



Potrero Hill Neighborhood House
953 DeHaro Street
94107 San Francisco
(415) 826-8080

SUMMER IN THE CITY+
SUMMER PROGRAM
Starting June 14, 2021

Dear Parents/Guardian/Caretaker:

The Potrero Hill Neighborhood House Board of Directors and staff, would like to welcome you and your child(ren) to our Summer In The City+ year round program. We are looking forward to a fun-filled year of enriched studies and activities. Summer program hours are Monday – Friday, 9:00am to 5:00pm. This year due to covid19, all program fees have been waived, therefore this program will be free this year. Likewise, we require your child to present a negative covid19 test within 7 days before they start the program. The child must wear a mask, wash hands and maintain proper distance at all times. We will also screen and check the temperature of each child before entering program daily. We greatly appreciate your understanding and cooperation. During the summer, your child will be out on excursions at least five (5) hours a day, experiencing the amenities of San Francisco and the Bay Area, with two (2) hours focused on academics. During the school year, our Community Learning Initiative (CHI) program will continue Monday – Friday, 8:30 am – 4:30 pm daily. **Afterschool program is free.** We escort students living in Potrero Terrance and Annex home daily. Our CHI program provides support with Google classrooms, homework assistance and tutoring to reinforce information students are learning in school. Both programs include care and supervision of school aged children, group activities, excursions, sports, games, arts, crafts, STEM, and a wealth of other enriched activities. Breakfast, lunch, and snacks are provided daily.

Potrero Hill Neighborhood House Summer In the City+ is designed to serve children ages 6 to 13. Due to California State Compliance, no exceptions will be made to the above stated ages. Applications are available upon request and online at www.phnhsf.org.

Please pay special attention to the materials provided in this registration packet. This includes specific information concerning our policies and procedures and medical information necessary for enrollment into the Potrero Hill Neighborhood House's Summer In the City+ Program.

We look forward to an enjoyable year and welcome you to our Summer in the City+ program. If you have any questions, please contact Albert Johnson, Program Coordinator at (415) 826-8080 X617(w) or 415/845-5741(c).

Sincerely,

Edward Hatter
Executive Director



Potrero Hill Neighborhood House Summer in the City + Program, 2021-Registration Form

Name: _____ Age: _____ Date of Birth: _____

Sex: M / F Ethnicity: African Amer. Asian Hispanic Middle Eastern Pacific Islander
European Multiracial/Multiethnic Other (specify) _____

(Fall)

School: _____ Grade: _____

Family Income Information: Does anyone in the household receive Public Assistance? Yes No

If yes, what type? TANF Food Stamps GA Medi-Cal SSI Other _____

How many family members live in the household? _____

What is the total combined wages of all family members for the last 6 months? _____

Parent/Guardian/Caregiver Name: _____

Address: _____

City State Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

In case of emergency please contact: _____

Emergency Contact Phone Number: _____

NOTE: During the school year, staff will escort Potrero Hill Residence home.

At dismissal my child is to: (please check one)

Walk Home _____ Ride MUNI _____ Will be picked up only _____

If your child is to be picked up only, please list person/persons allowed to pick up your child:

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____



Potrero Hill Neighborhood House Summer in the City + Program 2021-Rules & Regulations

Please read and discuss the following with your child(ren), so that he/she fully understands and adheres to all rules and regulations of the Summer in the City+ Youth Program.

1. Youth participants are asked to seek Covid19 testing, ideally from their primary care provider (PCP) prior to registration and/or attending program.
2. Youth must be Covid19 screened and temperature taken by staff prior to entering program each day.
3. Youth must arrive at summer camp no later than 9:30am to participate in daily activities.
4. Youth must follow directions provided by Staff at all times.
5. Toys and personal items are allowed at program; however, they must be stored in a back pack and checked in for lock up with **Potrero Hill Neighborhood House staff upon arrival. Otherwise, staff will not be responsible for lost items.**
6. **No junk foods.** This program will provide appropriate meals and snacks each day.
7. Bullying, profanity, stealing, name calling, teasing, disrespectful or any unruly behavior are **NOT TOLERATED.** These infractions will result in immediate **Disciplinary Actions.**
8. Should your child become injured during any of the Program activities, Staff will administer the necessary first aid. In case of a serious accident, (1) Paramedics will be called, (2) Parents will be notified immediately, if we cannot contact parents, we will call the designee (3) if we cannot contact either of you, your child will be taken to the nearest hospital via ambulance unless otherwise specified on Student Emergency/Medical Information Form (see pg.6).
9. Should your child become ill during program, PHNH staff will immediately notify the parent/guardian to make arrangements for the child to be picked up and taken home. **Staff will not administer medication.**
10. During school year students are to **report to designated meeting place immediately upon dismissal from school.** Staff members will be there to escort students to program.

I have read and discussed the above rules and regulations with my child.

Parent/Guardian/Caregiver Signature

Date

Child's Signature

Date



Potrero Hill Neighborhood House
Summer in the City + Program, 2021-Disciplinary Policy

Policy Statement

Rules of acceptable conduct have been established; **please discuss these rules with your child(ren)**. We will review these rules with you and your child(ren) at orientation. Our policy is designed to protect all participants, develop proper personal behavior, encourage self-discipline, and maintain a safe environment.

Disciplinary Procedure

Discipline may take the form of a short “time-out” or similar technique that involves isolating the child from the group until he/she is capable of functioning in an acceptable manner. Good behavior is rewarded with praise as positive reinforcement. Parents are expected to encourage their child to **follow all rules** established by Program Staff.

The Program Staff will immediately redirect children who exhibit unacceptable behavior, which may be harmful to themselves and/or others. If more serious disciplinary actions are warranted, the Parent/Guardian/ Caretaker will be notified. In such cases, the following procedure for minor offenses will be observed.

First Offense:	Redirect and notice to parents
Second Offense:	Restorative Circle, and Verbal Warning
Third Offense:	Restorative Circle, Parent conference and Three (3) days suspension
Consistent Offenses:	Five (5) Day Suspension and/or Expulsion

NOTE: The PHNH has zero tolerance for any acts of violence. This may result in immediate expulsion.

General Rules of Conduct

- Be on time
- Be Respectful
- Be Safe (No fighting, running, screaming)
- Listen and Obey instructions from Staff
- Follow all Potrero Hill Neighborhood House Program Rules and Regulations

We have read, discussed and accepted these conditions to participate in the Summer in the City + Program.

Parent/Guardian/Caregiver Signature

Date

Child’s Signature

Date



Potrero Hill Neighborhood House - Summer in the City + Program 2021
Parent/Guardian/Caregiver Consent Form

Dear Parent/Guardian/Caretaker:

This page contains three different and distinct permission requests. Please review each section. Authorization to release school student records, as well as permission to participate in the Summer in the City+ activities are required by all participants.

Authorization to share students' academic information

I hereby authorize _____ (name of school) to release, upon request by any Potrero Hill Neighborhood House Representative academic information pertaining to _____ (name of Student) while s/he is a participant in the Summer in the City + program.

Parent/Guardian Signature _____ Date _____

Potrero Hill Neighborhood House Summer in the City Media Release

I understand that Summer in the City+ regularly takes pictures and video of program activities. Some of these pictures and video will be used as agency information through newsletter, internet presence, zoom programs, agency brochures, displays, etc. By signing this release, I am authorizing PHNH to use any pictures or video that may include my child's photo, as well as any captions or names associated with the activity. PHNH regrets that it cannot offer financial compensation for use of these photos.

NOTE: If you do not want your child's photo used, you do not have to sign this portion of the form. Not signing this portion will not affect you child's application.

Parent/Guardian Signature _____ Date _____

Permission for COVID19 screening and temperature each day upon arrival to Summer in the City + Program

By signing below, you are acknowledging the following:

- You are aware and consent to your child's participation COVID19 screening by Summer in the City+ staff
- You hereby give authorization for Summer in the City+ program staff to take your child's temperature before entering program.

Parent/Guardian/Caregiver Signature _____ Date _____



Potrero Hill Neighborhood House Summer in the City Youth Program, 2021

Student Emergency / Medical Information Form

Note: This page must be **fully** completed

Child's Name: _____ (Last) _____ (First) _____ (Middle)

Address: _____

(City) _____ (State) _____ (Zip) _____

Home Phone: _____ Child Lives With: Family Foster Group Home Homeless

School: _____ Grade _____ Other _____

Parent/Guardian/Caregiver Name: _____

Address: _____

(City) _____ (State) _____ (Zip) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: In case child listed above becomes ill or is injured at the Summer in the City Youth Program and Parent/Guardian/Caregiver cannot be contacted, the P.H.N.H. authorities have my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Phone Number
1			
2			

Can your Daughter or Son: _____ (circle one)

Receive emergency medical treatment if necessary? Yes No

Be taken to the nearest medical facility? Yes No →

If No, please specify the facility your daughter or son should be taken to:

Does your Daughter or Son have healthcare Insurance? Yes No

If yes:

Name if Carrier: _____ Policy Number: _____

Primary Care Physician: _____ Phone: _____

Facility _____

Address _____

Phone _____

Please indicate any special needs your child may have that would affect his/her participation in the planned program activities.

NOTE: A licensed physician's written medical assessment and immunization records of the child must be received within 30 days of admission into this program.

Allergies: _____

Medications: _____

Disability/Special Needs: _____

Should the need occur I authorize the Potrero Hill Neighborhood House (PHNH) staff or any medical personnel to act in accordance to the above instructions. If in the event that the medical services needed are not clearly addressed above, I authorize PHNH or any medical personnel to exercise their best judgment in providing appropriate medical service.

Parent/Guardian/Caregiver Signature _____

Date _____

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY *(*For infants and preschool-age children only)*

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
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CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE
()

WORK PHONE
()



Summer In the City + Child Assessment Form

Purpose:

These questions are designed to collect information needed to provide the best, and most appropriate care for your child(ren). We want to insure their enjoyment and success in this program. Therefore, we ask that you answer these questions to the best of your knowledge. Thank you.

1. What does your child like to do? _____

2. What does your child do well? _____

3. How is your child doing at home, in school, with friends? _____

4. Is your child having a hard time fitting in? Yes / No If Yes, Please Explain: _____

5. What activities does your child like to do when playing with other children? _____

6. What does your child do when he/she is upset? _____

7. When your child gets upset what helps them calm down? _____

8. How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?

9. How does your child communicate his/her needs? _____
10. How can SIC best support your child? _____



PHNH-Summer in the City + Program
2021-Release Waiver Form/ Rights of Licensing Agency

Release Waiver Form

I _____ hereby grant permission for child(ren) to take part in the aforementioned Potrero Hill Neighborhood House Program or Activity. I hereby release and hold harmless the Potrero Hill Neighborhood House, any and all employees or agents, to the extent allowed by law. I have informed the Potrero Hill Neighborhood House Staff of any physical or medical conditions that may hinder my child's participation in the program or activity. Furthermore, unless otherwise stated in writing, I give my permission to use any photographs or likeness of my child taken in the Program to be used for publication purposes. I understand all confidential and personal information will be withheld.

Parent/Guardian/Caregiver Signature

Date

Rights of the Licensing Agency

The California Department of Licensing Agency shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any children or staff member; and for the examination of all records relating to the operation of the Summer in the City+ Program. The Department has the authority to observe the physical condition of the child(ren), including condition that could indicate abuse, neglect, or inappropriate placement.

Parent/Guardian/Caregiver Signature

Date

Edward Hatter, Executive Director

Date