



## MISSION VALLEY IN MOTION REGISTRATION FORM 2018

**Registration:** A registration form for the **Mission Valley in Motion (MVM)** summer program must be completed and submitted to the SKC Community Health & Development (CHD) staff. MVM is open to all youth that meet the age guidelines. Registration forms can be found at the SKC Business Office, SKC Community Health & Development (SKC Campus – Agnes Kenmille Bldg. or by contacting Johnson Caye for more information at 406-275-4794. Participants may sign up for any or all of the weekly sessions.

**Age Guidelines:** The **Mission Valley in Motion** summer program is for children ages 7 to 14 years old and no exceptions will be made. Participants may be divided into age specific groups depending on activities.

**Hours of Operation:** The **Mission Valley in Motion** summer program hours are Monday – Thursday from 8:00 a.m. – 12:45 p.m. Please do not drop off your child prior to the start time of **MVM**. Dates of MVM are June 18-21, June 25-28, July 2-3, July 9-12, July 16-18, July 23-26, July 30-August 2, August 6-9, and August 13-16, 2018.

**Sessions:** Please indicate which sessions you're registering for, this will assist SKC CHD staff prepare for participation (Check as many boxes as apply). *\*dates subject to change due to closures, notification will be provided.*

- |                                     |            |                                     |                  |
|-------------------------------------|------------|-------------------------------------|------------------|
| <input type="checkbox"/> Session 1: | June 18-21 | <input type="checkbox"/> Session 6: | July 23-26       |
| <input type="checkbox"/> Session 2: | June 25-28 | <input type="checkbox"/> Session 7: | July 30-August 2 |
| <input type="checkbox"/> Session 3: | July 2-3   | <input type="checkbox"/> Session 8: | August 6-9       |
| <input type="checkbox"/> Session 4: | July 9-12  | <input type="checkbox"/> Session 9: | August 13-16     |
| <input type="checkbox"/> Session 5: | July 16-18 |                                     |                  |

**Pick-up and Drop-Off Procedures:** *First day of the Mission Valley in Motion, please come in and introduce yourself to SKC CHD staff.* Children can arrive after 7:45 a.m. The check-in area will be through the front of the Joe McDonald Health & Fitness Center Doors.

**Pick Up List and Transportation:** (Check which option) If participant is not going to Boys and Girls Club, parents are responsible for finding transportation for their kids by 12:30 p.m. to be picked up at the Joe McDonald Health & Fitness Center. If you child(ren) is walking or riding their bike home SKC is not responsible for children once they leave the facility. ***Kids must be signed up for Boys and Girls Club in order to be transported there.*** SKC Transportation to Boys and Girls Club?  Yes  No

Anyone picking up a participant(s) must provide a photo I.D. and be listed below.

Parent/Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\*If your contact number happens to change, please update with a SKC CHD staff member.**

List up to 3 other people (other than parent/guardian) who are authorized to pick up the participant(s) and should be contacted in case of a medical emergency or emergency pick-up if parent/guardian cannot be reached.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical Needs/Allergies:** In the event of a medical emergency, CHD will administer first aid and CPR in the best interest of the child. I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to the licensed physician to treat my child. Parents will be contacted if care is administered. SKC CHD staff are not permitted to administer medication to program participants. Allergy medications may be administered if directed in writing by the child's parent/guardian and formal notification is given SKC CHD manager and/or director. **If your child requires allergy medications, please specify on their participant registration information form below.**

**Special Circumstances:** Parents and guardians are required to inform the SKC CHD staff in writing of any special circumstances which may affect the child's ability to participate fully and within guidelines of acceptable behavior, including, but not limited to, any serious behavioral problems or special circumstances regarding psychological, medical, or physical conditions. Once the notice is submitted, a meeting will be scheduled to discuss special circumstances and whether the CHD staff can accommodate the circumstances.

**Personal Belongings:** *It is recommended that proper clothing and shoes be worn (i.e. Tennis Shoes).* Please put the child's name on all articles of clothing, bags, etc. Children should not bring toys, mobile phones, electronic devices, jewelry, money, or any possession of value with them to any of the programs, with the exception of a pool toy as more fully explained below. Children will be responsible for their belongings.

**Sunscreen/Insect Repellent:** Please apply sunscreen and insect repellent prior to the start of each day. Children may bring sunscreen and insect repellent but they must be labeled with child's name. Children may not share these items with others.

**Behavior Management/Discipline Policy:** SKC CHD staff will create a fun and safe environment for participants in the program. Affirmations and positive reinforcement are used as effective methods of behavior management. Children who do not respond to these methods or who are destructive to others or to property will be dealt with in a professional, positive, and timely manner to correct the behavior. The following procedures will be followed for behavior management. All incident reports will be discussed privately with parents/guardians and a copy of each report will be kept on file at SKC CHD.

1. In the event a child's behavior is a repeated behavior and cannot be corrected by the SKC CHD staff with a verbal warning or other form of behavior modification, a first incident report will be written to document and correct behavior. A copy of the report will be given to the parent/guardian the same day as the incident.
2. A second incident report will be written if the behavior is repeated by or new behavior problems occur with the same child. This report will follow the same process as the first, but a one or two-day suspension could accompany this report. A copy of the report will be given to the parent/guardian the same day as the second incident.
3. A third incident report will be completed using the same process as the first two. The SKC CHD staff will complete a formal final report. Staff will provide this report to the parent/guardian.

Incident reports will be discussed privately with a parent/guardian by a SKC SHD staff and Director. Dismissal from a program can occur at this time.

**NOTE: Immediate dismissal from MVM can occur at any time given severe circumstances.**

**Swimming:** Children will need to bring a swimsuit and towel or wear a swimsuit under their clothing on swim days (the weekly schedule will dictate what days are in the lake). Swimmers must demonstrate they can swim and pass a quick swim test the first time they attend the lake. The swim test that allows children to play in the deeper areas (4-9 feet) consist of:

1. Jump feet first into water over the child’s head
2. Level off and swim 25 feet on the surface of the water
3. Stop and turn around 180 degrees
4. Resume swimming on the surface of the water and return to the starting place.

If the child cannot pass the swim test, he or she must stay in the 3 ½ foot depth of the lake.

**Mock Schedule of Weekly Activities:**

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
7:45 – 8:30 a.m.	Arrive, check-in, eat breakfast and play until activity	Arrive, check-in, eat breakfast and play until activity	Arrive, check-in, eat breakfast and play until activity	Arrive, check-in, eat breakfast and play until activity
8:30 – 9:30 a.m.	Group Activities Day 1 (2 groups, separate ages)	Group Activities Day 2 (2 groups, separate ages)	Group Activities Day 1 (2 groups, separate ages)	Group Activities Day 2 (2 groups, separate ages)
9:30 – 10:30 a.m.	Garden Activity	Educational Activity	Garden Activity	Weekly Educational Trip
10:30 – 11:30 a.m.	Free Gym Time	Crafts (30 m), Field Day games (30 m)	Swimming	
11:30 a.m. – 12:00 p.m.	Eat Lunch	Eat Lunch	Eat Lunch	Eat Lunch
12:00 – 12:30 p.m.	Pick up &Transport	Pick up & Transport	Pick up &Transport	Pick up &Transport

**Contact Information:**

**Johnson Caye**

Community Health & Development

Salish Kootenai College

PO Box 70 / 58138 US Hwy 93 / Pablo, MT 59855

(P) 406-261-5973

(E) [johnson\\_caye@skc.edu](mailto:johnson_caye@skc.edu)

**Waivers and Informed Consent:**

By signing this form, I, as parent/guardian, permit the SKC CHD staff to use pictures of my child(ren) as a program participant in promotional literature, videos, and the SKC CHD staff website. I understand my child(ren)'s name(s) will not be published. I grant permission to the staff of the SKC CHD to act on my behalf in support of my child for evaluation/treatment of minor medical problems. I understand that should a major medical problem arise; an attempt will be made to notify me by telephone. In the event I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary by a licensed physician. In addition, I hereby release the SKC CHD staff, its employees and agents from all claims on account of any injuries, which may be sustained by my child while participating in the program. I also agree to indemnify the SKC CHD staff, its employees and agents from any claim that may hereafter be presented by my minor child as a result of illness or accident while my child is at the SKC fitness program.

**Travel Authorization:** I do give permission for my child(ren) to travel with Mission Valley in *Motion* for trips in a Salish Kootenai College vehicle for field trips and with at least one SKC CHD staff. (Check one)  Yes  No

**Optional Statistical Data:** The SKC CHD receives funding for a portion of MVM activities. Please choose the appropriate selection for your child(ren):

Race & Ethnicity:

- Hispanic/Latino
- White/Caucasian  Asian  Black/African-American  American Indian/Alaska Native
- Hawaiian Native/Pacific Islander  Other: \_\_\_\_\_

Do you speak a language other than English at home (Check one)?  Yes  No

**If yes, please identify what language:** \_\_\_\_\_

Annual Income Level:

- |  |  |
|--|--|
| <input type="checkbox"/> \$0 - \$12,000      | <input type="checkbox"/> \$28,001 - \$32,000 |
| <input type="checkbox"/> \$12,001 - \$16,000 | <input type="checkbox"/> \$32,001 - \$37,000 |
| <input type="checkbox"/> \$16,001 - \$20,000 | <input type="checkbox"/> \$37,001 - \$42,000 |
| <input type="checkbox"/> \$20,001 - \$24,000 | <input type="checkbox"/> \$42,001 - \$45,000 |
| <input type="checkbox"/> \$24,001 - \$28,000 | <input type="checkbox"/> \$45,001 & Over     |

Number in Household: \_\_\_\_\_

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

MVM Participant Registration Form

Participant 1 Information:

Full Name: \_\_\_\_\_

Gender:  Male  Female  Self Describe: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Parent/Guardian Name: \_\_\_\_\_ Age During Camp: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_ - \_\_\_\_\_ Alternative Number: ( ) - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

\_\_\_\_\_

Address: (Street, Apt #, City, State, Zip code)

\_\_\_\_\_

\_\_\_\_\_

Known Allergies:
_____
_____
_____

Does this child have special needs\*?  Yes  No If yes, explain:

\_\_\_\_\_

\*Programs are provided for people of all disabilities. If there is a need for reasonable modification, please answer YES above and speak to a manager prior to the start of the session. Each request will be assessed in compliance with the ADA.

Participant 2 Information:

Full Name: \_\_\_\_\_

Gender:  Male  Female  Self Describe: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Parent/Guardian Name: \_\_\_\_\_ Age During Camp: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_ - \_\_\_\_\_ Alternative Number: ( ) - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

\_\_\_\_\_

Address: (Street, Apt #, City, State, Zip code)

\_\_\_\_\_

\_\_\_\_\_

Known Allergies:
_____
_____
_____

Does this child have special needs\*?  Yes  No If yes, explain:

\_\_\_\_\_

\*Programs are provided for people of all disabilities. If there is a need for reasonable modification, please answer YES above and speak to a manager prior to the start of the session. Each request will be assessed in compliance with the ADA.

MVM Participant Registration Form

Participant 3 Information:

Full Name: \_\_\_\_\_

Gender:  Male  Female  Self Describe: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Parent/Guardian Name: \_\_\_\_\_ Age During Camp: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_ - \_\_\_\_\_ Alternative Number: ( ) - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Address: (Street, Apt #, City, State, Zip code)  
\_\_\_\_\_  
\_\_\_\_\_

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

Does this child have special needs\*?  Yes  No If yes, explain:  
\_\_\_\_\_

\*Programs are provided for people of all disabilities. If there is a need for reasonable modification, please answer YES above and speak to a manager prior to the start of the session. Each request will be assessed in compliance with the ADA.

Participant 4 Information:

Full Name: \_\_\_\_\_

Gender:  Male  Female  Self Describe: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Parent/Guardian Name: \_\_\_\_\_ Age During Camp: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_ - \_\_\_\_\_ Alternative Number: ( ) - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Address: (Street, Apt #, City, State, Zip code)  
\_\_\_\_\_  
\_\_\_\_\_

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

Does this child have special needs\*?  Yes  No If yes, explain:  
\_\_\_\_\_

\*Programs are provided for people of all disabilities. If there is a need for reasonable modification, please answer YES above and speak to a manager prior to the start of the session. Each request will be assessed in compliance with the ADA.

MVM Participant Registration Form

Participant 5 Information:

Full Name: \_\_\_\_\_

Gender:  Male  Female  Self Describe: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Parent/Guardian Name: \_\_\_\_\_ Age During Camp: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_ - \_\_\_\_\_ Alternative Number: ( ) - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Email:

\_\_\_\_\_

Address: (Street, Apt #, City, State, Zip code)

\_\_\_\_\_

\_\_\_\_\_

Known Allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does this child have special needs\*?  Yes  No If yes, explain:

\_\_\_\_\_

\*Programs are provided for people of all disabilities. If there is a need for reasonable modification, please answer YES above and speak to a manager prior to the start of the session. Each request will be assessed in compliance with the ADA.

Participant 6 Information:

Full Name: \_\_\_\_\_

Gender:  Male  Female  Self Describe: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Parent/Guardian Name: \_\_\_\_\_ Age During Camp: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_ - \_\_\_\_\_ Alternative Number: ( ) - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Email:

\_\_\_\_\_

Address: (Street, Apt #, City, State, Zip code)

\_\_\_\_\_

\_\_\_\_\_

Known Allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does this child have special needs\*?  Yes  No If yes, explain:

\_\_\_\_\_

\*Programs are provided for people of all disabilities. If there is a need for reasonable modification, please answer YES above and speak to a manager prior to the start of the session. Each request will be assessed in compliance with the ADA.