



THE PUERTORRIQUEÑOS
ASOCIADOS FOR COMMUNITY
ORGANIZATION

PRESENTS

2019 SUMMER ARTS PROGRAM "YOUTH ON THE MOVE"

APPLICATION

July 8th - August 13th
390 Manila Ave., Jersey City, NJ 07302
Monday to Friday
10 am-3pm

2019 Highlights

- Educational Workshops
- Visual & Performing Arts
- Field Trips
- Recreational Activities
- Must be 9-14 years of age

Sponsored by:



Contact:

Mary Grace Dell'Aquila ,
Program Coordinator at
201-963-8282 Ext 5005
mgrace@pacoagency.org



WWW.PACOAGENCY.ORG



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2019 Summer Arts Program:

The PACO Arts Program has expanded to a five (5) week summer program for Jersey City youth, 9 to 14 years of age. The program goal is to provide youth with an environment that fosters a positive sense of self-esteem, while recognizing and building on their ability of expressing themselves.

The program offers a safe and structured environment where students can interact with different cultures and be exposed to the arts. In 2019, we are pleased to expand our program to include recreational activities and field trips. This years program will also focus on civic engagement in our community.

The PACO Arts Program is scheduled for July 8th to August 13th and operate Monday to Friday from 10 a.m. to 3 p.m.





PACO SUMMER PROGRAM 2019

Form A-1



ALL FORMS MUST BE COMPLETED

INSTRUCTIONS: Please complete the registration forms and ensure that a parent/guardian sign **Required Forms**. All participants are required to sign the **YOUTH CONTRACT**. Return the completed applications to Program Coordinator, Mary Grace De'Aquila Or email completed forms via mgrace@pacoagency.org

PARENT LAST NAME : _____ **PARENT FIRST:** _____

ADDRESS: _____
Street City State Zip Code

HOME PHONE: _____-_____-_____ WORK PHONE: _____-_____-_____ CELL PHONE: _____-_____-_____

SEX: _____ AGE: _____ DOB: _____/_____/____ NATIONALITY/RACE: _____

STUDENT LAST NAME: _____ **STUDENT FIRST NAME:** _____

SEX AGE: _____ **DOB:** _____/_____/____ **NATIONALITY/RACE:** _____

Shirt Size: (S,M,L, XL) _____--

Grade in school September 2019: _____

1. How did you hear about this summer program? Peer(s):_ Teacher(s): Relative/Friend(s): Church:____
Handout/Flyer: _____ Other: _____

2. Are you currently involved in any community/school activities? If yes, describe the activity and your role.

CSBG 2019 Poverty Guidelines Disclaimer Form

Project: _____

Name: _____

Address: _____

Date of Birth: _____

Single Married Other _____

Please select one of the following categories:

- Income Verification Submitted Refusal to Submit Income Verification
 No income Verification to Submit

FY 2019 Community Service Block Grant (CSBG) Income Guidelines. CSBG Claimant's cannot exceed 125% of the Area Median Income (AMI) as established by the New Jersey Department of Community Affairs (DCA).

(Please circle the appropriate family size and income range for your household below):

<u>Household Size</u>	<u>100% Poverty Level</u>	<u>125% Poverty Level</u>
1	\$0.00 - \$12,490	\$ 0.00 - \$15,613
2	\$12,491 - \$16,910	\$15,614 - \$21,138
3	\$16,911 - \$21,330	\$21,139 - \$26,663
4	\$21,331 - \$25,750	\$26,664 - \$32,188
5	\$25,751 - \$30,170	\$32,189 - \$37,713
6	\$30,171 - \$34,590	\$37,714 - \$43,238
7	\$34,591 - \$39,010	\$43,239 - \$48,763
8	\$39,011 - \$43,430	\$48,764 - \$54,288

If your family size does not fit within the above income range, please fill in the information below:

For each additional family member add:	\$4,420	\$5,525
<u>Other</u>	<u>Income</u>	

Under penalty of perjury, I affirm that my income is within Community Services Block Grant guidelines for financial eligibility to participate in the federally funded program. I certify that the statements made by me are true. If they are willfully false, I will be subject to the penalty of the law.

Signature _____

Date _____



Form B

PACO SUMMER ARTS PROGRAM
PARENT/GUARDIAN CONSENT FORM

I, _____, the parent/guardian of _____ hereby
(Name of Parent or Legal Guardian) (Name of Child)

Give permission for my son/daughter to attend the PACO 2019 Summer Arts Program from July 8th to August 13th, The program will be held Monday through Friday 10:00 a.m. to 3 p.m.

MEDICAL CONSENT:

I hereby authorize members of the summer program staff or other designated medical personnel to administer first-aid/CPR treatment to my son/daughter if necessary. In the event that my child suffers serious injury/ illness, I understand that I will be notified as soon as possible to obtain my approval for medical treatment. If I am unavailable, I designate the following individuals to give such consent:

LAST: _____, FIRST: _____ HOME PHONE: _____ - _____ - _____ WORK PHONE: _____ - _____ - _____

ADDRESS: _____
Street City State Zip Code

LAST: _____, FIRST: _____ HOME PHONE: _____ - _____ - _____ WORK PHONE: _____ - _____ - _____

ADDRESS: _____
Street City State Zip Code

In the event that efforts to contact me (or my designees) are unsuccessful or not possible during an emergency circumstance, I authorize the attending physician to administer any treatment, including surgery, if he/she deems necessary. I understand that I will be contacted, in any event, as soon as possible.

PAYMENT FOR MEDICAL TREATMENT:

I agree to be responsible for any medical bills, either directly or through my insurance, that may result from any treatment administered.

RELEASE OF LIABILITY:

I hereby release and hold harmless Puertorriquenos Asociados for Community Organization Inc. employees, volunteers and medical personnel they select, from any and all liability or damages including accidental injury/illness which may occur during the participant's attendance at PACO Summer Program 2017.

I UNDERSTAND THAT BY GIVING MY CONSENT AS PARENT OR LEGAL GUARDIAN OF THE CHILD MENTIONED ABOVE, PACO INC WILL NOT BE HELD LIABLE FOR ANY INJURIES, SICKNESS, OR ANY HARM THAT CAN OCCUR TO MY CHILD WHILE HE/SHE IS UNDER THEIR CARE OR DURING ANY ACTIVITY SPONSORED BY THE AFOREMENTIONED. FURTHER, PACO INC., WILL NOT BE LIABLE FOR THE LOSS OR DAMAGE OF THE CHILD'S PROPERTY DURING ANY ACTIVITY SPONSORED BY PACO, INC. THE AFOREMENTIONED APPLIES EVEN IF THE INJURY, SICKNESS, HARM, OR LOSS/DAMAGE OF PROPERTY IS CAUSED BY THE NEGLIGENCE OF ANY STAFF MEMBERS, MEMBERS OF THE BOARD OF DIRECTORS OR VOLUNTEERS OF THE ORGANIZATIONS LISTED.

PARENT'S LAST NAME: _

PARENT'S FIRST NAME: _

ADDRESS: _____
#Street City State Zip Code

HOME PHONE: _____ - _____ - _____ WORK PHONE: _____ - _____ - _____

Signature of Parent or Legal Guardian

_____/_____/_____/
Date



Form C

PACO SUMMER ARTS PROGRAM 2019

YOUTH CONTRACT

1. I have read and will obey all program rules from **PROGRAM RULES AND RESPONSIBILITIES**.
2. I will actively participate in the development and determination of personal and program goals and objectives.
3. I will be a positive, energetic, and supportive collaborator and participant in all activities.
4. I will participate in all clean-up activities.
5. I will always exhibit appropriate behavior at workshops and classes.
6. I will not engage in foul behavior, use of foul language, or fighting, and will never display a negative attitude.
7. I will participate in pre and post assessment of the program.
8. I will participate in a program evaluation during the first and final week of the program.

Participant's Signature

Date

Parent/Guardian Signature

Date



Form D

PROGRAM RULES AND RESPONSIBILITIES

As a participant of the Summer Program, I agree to observe the following program rules:

1. This is an alcohol, drug, smoke, or anything that can be used as a weapon free program.
2. All students must stay in designated program areas unless accompanied by staff.
3. Students must attend all workshops and activities.
4. All property must be respected.
5. All staff and students must observe rules of safety and good conduct.
6. Students will be on time and sign in for all classes, workshops, & activities.
7. Cell phones, IPOD's, IPAD'S and any other electronic device are not allowed during summer program.
8. All absences must be excused by valid written excuses.
9. I will wear my program ID at all times and return it at the end of the day to my designated counselor.
10. I will always be ready and on time in the morning for pick up at the designated bus stops or at home (those that need transportation only).
11. Program staff is not responsible for any lost or damaged items.
12. Students need to dress appropriately for the summer program (no tank tops, no clothing with inappropriate language or images). Sandals or flip-flops are not allowed at the program.
13. I understand that I am expected to use my words, my hands, my body and my mind in a way that is respectful and helpful to myself and to others at the program, I understand that I am responsible for all consequences resulting from my choices of behavior.

Disciplinary Action

- First Warning:** Disciplinarian will talk to you in the presence of a counselor, and on-site coordinators.
- Second Warning:** Disciplinarian will talk to your parents and you, in the presence of of a counselor and on- site coordinators.
- Final Warning:** You will be discharged from the program.

Participant's signature

Date

Parent/Guardian signature

Date



Form E

Dismissal Permission Form

Please initial one of these as a form of dismissal for your child.

I will provide transportation to and from the program _____

My child will walk to and from the program _____

I understand that if I would like my child's dismissal to be changed a new form needs to be filled out and that my child is not allowed to leave the program early.

Parent/Guardian Signature

Date



Form F

Emergency Pick-Up Form

My Child has permission to be picked up by the following individuals in case I am not available.

1. _____

2. _____

3. _____

Parent/Guardian Signature

- **A picture ID of the individual picking up the student must be shown to the staff in order to ensure the safety of your child.**



CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE

Participant Name: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by _____.

I also grant to _____ the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Puertorriqueños Asociados for Community Organization (PACO) and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Student is under 18): _____ Date: _____

Address of Parent/Guardian: _____

OR

Signature of Student (if 18 or over): _____ Date: _____

Address of Student: _____