



**The Janet Pomeroy Center**  
**Children & Teen Department**  
 207 Skyline Blvd. San Francisco, CA 94132  
 Phone: 415 / 665-4100 ext. 571 Fax: 415 / 665-7543  
 www.janetpomeroy.org

**2011-2012 Program Application Form -Deadlines**

**After School Program:** Families of Children and Teens currently enrolled in the After School Program must fill out and turn in this form by **June 1, 2011** in order to keep their space for the 2011-2012 school year. New applicants will be placed on the waiting list when this form is received by the Children and Teen's office.  
**Summer Day Camp:** Deadline **June 1, 2011**. A lottery is held if we have more applicants than spaces available. Applications received after deadline automatically go on the waiting list if no space is available.

**CHILD'S INFORMATION:**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 GGRC Case Manager \_\_\_\_\_ Would your child need a 1:1 assistant?  Yes  No Explain why you feel your child would need a 1:1 assistant? \_\_\_\_\_

**FAMILY INFORMATION:**

Mother's/Guardian's Information

Father's/Guardian's Information

Name _____	Name _____
Phone _____	Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Primary language spoken at home: _____	
Would you need a translator? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**MEDICAL INFORMATION:**

Disability \_\_\_\_\_ Other chronic or re-occurring illnesses \_\_\_\_\_  
 Does applicant have: **Seizures?**  Yes  No **Respiratory condition?**  Yes  No **Cardiac Condition?**  Yes  No  
**Severe allergies?**  Yes, to: \_\_\_\_\_  No **Adaptive devices used:**  Wheelchair  Walker  other: \_\_\_\_\_

**ENTRANCE CRITERIA**

Our goal is to provide a recreation program in a safe and supportive environment that enhances the lives of all participants. Given our program staff to participant ratio of 1(staff) to 6 (participants), the following program entrance criteria have been established in order to ensure maximum safety for everyone in The Janet Pomeroy Center Children & Teen Department. Children who do not meet this criteria may still be eligible for JPC programs if a 1:1 aide is provided. JPC, however, does not provide or fund for 1:1 personal aides.

1. Not more than 2 children in wheelchairs (non-ambulatory) per group.
2. Children must be able to stay with the group with verbal prompting only.
3. Children who are physically aggressive (to themselves or others) may not be eligible for program.
4. Children who run away may not be eligible for program.
5. Children with the following medical needs are not eligible for program:
  - o Catheterization
  - o receiving injections
  - o tube feeding
  - o other skilled nursing care requirements
6. Parents must provide **Janet Pomeroy Center** staff with the name, number & address of an emergency contact person/family member in case you cannot be reached in an emergency (medical or behavioral).
7. Guardians are responsible for the condition of equipment that accompanies the client to the center (wheelchair, etc.). If it is deemed, by the Center, that the condition of equipment is not safe, the client may not be allowed to participate in the program until repairs are made and we deem it to be adequate.
8. Children who begin to exhibit any of the behaviors described in criteria 2, 3, or 4 may be demitted from program.
9. Every participant admitted to **Janet Pomeroy Center** must successfully complete a 30-day probationary period to establish the participant's appropriateness for our program and our ability to meet their needs.

**Summer Day Camp: (Ages: 5 – 21) Deadline: June 1, 2011**

**\*Parents / Guardians must provide transportation to our Summer Day Camp Program\***

Place a check mark next to each session you are interested in having your child attend:

- Session 1: July 18– July 22                      5 days 12 noon – 6pm (program costs \$200 / session)
- Session 2: July 25 – July 29                      5 days 12 noon – 6pm (program costs \$200 / session)
- Session 3: August 1- August 5                      5 days 12 noon – 6pm (program costs \$200 / session)
- Session 4: August 8– August 10                      3 days 12 noon – 6pm (program costs \$120 / session)

**FEES:** Please check all that apply.

- I am requesting a State funded scholarship for my child.  
*(There are a limited number of scholarships for Summer Day Camp)*
- I am willing to pay for my child to attend.

**Field Trip Fee:** We request a one-time fee of \$25 to help pay for field trips.

**Transportation from JPC:**

- I will pick my child up everyday by 6:00pm. After 6:15pm, families are charged \$5 for each 15 minutes they are late.
- OR:
- I will pay a \$30 per session fee (\$18 for session 4) for The Janet Pomeroy Center Transportation Program to drive my child home. Children arrive home between 5:45 and 7:30pm. For San Francisco addresses only. Transportation space is limited; first come, first serve.

**After School Recreation Program: (Ages: 5 – 21)**

**Dates:** August 15, 2011 until July 2012, Monday through Friday, after-school until 6pm.  
SFUSD can transport children from school to our Center in most cases.

**\*Please note: There is currently a waiting list for this program.\***

**FEES:** Please check all that apply.

- I am requesting a State funded scholarship for my child.
- I am willing to pay for my child to attend (\$10.39 / hour)

**Transportation from JPC:**

- I will pick my child up every day by 6:00pm. After 6:15pm, families are charged \$5 for each 15 minutes they are late.
- OR:
- I will pay a \$120.00 per month fee for The Janet Pomeroy Center Transportation Program to drive my child home. Children arrive home between 5:45 and 7:30pm. For San Francisco addresses only. Transportation space is limited; first come, first serve.

**Saturday Respite & Recreation Program: (Ages: 5 – 21) Dates: Saturdays, 10am- 4pm.**

**\*Please note: There is currently a waiting list for this program.\***

**FEES:** Please check all that apply.

- I am requesting a scholarship for my child.
- I am willing to pay for my child to attend (\$10.39 / hour). GGRC funding may be available.

**\*Parents / Guardians must provide transportation to and from Respite Program\***

**Child's Eligibility:** Does your child have a current IEP? Yes \_\_\_\_\_ No \_\_\_\_\_ **\*Include a copy of your child's latest IEP\***

In order to be eligible for services through our program your child must have a physical, mental or emotional disability of such severity that the child cannot be adequately or appropriately served in a regular child care and development program as determined by the Individualized Education Plan (IEP).

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_