NJNI is a scholarship program for low-income families. Space will be limited and the child must be on free or reduced lunch or SNAP program. Your child will have the opportunity to participate in all the camps listed below. All camps will be held from 8:00 a.m. to 12:00 p.m. This is a great learning opportunity and good way to keep your children engaged over the summer break! Join us for the FUN!! For more information and to register please contact us at ca@astate.edu or call at 870-630-8358. You can also find us online at www.astate.edu/youth. Transportation may be available.

Animal Safari  May 31st - June 3rd

Your children will be lead through an animal safari as they learn about animals from all over the world. They will also take a local safari around campus as they explore and find the unexpected! This camp will be both fun and educational! Join us for this Safari!

Ten Apples Up On Top  June 6th - June 10th

Do you remember the fun book, "Ten Apples Up On Top?" We will have fun with this book and others as we read, do math, and most fun, cook! Your children will love making an apple snack or snacks that go with other books in this fun camp!

Kid’s Cook Café  June 13th - June 17th

Love helping mom in the kitchen? It's your turn to take charge and learn to cook some scrumptious food for you and your family. Don't miss out on this opportunity to get your hands messy and learn to make some new snacks and try some new recipes! You can be the Chef of your own Cafe! You will get a Chef’s apron too!

Princess and Knight in Training  June 20th - June 24th

Every princess and knight has to start somewhere. Start your journey here. Learn the skills and traits necessary to be the best princess, or bravest knight you can be. At the end of the camp, there will be a ceremony to crown the princesses, and make the knights official. Guest are invited to attend this ceremony.

Under The Sea  June 27th - June 30th

Under the sea has never been more fun! You will love finding out more about ocean life, seahorses, jelly fish, clown fish, coral reefs. This science exploration theme will take many different directions! Join us Under the Sea!
NJNI Summer Camp Five Week Program

In order to be eligible for this program, your child must be able to attend all 5 weeks of the program. You must also provide with your application a copy of your free/reduced lunch eligibility, or proof of the SNAP program for children that are not in school yet. They also must be entering a Pre-Kindergarten through second grade in the fall. If you need help with transportation for your child please contact us at 870-680-8358.

One form must be filled out for each Student

Student’s name ___________________________ Birth date _____________ Grade entering in Fall ______________________

Present School ______________________________________________________________________________________

Parent/Guardian Name ____________________________

Address __________________________ City/State/ZIP __________ Email __________________________

Home Phone __________________________ Work __________________________ Cell __________________________

Emergency Contact if parent/guardian cannot be reached:

Name __________________________ Relationship __________________________

Home Phone __________________________ Work __________________________ Cell __________________________

CAMP RELEASE FORM

A. Permission to Pick-up Student

I give my consent to allow the following person(s) to pick-up my child in my absence at the end of the class/camp/session:

1) __________________________ 2) __________________________ 3) __________________________

4) __________________________ 5) __________________________ 6) __________________________

B. Food Allergies & Restrictions

My student has the following allergies/food restrictions: ____________________________________________

C. Parental Authorization

Consent to Medical Treatment

In the event I cannot be contacted to give my consent, I hereby give my consent to:

1. The administration of any treatment deemed appropriate by a licensed physician or dentist, and
2. The transfer of the minor to any hospital reasonably accessible

Physician name __________________________ Phone __________________________

Address ________________________________________________________________

D. Photography Release:
I hereby permit A-State Summer Camp Academy to use, in whole or in part, photographs, videos, and written extraction of the above named student for the purpose of illustrations and publications, including the Teacher Education website, astate.edu website, http://www.astate.edu/youth, the Summer Camp Academy Facebook page, and possibly the newspaper.

Parent/guardian signature ____________________________ Date ____________

E. Discipline Policy

Parents’ knowledge and understanding of the camp rules and policies help minimize most problems. We ask that you take the time to go over the camp rules listed below with your student. We appreciate your support.

Behavior Rules:

I will be polite and respectful to adults; I will use kind words and keep my hands to myself; I will behave appropriately in the halls, classrooms, bathroom & playground; I will follow directions; I will take care of property

I have read and understand the discipline policy of the camp.

__________________________________________________________
Parent/Guardian Signature and Date

__________________________________________________________
Student/Child Signature and Date

Payment Options:

Online: At the time of registration
By Mail: Make check payable to “A-State Summer Camp Academy” and include the student’s name and camp title in the memo line. Mail to:
A-State Treasurer’s Office
P.O. Box 2640
State University, Arkansas 72467

By Phone: Credit or Debit Cards (870) 972-3847, Monday-Friday, 8:00 a.m.-4:30 p.m.
In Person: A-State Treasurer’s Office; Cashier’s Window; Carl R. Reng Student Union; 2nd Floor; Off the North Hall adjoining the parking deck; Monday- Friday; 8:00 a.m.-4:30 p.m. (Cash, Check, Debit or Credit Card in person)
RELEASE OF ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE

PARENT OR LEGAL GUARDIAN CONSENT
FOR PARTICIPATION IN
ARKANSAS STATE UNIVERSITY EVENTS

As the parent or legal guardian of ____________________________, I give my
(Participant’s Name)
consent and approval for ____________________________ to participate in
(Participant’s Name)

Summer Camp Academy
(EVENT NAME)

On June 1- August 14 , 2016 A-State Campus
(EVENT DATES) (LOCATION)

I recognize and acknowledge that certain risks of personal physical injury, property damage, or other losses exist with respect to participation in this event and further agree to:

Assume all risks of any such personal injuries, property damages, or other losses that participant may sustain as a result of participation in this event.

Fully release and discharge Arkansas State University, its officers, agents and employees from any and all claims from personal injuries, property damages or other loss that participant may suffer on account of participation in said event.

Indemnify and hold harmless Arkansas State University, its officers, agents and employees from all claims, suits, actions, injuries, damages, and losses sustained by participant and arising out of, connected with, or in any way associated with participant’s participation in said event.

I HAVE FULLY READ AND UNDERSTAND THE FOREGOING.

Name of Parent or Legal Guardian (Print)  Date

Signature of Parent or Legal Guardian  Date
Authorization to Treat and for Release of Health Records or Information

SECTION A: As the parent or legal guardian of the student/patient identified below, who is a minor attending camp at Arkansas State University, I hereby authorize Arkansas State University, hereinafter referred to as the health care provider, to arrange for medical treatment to the minor should such medical care be deemed necessary by camp personnel. I further authorize Arkansas State University to disclose the minor’s personal health information to the persons or entities named below. I understand this authorization is voluntary and made to confirm my directions regarding treatment of the minor and release of his or her personal health information.

Student/Patient Name: ____________________________

Address: ____________________________

Telephone: ____________________________ Health Record Number (if any): ____________________________

Social Security Number: ____________________________ Date of Birth: ____________________________

SECTION B: Personal Health Information to be Disclosed: Specifically and meaningfully describe the personal health information you are authorizing to be used and/or disclosed:

Any and all personal health information within the possession of the health care provider.

Persons/Entities Authorized to Receive and Use: Name or specifically describe the persons and/or entities to whom you are authorizing the above medical care provider to disclose or let use the personal health information described above:

All medical care providers giving medical services to my minor child or ward.

Purpose of the Disclosure: The disclosure is being made to assist in the provision of medical care to my minor child or ward while he or she is participating in a camp at Arkansas State University.

Right to Revoke: I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization, I must do so in writing and present my written revocation to the above named medical care provider. I understand the revocation will not apply to medical care which has already been rendered or information that has already been released in response to this authorization.

Voluntary Authorization: I understand that authorizing the medical care and disclosure of the personal health information is voluntary. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. This authorization will expire two (2) years from the date below.

SIGNATURE:

I, ____________________________, have had full opportunity to read and consider the contents of this authorization, and I confirm that the contents are consistent with my directions to the health care provider. I understand that, by signing this form, I am confirming my authorization that the health care provider may arrange for medical care to be provided to my minor child or ward and disclose to the persons named in this form the nonpublic personal health information described in this form.

Signature: ____________________________ Date: ____________________________

Relationship to Individual: ____________________________ Witness: ____________________________