



Urban Resurrection Community Development Corporation

Dear Parents/Guardians

The SMART Summer Enrichment Program offers high quality programming for children who are in grades K-8. The Program will be five days a week and is scheduled to begin June 17 through August 9, 2024. This program begins at 8:00 am and concludes at 3:00 pm daily, with Breakfast served from 8:00 am to 8:30 am and Lunch from 11:30 am to 12:30 pm at 428 E. Main Street, Columbus, Ohio 43215. Applications are accepted on a first come, first serve basis, and are reviewed by the Urban Resurrection staff. You will be notified of your acceptance in the program.

In-Person Program Activities Include:

- Reading/Language, Arts, Math, and STEM
- Fitness
- Social skills
- Arts/Crafts
- Individual & Community Connections
- Guest Speakers

These age-appropriate activities are led by community partners who are committed to serving the youth of the Central Ohio area. We strive to address academic, physical, and socio-emotional needs in a safe, caring, and healthy environment and provide a variety of experiences that will help children make better choices.

There is no charge for the SMART Summer Enrichment Program. Regular attendance is required.

The staff and I are excited, and committed to making this program a safe, fun, and successful educational experience for your child. We look forward to meeting you and your child. This requests that the SMART Summer Enrichment Program application be completed and returned via email to miller.1060@hotmail.com.

Child Enrollment forms are also available at 428 E. Main Street, Columbus, Ohio 43215 and on the UR CDC website under Youth Programs at the www.urcdc.org. If you have any questions or concerns, please feel free to give me a call at (614) 588-5961 or email me at miller.1060@hotmail.com

Thank you,
Dr. Emby Miller



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SMART Summer Enrichment Program 2024 Child Enrollment Form

(Please complete one for each child.)

Child Name: _____

INSTRUCTIONS: Please complete one for each child enrolled in the youth SMART Program. If requested information is non-applicable, mark N/A. If requested information is unavailable or unknown at this time, mark unknown.

Today's date (MM/DD/YEAR): _____/_____/_____

Parent /Guardian's Name (Last, First, MI):

Relationship to Child: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____ Phone Number: _____

Does the child currently live with you? (circle one) Yes No

What is your child's residential address (If different from above)?

Street: _____

City: _____ State: _____ Zip Code: _____

Childs Demographic Information

1. Child's Last Name:

Child's First Name:

Child's Middle Name:

2. Child's Preferred Name or Nickname:

3. Child's Date of Birth (MM/DD/YEAR): _____/_____/_____

4. Child's Gender (circle one): Male Female

5. What is your child's primary/native language (language spoken at home)?



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6. Child's Race/Ethnicity (check one only):

- African American/ Black, non-Latino
- Native American/ Indian or Alaska Native
- Asian American
- Native Hawaiian or Pacific Islander
- Latino/Hispanic
- European American/ White, non-Latino
- Mixed Heritage
- Other _____

7. What other enrichment or extra-curricular activities does your child participate in during the summer or academic school year (e.g., organized sports, music or dance lessons, academic tutoring, clubs, etc.)?

8. What is the name and address of the school your child attends during the academic school year?

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

9. What grade was your child enrolled in during the most recent school year? (Circle One)

K 1 2 3 4 5 6 7 8

Child's Academic Information

10. Does your child participate in any of the following educational programs (check all that apply)?

- Bilingual Education
- ESL/LEP
- Special Education
- Gifted and Talented
- Other _____

11. Has a doctor, health professional, teacher, or school official ever informed you that your child has a learning disability (please circle one)? Yes No

If yes, please explain:

12. Has your child ever repeated a grade (please circle one)

Yes No Unknown

13. What is your child's reading proficiency level?

- Above Grade Level
- At Grade Level
- Below Grade Level
- Unknown
- Last tested level _____
Date _____



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Child's Medical Information

14. Does your child have health insurance (please circle one)? Yes No

If yes, please complete the information requested below:

Health Insurance Carrier: _____

Name of Policy Holder: _____

Identification Number: _____

Group Number: _____

Please explain any special procedures that should be followed in the event that your child has a medical emergency:

15. Has a doctor or health professional ever informed you that your child has any of the following medical conditions or disabilities?

- | | |
|--|---|
| <input type="radio"/> Asthma | <input type="radio"/> Diabetes |
| <input type="radio"/> Food or digestive allergies | <input type="radio"/> Autism Hay fever or any kind of respiratory allergy |
| <input type="radio"/> Hearing | <input type="radio"/> Eczema or any kind of skin allergy |
| <input type="radio"/> Vision | <input type="radio"/> Frequent or severe headaches (including migraines) |
| <input type="radio"/> Attention Deficit Disorder (ADD) | <input type="radio"/> Speech (stuttering or stammering) |
| <input type="radio"/> Attention Deficit Hyperactivity Disorder (ADHD) | <input type="radio"/> Other _____ |
| <input type="radio"/> Depression or anxiety | |
| <input type="radio"/> Behavior or conduct | |
| <input type="radio"/> Development delay or physical impairment (please describe below) | |

If so, please explain:

16. Does your child have any known medical conditions or disabilities that do not appear in the list above? If so, please describe in the space below.

17. Does your child currently need or use medication prescribed by a doctor (please circle one)?

Yes No

If yes, please list medication (s):



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18. Is your child limited or prevented in any way from participating in moderate to strenuous physical activity (please circle one)? Yes No
If yes, please explain:

19. Has your child been to a doctor within the past 12 months (please circle one)?
Yes No Unknown

20. If there is anything else that you would like to share about your child, please indicate it here.

BY ATTENDING ANY SESSION SPONSORED BY THE URDC SMART PROGRAM YOU ARE INDICATING YOUR ACCEPTANCE OF THE TERMS AND CONDITIONS OF THIS AGREEMENT. RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT BY AGREEING TO THE TERMS LAID OUT IN THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Please Initial beside each statement listed below.

_____ I give permission for my student to participate in the **SMART Program**, which will be conducted in-person at Mt. Olivet Baptist Church.

UNDERAGE AUTHORIZATION

I authorize _____ (Underage Participant) to engage in **SMART Program** activities and give consent to photographing and recording voice and/or activities and on my own behalf and on behalf of the participant. I hereby agree to the release of liability, waiver of claims, assumption of risks and responsibility for compliance with rules described in this Release Agreement.

Signed this _____ day of _____, 20_____

_____ Print Name

_____ Parent/ Guardian Signature

I have read and understood all of the above terms and conditions and agree to be bound by them.