



2016 Camper Registration Check List

Thank you for registering your child in a New Orleans Recreation Development Commission (NORDC) summer camp. It is the mission and goal of NORDC that your child's experience at one of our partner summer camps be as pleasant, fun and safe as possible.

The following documents are required at the time of registration:
(Please check the box next to each item that is completed.)

- ☐ **Completed Summer Camp Application**
- ☐ **Proof of Orleans Parish Residency** (Must have 2016 date)
 - Photo copy of a valid State-issued ID w/Orleans Parish address
 - Utility bill; Entergy, Sewerage & Water Board, Cable bill, etc.
- ☐ **Proof of Income for 1 full month** (Must have 2016 date)
 - Pay stubs
 - SSI award letters
 - Food stamp or Social Security Award letters
 - In the case of no income, a notarized statement to that effect is required
- ☐ **2015-2016 School Report Card**
- ☐ **2016 NORDC Swim Release Form**

Camp Site

Camp Director's Signature

Date

New Orleans Recreation Development Commission
5420 Franklin Avenue • New Orleans, Louisiana 70122 • 504-658-3052 • 504-658-3050 (fax)

www.nola.gov/nordc •    NORDCCommission





2016 Summer Camp Registration

Child's Information

Last Name: _____ First Name: _____ MI: _____
Age _____ Race _____ Date of Birth _____ Gender: Male Female
Complete Home Address: _____ Zip Code _____
T Shirt Size: Child: S M L XL Adult: S M L XL 2XL Other _____

Parent/Guardian Information

Parent #1 Last Name: _____ First Name: _____
Parent #2 Last Name: _____ First Name: _____
Email address(es): _____
Complete Home Address (if different): _____ Zip Code _____
Parent #1 Home phone: (____) _____ Work/Cell Telephone: (____) _____
Parent #2 Home phone: (____) _____ Work/Cell Telephone: (____) _____

Emergency Contact other than Parent/Guardian:

Name: _____ Phone # _____ Relationship: _____
Child's medical insurance company: _____
Policy Number: _____ Expiration Date: _____
Allergies: _____
Medical Conditions staff should be aware of: _____
Preferred Physician: _____ Physician's contact #: _____
Preferred Hospital _____

****Please check one of the following. My child will leave camp by:**

() Walking Home () Taking the Bus () Picked up by me or my designee

The following persons, other than those listed above are designated to pick my child up from camp:

Name	Phone Number	Relationship
1.		
2.		
3.		
4.		

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***The information in this questionnaire is used for grant and reporting purposes only. Copies of support documentation such as check stub, award letters, etc., along with proof of residency, are required to complete registration.

Child Information

Last Name: _____ First Name: _____ MI: _____

Parent/Guardian Information

Last Name: _____ First Name: _____

Household size: circle the number of family members living in your household

**Household means all person(s) who occupy a housing unit. The occupants may be single family, one person living alone, two or more families living together, or any other group of related or unrelated person who share living arrangements.*

1 2 3 4 5 6 7 8 Over 8

Gross income and ethnicity (check the space in columns that most accurately describes your household):

GROSS INCOME	ETHNICITY
<input type="checkbox"/> \$ 0.00 -34,300.00	<input type="checkbox"/> Black/African American
<input type="checkbox"/> \$34,301.00 - 39,200.00	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> \$39,201.00 - 44,100.00	<input type="checkbox"/> Black/ African American & White
<input type="checkbox"/> \$44,101.00 -48,950.00	<input type="checkbox"/> Hispanic/ Latino
<input type="checkbox"/> \$48,951.00 - 52,900.00	<input type="checkbox"/> Asian
<input type="checkbox"/> \$52,901.00 - 56,800.00	<input type="checkbox"/> Asian & White
<input type="checkbox"/> \$56,801.00 - 60,700.00	<input type="checkbox"/> American Indian/ Alaskan Native
<input type="checkbox"/> \$60,701.00 -64,650.00	<input type="checkbox"/> Pacific Islander/ Native Hawaiian
<input type="checkbox"/> \$Over - 64,651.00	<input type="checkbox"/> Other _____

Household type (circle the best description of your household):

Single Parent, female head of household Single Parent, male head of household

Two Parent Household

Parent/Guardianship of Child

I certify that all of the information provided herein is true and correct and that all household income is reported.

Parent/Legal Guardian Signature: _____ Date: _____

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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
_____	<u>Consent for Health Care</u> I authorize the New Orleans Recreation Development Commission (NORDC), the staff and/or employees 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, named 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.
_____	<u>Field Trip/Swim Release</u> I give my child permission to participate in all field trips and swim lessons during summer camp. I understand that proper supervision will be provided. Transportation to these field trips will be contracted by NORDC partners.
_____	<u>Consent for Emergency Treatment</u> 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.
_____	<u>Photo Release</u> I do hereby authorize the New Orleans Recreation Development Commission and their partners 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.

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

Parent/Legal Guardian Signature

Date

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2016 Swim Release Form

All participants of the NORDC Aquatics program must have a current and completed release/registration form on file. The program(s) schedule below is for information purposes and registration cannot guarantee enrollment. Final scheduling and enrollment decisions will be made on site by swim instructor and program management.

Participant Name (first) _____ (last) _____

Address _____ City _____ State ____ Zip _____

Date of Birth (MM/DD/YYYY) _____

Parent / Guardian Name (first) _____ (last) _____

Primary Phone _____ Secondary Phone _____

Email Address _____

Emergency Contact Name (first) _____ (last) _____

Phone Number _____ Relationship to Child/Participant _____

Release of Liability

Please read this form carefully and be aware that for participation in the program(s), you will be waiving and releasing all claims for injuries you or your child (children) might sustain arising out of the program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child (children) may sustain as a result of participating in any of the program(s). I hereby fully release and discharge the City of New Orleans, NORDC, and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child (children), and arising out, connected with, or in any way associated with activities of any of the programs.

Parent /Guardian/Adult Signature

Date

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A's & Aces 2016 Summer Literacy & Tennis Camp

in Partnership with NORDC at:

- a) Dillard University b) Joe Brown Tennis Center c) Atkinson Stern Tennis Center

Application Information:

In partnership with NORDC, Dillard University and various funders, A's & Aces will provide **literacy and tennis instruction for children** at 3 locations. The Dillard University camp is open to 7-9 year olds. The Joe Brown camp is open to 7-14 year olds (all skill levels) and the Stern camp is open to players 7-14, who train year-round to compete in tournaments.

WHO: Children Ages 7-14 (Dillard: only ages 7-9)

WHEN: 7 Weeks (June 6 - July 29)

Note: NO CAMP July 4th -July 8th

Camp Hours:

Monday – Friday 9:00 am - 3:00 pm*

(*options for before-care and/or after-care are described on page 2)

Week 1: June 6-10

No Camp: July 4-8th

Week 2: June 13-17

Week 5: July 11-15

Week 3: June 20-24

Week 6: July 18-22

Week 4: June 27- July 1

Week 7: July 25-29

Note: Free breakfast and lunch is provided.

Application Requirements: Enrollment is based on the time each FULLY COMPLETED application is received.

The number of children who can be accepted at each site is limited.

Cost:

--- **Application Fee** – An **\$80 application fee per child** is due with the application. (Checks and money orders preferred, cash accepted only *in the exact amount*. THE APPLICATION FEE IS REFUNDABLE ONLY IF YOUR CHILD IS NOT ACCEPTED INTO THE CAMP. Please make checks and money orders payable to “A's & Aces”.

--- **Camp Fee** - There is a **camp fee per child** that is due with each application. THE CAMP FEE IS REFUNDABLE ONLY IF YOUR CHILD IS NOT ACCEPTED INTO THE CAMP

\$160 camp fee – Covers all 7 weeks of camp. Both application fee and camp fee are due with application to reserve a spot.

*Sliding Scale fees available for qualifying families with documentation:

***\$80 (Reduced) * \$40 (Very reduced) * \$0 (Scholarships for family hardship)**

See sliding scale eligibility Page 4

Notice is posted online when a camp site is full

www.AsAndAces.org

Camp Requirements:

- Campers must bring their own notebook (i.e., a journal they will use throughout the camp)
- Campers must have a library card and bring a book on the week's topic to camp daily (see next page)**
- Campers must bring their own plastic water bottle
- Campers must wear tennis shoes & shorts
- Mandatory parent orientation Sunday June 5th (see times on next page)

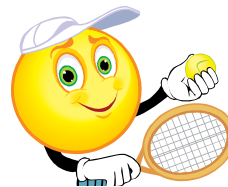
Violations of camp rules, including unexcused absences, may result in dismissal.

PLEASE KEEP THIS FOR YOUR RECORD



Mandatory parent orientation on Sunday June 5th (the orientation meeting will be less than 1 hour).
Your parent orientation meeting will be held at the site your child will attend. Times and locations:

Sunday, June 5 th , 2:00 PM	- Atkinson Stern Tennis Center
Sunday, June 5 th , 4:00 PM	- Joe Brown Tennis Center
Sunday, June 5 th , 6:00 PM	- Dillard University



Daily Schedule (M-F):

Drop off/pick-up policies:

Drop off and breakfast: 8:30-9:00 am

Camp will include a mix of classroom lessons, tennis practice, fitness, nutrition class and field trips.

Pick-up: 3:00– 3:15 pm

NOTE: After 3:15 late pick up charges will be assessed (\$5 for each 15 minute increment)

Before & After Care Available (7:30-8:30am & 3:00-5:30pm) \$30/week per child must be paid in advance

Please mail to (or leave applications in the mailbox at):

A's & Aces
1036 Arabella St.
New Orleans, LA 70115

If you have questions you may contact us at: Outreach@AsAndAces.org or (504) 434-2259.

Note: A's & Aces camps often fill early, and have had extensive waiting lists each year. All fully completed applications are accepted strictly on a "first come, first served" basis. We will notify you as soon as possible after receipt of your application and fees that either: 1) your child is "accepted", or 2) your application is "incomplete" (and what is missing), and/or, 3) when the camp site(s) requested are full, that your child is an "alternate."

****Weekly Reading Themes:**

- | | |
|---|-----------------------------|
| 1. Culture | |
| 2. History/ Current Events | 5. Non-fiction/Science |
| 3. Bio/Autobiography-Arthur Ashe Essay week | 6. Mystery/Action/Adventure |
| 4. Play/Comic book/Graphic Novel | 7. Free Choice |

PLEASE KEEP THIS FOR YOUR RECORD



2016 A's & Aces Camper Registration Check List

The following additional A's & Aces documents are required at the time of registration:

- ☐ A's & Aces **Camper Registration Check List**
☐ A's & Aces **Sliding Scale Form**

List the camp site(s) you would prefer, if available. Only indicate camp sites that your child will DEFINITELY attend if accepted. Rank sites in order of preference: (1, 2 and 3, if applicable). Your child will be admitted to the highest preference indicated when the child meets age and eligibility standards, and space is available at the time your FULLY COMPLETE application is received.

Camp Site:

- _____ **Dillard University** (ages 7-9 only - Red Ball Tennis Format will be used)
_____ **Joe Brown Park Tennis Center** (Ages 7-14, all skill levels)
_____ **Atkinson-Stern Tennis Center** (Ages 7-14, Tournament Training Players only)

If accepted, my child will definitely attend the following weeks of camp (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Week 1: June 6-10 | <u>NO CAMP July 4-8</u> |
| <input type="checkbox"/> Week 2: June 13-17 | <input type="checkbox"/> Week 5: July 11-15 |
| <input type="checkbox"/> Week 3: June 20-24 | <input type="checkbox"/> Week 6: July 18-22 |
| <input type="checkbox"/> Week 4: June 27- July 1 | <input type="checkbox"/> Week 7: July 25-29 |

1. Has your child been diagnosed with a learning disability or emotional/behavior disorder? ☐ Yes ☐ No

If so, please describe: _____

2. Has your child had any experience with tennis? ☐ No ☐ Yes - If Yes, please describe below.

3. **Atkinson-Stern Applicants only** – answer the questions below (to be considered for the Atkinson-Stern tournament training camp site, you must answer the following questions):

- a) On average, how often does your child practice each week: _____
b) Where does your child practice during the school-year: _____
c) Who is your child's tennis coach(es): _____
d) How many tournaments has your child played during the last 2 years: (2015) _____ (2016) _____
e) What is your child's current USTA state ranking (note the division, e.g., #45 in Boys 12's): _____

A's & Aces Camp Agreement

By signing below, I understand the following camp requirements:

- I will ensure my child bring his/her own notepad/journal to camp.
- My child will have a library card and bring a library book to camp each day
- My child will bring his/her own water container every day
- My child will wear tennis shoes & shorts every day
- I have read and understand the drop off/pick-up policies
- I have read and understand the camp rules.

I understand that violations of camp rules, including unexcused absences, may result in dismissal.

Print Name (Parent)

Parent Signature

Date



A's & Aces

A's & Aces Sliding Form

This information is confidential and used for grant purposes only. * To be eligible for sliding scale discounted fees, both contributing guardians must provide one of the following: 1 month of pay stubs, or an award letter from federal/state assistance programs (such as SNAP or TAFDC, Public Housing). If no income, a notarized statement must be presented to that effect.

Primary Caregiver Education (check one)

- | | | |
|--|--|--|
| <input type="checkbox"/> 9 th Grade or less | <input type="checkbox"/> Vocational school | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> No high school diploma | <input type="checkbox"/> Some College/Associate degree | |
| <input type="checkbox"/> GED <input type="checkbox"/> HS diploma | <input type="checkbox"/> College Degree | |

Circle your household size and circle 1 of the 4 income options going across on the same line.

YEARLY INCOME				
Number in Household	A	B	C	D
1	\$0-\$11,880	\$11,881-\$17,820	\$17,821-\$23,760	>\$23,761
2	\$0-\$16,020	\$16,021-\$24,030	\$24,031-\$32,040	>\$32,041
3	\$0-\$20,160	\$20,161-\$30,240	\$30,241-\$40,320	>\$40,321
4	\$0-\$24,300	\$24,301-\$36,450	\$36,451-\$48,600	>\$48,601
5	\$0-\$28,440	\$28,441-\$42,660	\$42,661-\$56,880	>\$56,881
6	\$0-\$32,580	\$32,581-\$48,870	\$48,871-\$65,160	>\$65,161
7	\$0-\$36,730	\$36,731-\$55,095	\$55,096-\$73,460	>\$73,461
8	\$0-\$40,890	\$40,891-\$61,335	\$61,336-\$81,780	>\$81,781

All Pay Application fee=80 + Sliding Scale Camp fee (0-160)	A= Lowest fee =80+0	B=Very Reduced =80+40=120	C= Reduced Fee =80+80=160	D=Regular Fee =80+160=240
--	------------------------	------------------------------	------------------------------	------------------------------

Please mark any social service received:

- | | | | |
|--|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Medicare | <input type="checkbox"/> VA Benefits | <input type="checkbox"/> Child Support | <input type="checkbox"/> TAFDC |
| <input type="checkbox"/> Social Security/SSI | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Food Stamps/SNAP | <input type="checkbox"/> Unemployment |

I certify that all of the information provided herein is true and correct and that all household income is reported. I understand that this information is subject to verification by the City of New Orleans and the U. S. Department of Housing and Urban Development (HUD) or its agent for the purpose of determining eligibility for participation in the HUD-funded program that is administered by A's & Aces. I further understand that deliberate misrepresentation of the required information may subject me to prosecution under applicable Local, State, and Federal laws.

SIGNED BY: _____

Date: _____