



The Janet Pomeroy Center Children & Teen Department

207 Skyline Blvd. San Francisco, CA 94132
Phone: 415 / 665-4100 ext. 1232 Fax: 415 / 665-7543
www.janetpomeroy.org

2009 - 2010 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 **May 22, 2009** in order to keep their space for the 2009-2010 school year. New applicants will be placed on the waiting list when this form is received in the Children and Teen's office.
Summer Day Camp: Deadline **May 22, 2009**. Applications received after deadline automatically go on the waiting list if no space is available. A lottery is held if we have more applicants than spaces (usually not needed).

(Please fill out both sides completely and accurately. Incomplete forms may not be accepted.)

CHILD'S INFORMATION:

Name _____ Birthdate _____ School _____ Grade _____

Address _____ City _____ Zip Code _____

GGRC Case Manager _____ Would your child need a 1:1 assistant? Yes No

FAMILY INFORMATION:

Mother's/Guardian's Information

Father's/Guardian's Information

Name _____ Phone _____

Name _____ Phone _____

Cell Phone _____ Work Phone _____

Cell Phone _____ Work Phone _____

Primary language spoken at home: _____

Would you need a translator? Yes 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:

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.

PROGRAM INFORMATION: Please put a check mark by the program(s) you are requesting

Summer Day Camp: (Ages: 5 – 21) Deadline: May 22, 2009

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 20 – July 24 5 days 12 noon – 6pm (\$174.60 / session)*
- Session 2: July 27 – July 31 5 days 12 noon – 6pm (\$174.60 / session)*
- Session 3: August 3- August 7 5 days 12 noon – 6pm (\$174.60 / session)*
- Session 4: August 10 – August 14 5 days 12 noon – 6pm (\$174.60 / session)*
- Session 5: August 17 – August 19 3 days 12 noon – 6pm (\$104.76 / session)*

*(program costs \$180 / session – 3% GGRC reduction = \$174.60)

FEES: Please check all that apply.

- I am interested in being funded by GGRC. (*Contact your GGRC Social Worker*)
- I am requesting a 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 6:30pm, families are charged \$5 for each 15 minutes they are late.
- OR:
- I will pay a \$30 per session fee (\$18 for session 5) for The Janet Pomeroy Center Transportation Program to drive my child home, whether my child attends program or not, and if space is available on our vans. Children arrive home between 5:45 and 7:30pm. For San Francisco addresses only.

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

Dates: August 24, 2009 until July 2010, 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 scholarship for my child.
- I am willing to pay for my child to attend (\$10.39 / hour)*

*(program costs \$10.71 /hour – 3% GGRC reduction = \$10.39 / hour)

Transportation from JPC:

- I will pick my child up every day by 6:00pm. After 6:30pm, 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, whether my child attends program or not, and if space is available on our vans. This fee is payable monthly, one month in advance of program. Children arrive home between 5:45 and 7:30pm. For San Francisco addresses only.

Saturday Respite Program: (Ages: 5 – 21)

Reservations required: Call Alberta Valdez Harris at (415) 665-4100 for enrollment info.

Dates: Saturdays, 10am- 4pm.

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 _____