



# Chillin' & Skillin' Summer Learning Camp (Gr. 3-5)

## 2023 Registration Form

Please fill out and return the registration form, media release and data release to your child's school or to CCF at 46 Hope St. Woonsocket, RI 02895  
Early registration is encouraged.

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_ Current Teacher \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade entering in Fall '23 \_\_\_\_\_

Child t-shirt size (All t-shirts are adult sizes) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Emergency Contact Name/Phone # \_\_\_\_\_

### Other persons allowed to pick up student:

\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies/medical conditions that may affect your child's participation in the program. You MUST inform Chillin' & Skillin' staff if your child requires an EpiPen or inhaler.

\_\_\_\_\_

**Do you give your child permission to walk home? Rising third graders (current second) are not permitted to walk home without a parent/guardian.**

Yes       No

**Does your child require bussing to and from the Chillin' & Skillin' Summer Learning Program?**

Yes       No

Parent/Guardian Signature \_\_\_\_\_

Please read and sign CCF terms and condition on the reverse side in order to complete the registration form. If you have any questions, please contact Allyson Marino, (401) 895-1386 or on Class Dojo.

**To complete the registration form, please read CCF Chillin' & Skillin' Summer Learning Program Agreement and sign below.**

I understand that CCF Chillin' & Skillin' Summer Learning Program provides various recreational activities including local walking trips and transported field trips. In registering my child for this program, I agree to his/her participation in the trip activities, which may include one or more groups or the whole program.

I agree that my child is responsible for his/her behavior at all times. If, in the view of the proper authorities of the Chillin' & Skillin' Summer Learning Program my child becomes involved in behavior that presents a danger to him/herself and/or others, appropriate steps shall be taken to protect all participants of the Program, including removal of my child from the Program.

I also give permission to use any and all photographs and/or video/audios of my child obtained while attending and/or participating in the Chillin' & Skillin' Summer Learning Program. These items become property of the Chillin' & Skillin' Summer Learning Program and they shall have the right to duplicate, reproduce, and make other uses when the opportunities arise to provide positive information and publicity for programs sponsored by the participating agencies.

I acknowledge the fact that this program or activity may/or does involve physical contact or other conditions where injuries may occur. I hereby assume for myself and for my child, all liabilities, risks, injuries and hazards incidental to participation in the CCF Chillin' & Skillin' Summer Learning Program.

I, the undersigned, hereby attest that I am the Parent and/or Legal Guardian of \_\_\_\_\_. By signing below, I give my consent as Legal Guardian for my child to participate in the Chillin' & Skillin' Summer Learning Program **until 3:00pm** and agree to waive, release and agree to hold harmless CCF, its employees, and the host school for and from any claim, liability, suits, charges or compensation for loss or injury of any kind.

I agree that I have been informed of the details of the agreement and have been provided with a contact number (401) 895-1386 for answers to any questions prior to participating in CCF Chillin' & Skillin' Summer Learning Program.

**Parent/Guardian Name (Please Print)**

\_\_\_\_\_

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

**United Way of Rhode Island  
CONSENT FOR SHARING AND RELEASE OF STUDENT INFORMATION**



2023

**Who is United Way of Rhode Island?**

United Way of Rhode Island administers the Summer Learning Initiative supported by Hasbro and Women United. Our summer program \_\_\_\_\_ is part of the Summer Learning Initiative, which funds four communities around Rhode Island.

**What is United Way of Rhode Island asking for and why?**

We would like your permission to share the information we collect from you and your child with your child's school. We would like to let your school know that your child participated in this summer program.

We would also like your permission to have the **Woonsocket School District** help us track changes in your child's test scores before and after participating in this summer program as well as attendance and infractions. We need your permission for the **Woonsocket School District** to release this information from your child's student record for **Spring 2023 and Fall 2023**. Having this information will help us better understand whether our summer program helps, students succeed in school.

**What types of information does United Way of Rhode Island share?**

The United Way of Rhode Island will let your child's school know he/she participated in this summer program. Your child's school will then share with us their **Spring 2023 and Fall 2023** test scores as well as attendance and infraction records. We will work with an evaluator who will analyze the information so we can understand whether students' math and literacy skills have improved after participating in our summer program.

**If I agree to release the information to United Way of Rhode Island, who will see my child's information?**

The only people who will see information from your child's student record are United Way of Rhode Island staff and our evaluators. The evaluators will not see your child's name, only his/her student identification number and test scores. No evaluation report will reveal information about individual students' information, only averages for all students.

**How will United Way of Rhode Island protect my child's information?**

All United Way of Rhode Island staff members receive training in privacy procedures and follow strict guidelines to protect the confidentiality of records. United Way of Rhode Island staff keeps all child records locked in a secure location. All electronic files containing identifiable information will be password protected. Any computer or server hosting such files will be encrypted as well. Only United Way of Rhode Island staff will have access to the passwords. Staff will only use secure methods to transfer information.

**If I do not give permission, can we still participate in the summer program?**

Yes, you can still participate in the program activities. There are no penalties if you decide that you do not want to share this information.

**Who should I contact if I have any questions?**

You may contact Marlene Guay at (401) 444-0621 if you have any questions now or in the future about any matter related to the United Way of Rhode Island's Summer Learning Initiative.

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## (Please fill out and return this portion)

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_

School Attended in **Spring 2023**: \_\_\_\_\_

School Attending in **Fall 2023**: \_\_\_\_\_

### **United Way of Rhode Island sharing information with the Woonsocket School District**

- Yes, I understand why United Way of Rhode Island is asking my permission to share information about my child's participation in this summer program with school administrators, and I grant permission to United Way of Rhode Island to share that information with school administrators.
- No, I do not give permission to United Way of Rhode Island staff to share information with my child's school.

### **Woonsocket School District releasing information from my child's student record to United Way of Rhode Island**

- Yes, I understand why United Way of Rhode Island is asking my permission to access my child's test scores from **Spring 2023 and Fall 2023**, and I grant permission to the **Woonsocket School District** to share that information with United Way of Rhode Island.
- No, I do not give permission to the **Woonsocket School District** to release information from my child's student record to United Way of Rhode Island.

\_\_\_\_\_  
*Signature of Parent or Guardian*

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

I understand that my records are protected under the Federal Confidentiality Regulations (42CFR Part 2), Mental Health Law (40.1-2-26) and Health Care Information Act (RI General Laws 5.37.3-4), and cannot be disclosed without my written consent except as otherwise specifically provided by law. Any information released or received as a result of this consent shall not be relayed in any way to another person, organization or entity, without additional written consent from me unless it is by the Executive Director of the United Way of Rhode Island acting in my behalf. I understand that state law mandates reporting of suspected abuse/neglect (to children, elderly and disabled persons) to the appropriate State authorities. I may withdraw this consent by giving written notification to the above party, at any time prior to the disclosure or release of the information. I understand and consent to my case file, and record being reviewed and information being used for administrative case review and program evaluation. I have read (or had it read to me), understand and agree to the conditions as outlined in this release.



**2023 SUMMER LEARNING INITIATIVE SUPPORTED BY HASBRO & WOMEN UNITED**

**PARTICIPANT PHOTO/VIDEO WAIVER AND RELEASE**

**NOTICE:** Parent or legal guardian must sign this document if participant is a minor.

**PARTICIPANT NAME:** \_\_\_\_\_

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

**PHONE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

THIS WAIVER AND RELEASE is made as of the Date specified above by the participant identified above ("Participant") in connection with the use by United Way of Rhode Island ("UWRI") and/or Hasbro, Inc., on behalf of itself and its subsidiary and affiliated entities (collectively, "Hasbro"), of participant's name, likeness, and image.

Participant understands that he/she may be filmed and/or photographed by UWRI and/or Hasbro or its agents in the course of participating in an event with representatives from Hasbro and UWRI. In consideration for this participation, Participant hereby grants to UWRI and Hasbro and to such other persons or entities which Hasbro and UWRI may from time to time designate, the right to use the Participant's name, likeness and image in videos, photographs and other materials, whether in whole or part, in connection with promotional and marketing communications, including but not limited to video presentations, newsletters, brochures and other printed and digital materials, to be posted on UWRI's and Hasbro's respective websites, internet channels and social media pages, and to be shared with UWRI and Hasbro employees and prospective employees, shareholders, customers and business partners, for any lawful purposes including, but not limited to, promoting UWRI, Hasbro, the Hasbro Summer Learning Initiative and/or Hasbro's philanthropic programs. Participant understands that Participant will not receive any monetary compensation for the grant of these rights.

Participant and Participant's successors and assigns hereby voluntarily irrevocably and unconditionally release and forever discharge UWRI, Hasbro, and their successors, assigns, officers, directors, employees, stockholders, representatives, agents and attorneys and all persons acting by, through, under or in concert with them, from and against any and all claims, losses, damages, liabilities, expenses and causes of action of every kind and nature whatsoever arising out of Hasbro's use of Participant's name, likeness and image in accordance with this Waiver and Release.

Nothing contained herein shall be deemed to state or imply that UWRI and/or Hasbro shall have any obligation to use Participant's name and likeness in any manner whatsoever.

**PARTICIPANT (Signature):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

If Participant is under 21 years of age, the parent or legal guardian of Participant should sign below.

I am the parent or legal guardian of Participant and do hereby consent and grant my permission to all the foregoing.

**PARENT OR LEGAL GUARDIAN (Signature):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Optional:** If you would like to be added to UWRI's mailing list to learn about more education news, research, and opportunities, please check this box.