

**Southern University at New Orleans**  
**College of Education and Human Development**  
**Healthy Minds – Healthy Bodies Learning Institute**

Dear Parent/Guardian:

Thank you for registering your child in the Healthy Minds – Healthy Bodies Learning Institute. Our program is a six-week program (June 4 – July 13, 2018) for children ages 6 – 12 years. This summer program offers an enriching experience through the combination of courses in literacy, computer technology, arts and crafts, nutrition, physical education, and sports. The program also includes weekly field experiences.

	Cost
Camp registration deadline: April 30, 2018	\$150.00
Parent/guardian orientation: Date: May 4, 2018 Time: 6:30 pm Place: Southern University at New Orleans campus	No Cost
Program's first day Date: June 4, 2018 Time: 8:00am – 4:00pm Breakfast served 7:30 – 8:00a.m.	No cost
After program Care (3:00 – 6:00pm)	\$5.00 per hour (must be paid in advance)

We look forward to having your child join us. If you have any questions, please contact Ms. Celina Carson at (504) 286-5042, Ms. Shatiqua Mosby-Wilson at (504) 286-5030 or Ms. Darlene Holmes at (504) 286-5006. We promise to make your child's experience at the Healthy Minds – Healthy Bodies Learning Institute fun-filled with a purpose.

*Celina Carson*  
 Executive Director

## **HEALTHY MINDS – HEALTHY BODIES LEARNING INSTITUTE PROGRAM POLICIES**

### **Arrival/Dismissal of Student & Log-In/Log-Out Process**

The Program's hours are: Monday through Friday 8:00a.m. – 3:00 p.m. The arrival time begins at 7:30 a.m. All students must be drop-off and picked up from the program by an authorized person. Students may not sign themselves in or out of the HMHB program. The camp dates are June 4, 2018 – July 13, 2018.

Students will be released only to those on the authorized pick up list. Persons unknown to the HMHB staff may be asked to show ID. Authorized persons must be at least 18 years old. To authorize an alternate person to pick up your child, you must add them to the list or provide written consent that includes the person's name, the specific date(s), and your signature at least one day before the actual pick-up. Verbal consent will not be accepted.

**Procedure for Individuals Not Authorized to Pick up Participants:** In a case in which an UNAUTHORIZED individual arrives to pick-up the student; the student will not be released. If an authorized person does not arrive prior to camp closure the late pick- up procedure will apply.

### **Dismissal/Late Pick-up/Failure to Pick-up**

Dismissal time: On Mondays through Fridays, children must be picked up promptly at 3:00 p.m. . If child cannot be picked on time, prior arrangement must be make for after-school care at a cost of \$5 per hours up to 6:00 p.m. Students who are not picked up by 6:00 p.m. will not have the benefit of aftercare for the remainder of the program. The HMHB staff is not authorized to take students home. A student who is not picked up by 6:00 p.m. is considered a late pick-up and is subject to the following procedure:

A. *First Time Late Pick-up* – HMHB Student Monitor or Program Administrator will wait with the child until he/she is picked up by a designated parent/guardian until 7:00 pm before turning the child over to the proper government agency. This HMHB staff member will remind the parent that this is a late pick up and arrangement for prompt pick-up is mandatory for the participants in the future. Subsequent applicable late fees must be paid before the end of the week.

B. *Second Time Late Pick-up* – The HMHB Student Monitor or Program Administrator will wait with the child until he/she is picked up by a designated parent/guardian until 7:00 pm before turning the child over to the proper government agency. They will then inform the parent that the HMHB Program Director will be contacting them in regards to their continued delinquent behavior. The HMHB Program Director will notify the parent/guardian that they have abused the student pick-up policy and their child may no longer attend the HMHB program. Any unused fees paid to HMHB will not be refunded.

## **MEDICAL**

DO NOT send your child to program when ill. If your child becomes ill, the emergency contact will be called to pick up the child. Children who become ill may not stay on the campus; our facilities do not provide appropriate care for an ill child.

If your child becomes ill while at the HMHB program, parents/guardian/emergency contact will be called to pick up the child. If it is necessary for a child to receive medical attention off campus, the parent/guardian/emergency contact will be notified immediately. The parent/guardian is responsible for ALL medical visits, expenses, and/or prescribed medications in the event a child receives EMS or is transported to the hospital.

In case of an emergency, to obtain off-campus medical service for your child, we will need to have the following information on file:

A. Signed medical consent form from parent(s) (see Summer Program Forms.)

B. Copy of insurance/Medicaid card

C. Important health information on special diets, asthma, allergies, hyperactivity, heart condition, epilepsy, blood type, etc.

Please note that doctors and/or hospitals may refuse treatment of child without a **MEDICAL CONSENT FORM** signed by parent(s) or guardian(s).

## **DISCIPLINE**

The disciplinary policy of the Healthy Minds-Healthy Bodies Learning Institute holds the best interest of the students and the program in mind. Students are expected to follow all HMHB Program rules and

regulations. When a child does not observe the expected guidelines, the HMHB staff will initiate an appropriate disciplinary plan of action which may include any or all of the following levels:

Level I: This is the first offence of a student displaying disrespect and failing to follow rules. The student will receive a warning about the inappropriateness of his or her action and explained expected behavior at the HMHB summer program. The parent will receive written notification.

Level II: This occurs when a student commits disrespect or failure to follow rules more than once. The parent will receive written notification of multiple offenses.

Level III: When a student shows no regard of Level II offenses, displays behavior that is unsafe, harmful or endanger others, the parent or guardian will have to come to a conference with the HMHB summer program administrator. The student could also be given a suspension at the discretion of the HMHB Program administration.

Level IV: When a student uses drugs or alcohol, harms another camper, or demonstrates continued or extreme disregard for program policy, he or she be expelled from the program.

In addition, students are expected to abide by the SUNO campus's policy in regard to drug and alcohol use. Children dismissed for discipline reasons will not be issued a refund.

The HMHB staff responsible for the monitoring the child involved in any incident will document all behavior problems and submit the appropriate documents to the HBHM administration.

## **DRESS CODE**

Daily Attire: We understand that this is a summer program and comfortable attire is expected.

Campers are expected to follow the following dress code:

- A. The Program's T-shirt must be worn daily with the exception of field trip days when the students are required to wear the NORD T-shirt.
- B. Only tennis shoes (slippers nor sanders are prohibited)
- C. No see-through or tight-fitting outfits
- D. Shorts should be no shorter than mid-thigh
- E. Attire should have no insulting images or words on them
- F. Pants, shorts, and skirts have to be worn on the waist

## **Swimming**

Campers will wear appropriate swim attire and have a towel to take with them while swimming.

- A. Only **one-piece swim suit** is allowed for girls.
- B. Girls have to wear a shirt and short when they are not in the pool.
- C. Girls have to wear a swim cap.
- D. Boys have to wear a shirt when not in the pool.

## **GENERAL RULES**

- A. Students are responsible for their own belongings. HMHB Monitors cannot hold and will not be responsible for money or any other personal belongings. Do not send a large amount of money with your child.
- B. Students must be self-controlled, able to communicate verbally and be able to function independently in a small group.
- C. Students must be mobility independent and able to attend to personal needs.
- D. **No electronic devices are allowed.**

## **FIELD TRIPS**

Field trips/special events are a part of Healthy Minds – Healthy Bodies Learning Institute program. There will be a calendar outlining the specific activities. The HMHB Program does not make supervised provisions for students who choose not to participate in the field trip/special events. Therefore, parents must make alternate arrangement for their child during the time of the field trips. There will be no field trip fee refund issued for students who fail to attend a field trip.

**HEALTHY MINDS – HEALTHY BODIES LEARNING INSTITUTE**

I have received a copy of the policies and procedures, read, understand and will comply with the policies and procedures of the Healthy Minds Healthy Bodies Learning Institute. I will explain the rules, policies and procedures to my child and ensure that my child is compliant at all times. I understand the consequences for failing to adhere to the policies and procedures.

I am voluntarily enrolling my child in this program and will hold harmless Healthy Minds Healthy Bodies Learning Institute, Southern University at New Orleans, the faculty, staff and it affiliates if my child sustains an injury while participating.

**POLICY AND PROCEDURES CHANGES**

The Healthy Minds-Healthy Bodies Learning Institute reserves the right to make changes to policies as necessary. If changes are made during the term of the summer program, the program director will provide written notification to parents of such changes.

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Print Name of Parent/Guardian

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Date

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Signature of Parent/Guardian

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Date

Child's Name: \_\_\_\_\_  
(Please Print

# Healthy Minds-Healthy Bodies Learning Institute 2013 Camper Registration Check List

Program Application

Paid Camp Fee (\$150)

Waiver/ Release Form(s)

Birth Certificate (Child)

Report Card / Immunization/Health Record  
(Updated)

Proof of Residence (Electric, Water, Voter's Reg.,  
or LA Driver's License)

Paid Non Refundable Reservation Fee (\$25)

This fee will reserve a spot for a child until April 18, 2018. If all documents and fees have not been the spot will be forfeited.

Camper Name \_\_\_\_\_

Amount Paid \_\_\_\_\_ Receipt # \_\_\_\_\_

Director's Signature \_\_\_\_\_

# Health Minds – Healthy Bodies Learning Institute

## REGISTRATION FORM

A copy of the student's birth certificate or shot record and most current report card must accompany form.

### Child's Name: (PLEASE PRINT)

Last \_\_\_\_\_ First \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

### Parent/Guardian:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Phone (C) \_\_\_\_\_ (Email) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

My child will arrive and leave by: \_\_\_\_\_ Walking/biking \_\_\_\_\_ my designee

T-shirt (size): Youth \_\_\_\_\_ S (5/6) \_\_\_\_\_ M (8/10) \_\_\_\_\_ L (10/12) \_\_\_\_\_ XL(14/16)  
Other \_\_\_\_\_

Additional shirts are available at \$10 each. How many additional shirts would you like? \_\_\_\_\_

To participate in the Healthy Minds – Healthy Bodies Learning Institute (HMHB), I agree to hold harmless HMHB and its staff for injuries or accidents that may occur while participating in activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Authorization

**HEALTHY MINDS – HEALTHY BODIES LEARNING INSTITUTE**

**CONSENT FOR EMERGENCY HEALTH CARE**

CHILD NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

TYPE OF COVERAGE: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

SIGNS YOUR CHILD MAY BE HAVING AN ALLERGIC REACTION: \_\_\_\_\_

PREFERRED PHYSICIAN: \_\_\_\_\_ Phone number: \_\_\_\_\_

PREFERRED HOSPITAL \_\_\_\_\_

DURING JUNE 4, 2018 THROUGH JULY 13, 2018, I AUTHORIZE SOUTHERN UNIVERSITY AT NEW ORLEANS, COLLEGE OF EDUCATION AND HUMAN DEVELOPMENT, THE STAFF OF HEALTH MINDS – HEALTH BODIES SUMMER LEARNING INSTITUTE OR ANY OF THEM ACTING ALONE, TO ENGAGE SUCH PROFESSIONAL MEDICAL CARE OR HOSPITAL LABORATORY SERVICES AS MAY APPEAR TO BE NECESSARY OR DESIRABLE FOR THE PROTECTION OF THE HEALTH OR LIFE OF MY MINOR CHILD, NAME ABOVE. ANY PERSON RENDERING HEALTH CARE PURSUANT TO THIS AUTHORIZATION SHALL BE ENTITLED TO TREAT CONSENTS GIVEN BY THE UNDERSIGNED. I AGREE TO BE RESPONSIBLE FOR ANY CHARGES INCURRED IN THE RENDITION OF SUCH CARE AND TREATMENT.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

# Healthy Minds – Healthy Bodies Learning Institute

## Pick-up Form

Student's Name \_\_\_\_\_

Parent/guardian's Name \_\_\_\_\_

Phone number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Primary Pick-up authorization is given to \_\_\_\_\_.

The alternate pick-up authorization is given to:

(Name) \_\_\_\_\_ (cell phone) \_\_\_\_\_

This is a confidential document and is intended for internal use only. No one outside of the program's administration will be allowed to see this document. When checking out your child/children, we ensure that only the authorized person as indicated on your list will be allowed to pick up the child/children.

**There will be no exceptions to the rules.**

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

## Healthy Minds – Healthy Bodies Summer Learning Institute

### Statement of Compliance

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_, a student at Healthy Minds – Health Bodies Summer Learning Institute. I hereby agree, that I will:

- Ensure that my child attends camp daily except when the child is ill or has been excused by the camp from attending;
- Ensure that my child will arrive at camp on time each day;
- Attend all required parent meetings;
- Model all campus policies while visiting the campus site and/or field trips.

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Parent/Guardian

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Date

## Healthy Minds – Healthy Bodies Summer Learning Institute Release of Information

This page consists of a series of policies and releases. Please read carefully and acknowledge with your initials next to each item.

### Child Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_

### Parent/Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Initials	Releases/ Description
_____	<p><b><u>Swim Release</u></b></p> <p>I give my child permission to participate in all swim lessons during summer camp. I understand that proper supervision will be provided. Transportation to the swim site will be contracted by NORD partners.</p>
_____	<p><b><u>Field Trip/Swim Release</u></b></p> <p>I give my child permission to participate in all field trips during summer camp. I understand that proper supervision will be provided. Transportation to these field trips will be contracted by NORDC partners.</p>
_____	<p><b><u>Consent for Emergency Treatment</u></b></p> <p>In the event of an emergency, permission is given to a physician, selected by the NORDC Staff, to administer whatever medical treatment deemed necessary as a result of an accident or illness which may occur while on field trips.</p>
_____	<p><b><u>Photo Release</u></b></p> <p>I do hereby authorize the New Orleans Recreation Development Commission <b>and their partners</b> to use photos, videos, and recordings of my child taken during any NORDC summer camp related activities for the purpose of publicity for the City of New Orleans on websites, in brochures, or other means of departmental publicity. I understand that my child will not be identified by name when photos are used.</p>

I certify that I have read all of the releases above and understand the liabilities of all parties.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

**Healthy Minds – Healthy Bodies Summer Learning Institute**  
Program Sponsor

I would like to provide sponsorship to the Healthy-Minds Healthy Bodies Learning Institute. All donations are tax deductible. All donations and sponsors will be acknowledged in our culminating program booklet.

Initials	Sponsorship Levels
_____	<p><b><u>Sapphire</u></b></p> <p>Donors providing a sponsorship in the amount of \$100 - \$199 will receive a complimentary program booklet.</p>
_____	<p><b><u>Emerald</u></b></p> <p>Donors providing a sponsorship in the amount of \$200 - \$399 will receive a ¼ page ad space in the program booklet.</p>
_____	<p><b><u>Gold</u></b></p> <p>Donors in the amount of \$400 or more will receive a ½ page ad space in the program booklet and a Healthy Minds Healthy Bodies souvenir.</p>
_____	<p><b><u>Patron</u></b></p> <p>Donors providing a sponsorship in the amount of \$99 or less will have name listed in program booklet.</p>

\_\_\_\_\_

Name

\_\_\_\_\_

Company

\_\_\_\_\_

Phone

\_\_\_\_\_

email address