Listen to the staff and volunteers.
6. Be respectful and kind to other students, staff, Counselors In Training, and volunteers.
7. Use appropriate language at all times (No swearing, or abusive language).
8. Clean up after yourself (classrooms, cafeteria, field trips, and outside).
9. Keep your hands to yourself.
10. Wear designated 2011 KOOL t-shirt on all field trips – if your child does not have a shirt on for the trip he/she will be sent home.
11. Bring a packed lunch every Friday to take on the field trips – if your child does not have a lunch he/she will be sent home.
12. Keep voices low when riding on the bus and stay with your group on site and on field trips.
13. Do your best on all activities, academic work, and Study Island.
14. HAVE FUN!!

### DO NOT:

1. Fight. You could be suspended or expelled from the Program if caught fighting! The very minimum penalty for hitting of any kind will be an automatic 30 points off and a two day suspension.
2. Stand on the picnic or classroom tables.
3. Climb up or on the slides.
4. Hog, twist, or jump off of the swings.
5. Stand on the top of the playground railings and hang over or Throw mulch/wood chips.
6. Take yours or anyone else's shoes off.
7. Bring valuables to the Program (Ipods, cell phones, card games, etc.) The Human Services Center Corporation is not responsible if valuables are lost or stolen.
8. View community Internet sites (Facebook), send emails or chat while in the computer lab.
9. Roam the building, hallways, or on field trips by yourself, or run/make loud noise in the hallways.
10. Steal, destroy or touch things that are not yours.
11. Take food or drinks into the computer lab, outside, in the gym, or on the bus.
12. Stick your head, hands, or any other parts of your body out of the window of the bus.
13. Ask/beg for money while on field trips.
14. Use the vending machines.
15. Hang, swing, lean, shake, or sit on any parts of the basketball hoops.
16. Gossip about friends and others in the KOOL Program.
17. Ride the elevator.

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## General Rules and Regulations

1. Children must be potty trained before start of the Program. **No staff member is permitted to change and/or assist children with soiled pants under any circumstances.** In the event of an accident, a parent must either pick up their child promptly or must bring clean clothes and assist the child with changing.
2. **Participants are responsible for their own items (money, bookbags, etc.) at the Program and on field trips.** At no time will HSCC staff bear responsibility by holding any child's possessions.
3. Dangerous, disruptive, or disrespectful behavior towards children or staff **will not be tolerated.** Such behavior will be grounds for suspension or permanent expulsion!
4. **You must eat at least half of your lunch,** whether it's the provided lunch or packed from home. Do not pack glass bottles.
5. In most cases, school rules also apply to the Youth LIFE After-School Programs.
6. Before your child leaves, an authorized adult must sign the child out with a KOOL staff member, unless the youth is permitted to walk home. **Under no circumstances will your child be released to a sibling, while a parent waits in the car!!**
7. **If your child is absent for more than two weeks** a staff member will contact you and **your child's spot may be forfeited;** there is a waiting list and this summer program is in high demand.
8. Parents are encouraged to chaperone field trips and will, if requested to accompany children, attend free of charge. Each chaperone will be assigned a group of children and will be responsible for that group throughout the trip. **No youth, other than KOOL participants, are allowed to attend trips.**
9. Please **read all papers and materials sent home.** Hang up the calendar for you and your child to see as a reminder of special events, activities, and weekly field trips.
10. Please **provide CORRECT and UP-TO-DATE contact information** (addresses and phone numbers). Emergency contacts listed in your application should not be the parent/guardian information.
11. **Parents** please support the Rules of the Program and act in a cooperative, respectful manner with KOOL participants and staff. **Excessive and/or unrealistic complaints/requests by parents as well as negative behavior towards HSCC staff are grounds for your child to be removed from the Program.**

## Point System Regulations

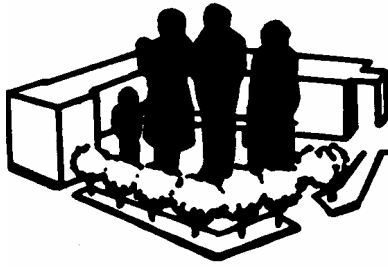
1. At the end of the week, you **MUST** have **75 or more points** to participate in the Friday activity scheduled. **If you do not have enough points, you are not permitted to attend that day, regardless of what day the field trip is scheduled, Friday or otherwise.** You must attend **at least two days** during the week, **not including Friday,** to be eligible to participate in the Program on Friday.
2. If you are ineligible to attend **three Fridays due to behavior issues,** you will be placed on probation for the remainder of the Program and a letter notifying you of this change will be mailed home. If you are **ineligible a fourth Friday you will automatically be removed** from the KOOL Program. \*\*\*Please note the HSCC also has the right to remove a child from the Program, no matter the number of Fridays missed, if the child is suffering from poor behavior.

## Probationary Status

If a participant violates the rules and does not change his or her behavior, that student may be placed on probationary status for the **remainder** of the program. Probationary status means that the student may be removed from the Program if the behavior persists, **AND/OR** he/she will not be accepted into future youth programs.

## Late Fee Regulations

1. **Students must be DROPPED OFF no EARLIER than the opening time and PICKED UP no LATER than the Program closing time.** Failure to do so will result in a **charge of \$1.00/minute/child for each minute late.** The designated fee must be paid before your child is permitted to return. If tardiness becomes a repeated occurrence it is at the HSCC staffs discretion to remove a child from KOOL.
2. **If a child is dropped off on a CLOSED Program day, or on an INELIGIBLE day, a \$2.00/minute/child fee will be assessed for each minute an ineligible student is in our care** (10 minutes = \$20.00). You must pay the designated fee before your child is permitted to return.



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## KOOL Summer Program *RULES AND PROBATION ACKNOWLEDGEMENT CONTRACT*

Parents and child /children have read the KOOL Summer Program Rules, General Rules and Regulations, Late Fee Regulations, Point System Regulations and Probationary Status. By signing, both my child/children and I acknowledge that we understand the rules and regulations of the KOOL Summer Program, as well as Probation Status.

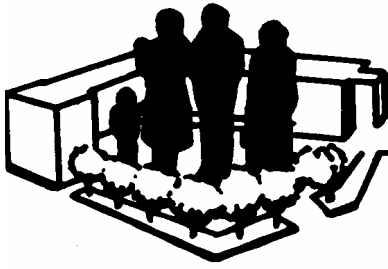
Due to the increasing demand for the programs, it is essential that **ALL** students behave and follow the Rules, Regulations, and Probationary Status as negative behavior **is not tolerated**.

\*\*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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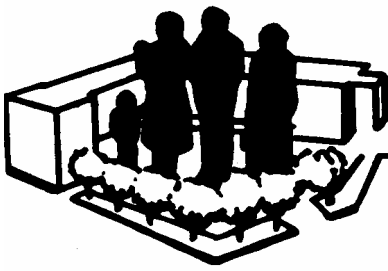
## KOOL Summer Program *PARENTAL CONSENT FORM*

I grant permission for my son/daughter \_\_\_\_\_ to participate in all scheduled activities of the 2011 KOOL Summer Program. I release the Human Services Center Corporation, the Woodland Hills School District, the Woodland Hills Aquatic Team, 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 *RELEASE TO BE TAKEN OFF-SITE*

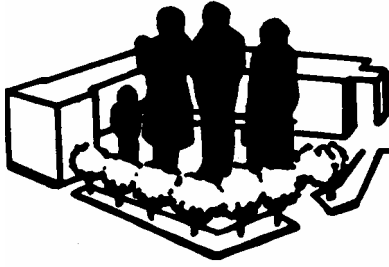
I grant permission for my son/daughter \_\_\_\_\_ to be taken off-site by Human Services Center Corporation staff for field trips and other special events. I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses, or 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: \_\_\_\_\_

**TURN OVER => =>**



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## KOOL Summer Program *PHOTO/IMAGE CONSENT FORM*

Occasionally, KOOL Summer Program 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 2011 KOOL Summer Program. 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.

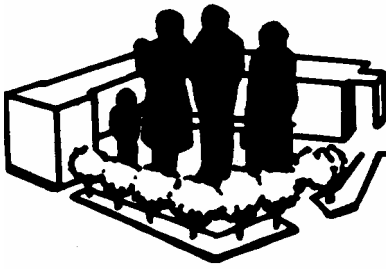
I hereby give permission for my child, \_\_\_\_\_, to be photographed, videotaped, or otherwise have their image or voice recorded, in connection with the KOOL Summer Program. I give permission for the Human Services Center Corporation to use the photographed, videotaped, and/or recorded materials in 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: \_\_\_\_\_



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## KOOL Summer Program *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.

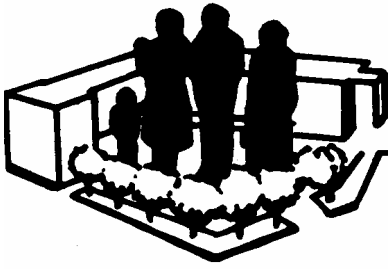
I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of this summer program.

\*\*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: \_\_\_\_\_

**TURN OVER => =>**



# 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.hscc-mvpc.org

## KOOL Summer Program *PERMISSION FOR MEDICAL TREATMENT AND RELEASE*

I wish to have my child, \_\_\_\_\_, participate in the 2011 KOOL Summer Program. 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 Program and the Human Services Center Corporation arising from or connected with my child's participation in the 2011 KOOL Summer Program, including the securing of medical treatment for my child.

I give permission for the KOOL Summer Program 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 Program. 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.

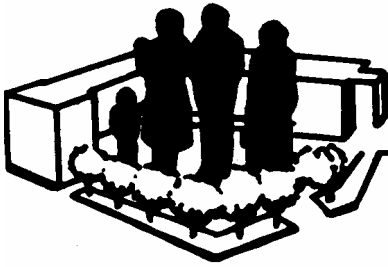
The Commonwealth of Pennsylvania's laws apply to this Permission for Medical Treatment and Release. This release will remain valid and binding from the beginning to the end of the Program.

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: \_\_\_\_\_



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## KOOL Summer Program *MEDICAL INFORMATION SHEET*

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

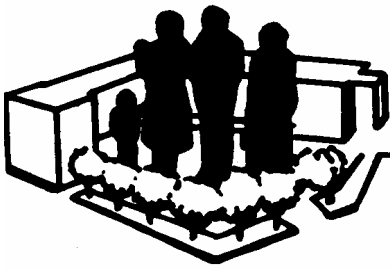
Allergies: \_\_\_\_\_

### 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: \_\_\_\_\_

**TURN OVER => =>**



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

I hereby authorize and instruct KOOL Summer Program 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): \_\_\_\_\_

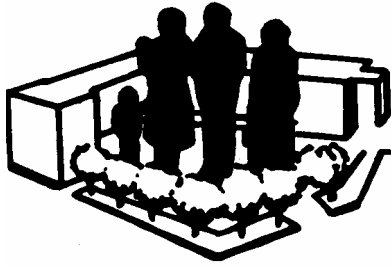
Dosage(s): \_\_\_\_\_

Time(s) to Be Administered: \_\_\_\_\_

Name of Prescribing Doctor: \_\_\_\_\_

Prescribing Doctor's Address: \_\_\_\_\_

Prescribing Doctor's Phone Number: \_\_\_\_\_



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## KOOL Summer Program *AUTHORIZATION TO CROSS STREETS*

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**. In addition, we may walk daily to Woodland Hills Academy for recreation time. 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: \_\_\_\_\_

**TURN OVER => =>**

Woodland Hills School District  
Acceptable Use Policy and Internet Safety 2010-2011  
Consent Form

**\*Only for KOOL 2 – Swissvale site applicants.**

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As a parent or legal guardian of the student listed below, I have read and understand the Acceptable Use Policy and I agree to the following:

(Please initial where appropriate)

\_\_\_\_\_ As a parent or legal guardian of the student named below, I grant permission for my son or daughter to access and use a school computer or network software provided by the Woodland Hills School District.

\_\_\_\_\_ As a parent or legal guardian of the student named below, I grant permission for my son or daughter to access Internet services provided by the Woodland Hills School District.

\_\_\_\_\_ As a parent or legal guardian of the student named below, I grant permission for my son or daughter's photo without identifying last name or caption to appear on any district, school, or teacher website connected with the Woodland Hills School District.

\_\_\_\_\_ As a parent or legal guardian of the student named below, I grant permission for my son or daughter's school work to be published without identifying last name or caption on any district, school, or teacher website connected with the Woodland Hills School District.

\_\_\_\_\_ As a parent or legal guardian of the student named below, I grant permission for my son or daughter's audio, video or telepresence to be published without identifying last name or caption on any district, school, or teacher website connected with the Woodland Hills School District Board.

Student's Name (Please Print): \_\_\_\_\_

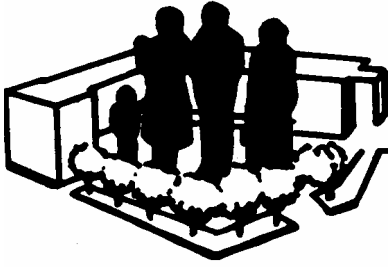
Student's School: \_\_\_\_\_

Parent (Guardian) phone number: \_\_\_\_\_

Parent (Guardian) email address: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent (Guardian) Signature: \_\_\_\_\_



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## KOOL Summer Program

### *RELEASE FOR REPORT CARD, ASSESSMENT TEST SCORES, ATTENDANCE REPORTS, DIPLOMA, AND/OR FINAL TRANSCRIPT*

I, \_\_\_\_\_, do hereby authorize and instruct the KOOL Summer Program to obtain my son/daughter's report card, attendance records, assessment tests *including but not limited to* the PSSA, Terra Nova, 4Sight, DIBELS, 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 \_\_\_\_\_

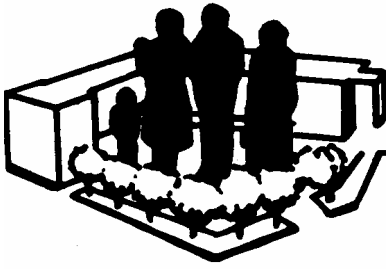
Name of Youth: \_\_\_\_\_

Name of School and District Attended during 2010-2011 School Year: \_\_\_\_\_

Name of School and District Attending in 2011-2012 School Year: \_\_\_\_\_

Date of Birth of Youth: \_\_\_\_\_

**TURN OVER => =>**



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## KOOL Summer Program *RELEASE FOR BEHAVIORAL REPORTS*

I, \_\_\_\_\_, do hereby authorize and instruct my child's school and/or district to release to the Human Services Center Corporation any pertinent and/or necessary behavioral reports of my son/daughter for the purpose of mandatory tracking and reporting.

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

Signature of Parent/Guardian 1: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian 2: \_\_\_\_\_ Date \_\_\_\_\_

Name of Youth: \_\_\_\_\_

Date of Birth of Youth: \_\_\_\_\_