### Solid Ground 2020 Registration Form

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Grade in Fall 2020:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Morning Drop-off (8:00am—8:45am)</th>
<th>Afternoon Pickup (5:00pm—6:00pm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Cameron House (920 Sacramento St.)</td>
<td>☐ Cameron House (920 Sacramento St.)</td>
</tr>
<tr>
<td>☐ Covenant Presbyterian Church (321 Taraval St. at Funston)</td>
<td>☐ Covenant Presbyterian Church (321 Taraval St. at Funston)</td>
</tr>
</tbody>
</table>

Please check the appropriate box below

☐ I give consent for my child to leave on their own in the afternoon after reaching the pick-up site.

☐ My child will be picked up at approximately ______pm by ___________ (name), ___________ (relationship), ___________ (phone number).

Your child should arrive by 8:45 am everyday, and be picked up by 6:00 pm. A late pick-up fee of $1 per minute will be charged after 6:00pm.

### Registration / Payment [Please check appropriate box(es)]

<table>
<thead>
<tr>
<th>$200 per week or $1200 for all 7 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ All 7 Weeks</td>
</tr>
</tbody>
</table>

* There will be no camp on Friday, July 3 in observance of Independence Day.

Financial assistance is available for qualifying families. To apply, please complete the [Financial Assistance Form](#) and submit the necessary documents.

Payment is due by cash, check or credit card at time of registration, unless income verification is needed for financial assistance. Please make checks payable to [DONALDINA CAMERON HOUSE](#) and indicate your child’s name, grade, and program on check. Mail or bring in the completed Registration Form, Youth Ministries Information Form, and Financial Assistance Form (if applying) to:

Donaldina Cameron House / Summer Program Registration

920 Sacramento Street

San Francisco, CA 94108

Please call Sherman Duong at (415) 781-0401 ext. 124 if you have any questions. Requests for cancellation **by May 31st will receive a refund minus $50 per cancelled week.** Requests for cancellation **after May 31st will receive a refund minus $75 per cancelled week.**

I, the undersigned parent/legal guardian of the minor student identified above, hereby give my permission for the student to participate in the SOLID GROUND PROGRAM. I have completed and signed the following forms:

☐ [Youth Ministries Information Form for June 2020 – May 2021](#) that contains information regarding emergency/disaster contact, consent and discharge of liability, and media release;

☐ [Financial Assistance Form](#) and one form of income verification, if applying; and

☐ [Friday Night Club Release Form 2020](#), if attending.

To the best of my knowledge I certify the above statements are true and correct, and I have reviewed and agree to all statements above and in the attached documents.

<table>
<thead>
<tr>
<th>Parent / Legal Guardian’s Name (please print)</th>
<th>Parent / Legal Guardian’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Office Use Only

| Amount Paid: $_______ | Applying for FA: _______ | Date: _______ | Staff Initials: _______ | Cash ☐ | Check ☐ | CC ☐ | YM Info Form ☐ |
Donaldina Cameron House Youth Ministries Information Form

<table>
<thead>
<tr>
<th>MINOR INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name of Minor</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>Date of Birth</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

| T Shirt Size *Summer Use Only (Check One) | Child M | Child L | Adult S | Adult M | Adult L | Adult XL |

<table>
<thead>
<tr>
<th>PARENT / GUARDIAN INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent / Legal Guardian 1 Name</td>
</tr>
<tr>
<td>Primary Phone (home/cell/work)</td>
</tr>
<tr>
<td>E-mail</td>
</tr>
<tr>
<td>Parent / Legal Guardian 2 Name</td>
</tr>
<tr>
<td>Primary Phone (home/cell/work)</td>
</tr>
<tr>
<td>E-mail</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH / DENTAL INSURANCE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance Company</td>
</tr>
<tr>
<td>Phone Number</td>
</tr>
<tr>
<td>Dental Insurance Company</td>
</tr>
<tr>
<td>Phone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMERGENCY CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>The emergency contact must be at least 18 years of age, and someone other than the parent(s)/legal guardian(s) listed above.</td>
</tr>
<tr>
<td>The role of the Emergency Contact is as follows:</td>
</tr>
<tr>
<td>1) Next person(s) to contact in the event of an emergency or disaster when the parent/ legal guardian(s) cannot be reached</td>
</tr>
<tr>
<td>2) Pre-approved person(s) to whom minor will be released in an emergency or disaster situation</td>
</tr>
<tr>
<td>It is Cameron House’s policy that minors will not be released to the care of another minor in an emergency or disaster situation.</td>
</tr>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Preferred Hospital: Please list the preferred hospital for your Minor in the event of a medical emergency. Sometimes emergency personnel will ask for a preferred hospital. If no preference is listed, emergency personnel may decide.</td>
</tr>
</tbody>
</table>
Medical History
Has Minor received all vaccinations and medical clearance (i.e. Tuberculosis (TB)) for SFUSD enrollment eligibility?  
Yes / No  
Date of last tetanus shot _________

Please list the name, dosage and purpose of medications currently being taken by Minor; or any other medical information that would be helpful in our work with your Minor.

Other Questions
Does your Minor have an IEP?  
Yes / No / Prefer not to answer

If yes, would you be willing to discuss with a staff member regarding how to better serve your Minor?

Please describe any special considerations regarding Minor (other medical conditions, dietary restrictions, activity limitations, behavioral issues/concerns, etc.)

Our funder requires us to collect some specific demographic information of our program participants and their families. Please circle the appropriate box corresponding to the Approximate Annual Household Income based on the Number of People in your Family. A family is defined as all persons living in the same household who are related by birth, marriage, adoption or domestic partnership. If you are applying for financial assistance, you must complete the Financial Assistance Form.

<table>
<thead>
<tr>
<th>1 person</th>
<th>2 persons</th>
<th>3 persons</th>
<th>4 persons</th>
<th>5 persons</th>
<th>6 persons</th>
<th>7 persons</th>
<th>8 persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 – 33,850</td>
<td>$0 – 38,700</td>
<td>$0 – 43,350</td>
<td>$0 – 48,350</td>
<td>$0 – 52,250</td>
<td>$0 – 56,100</td>
<td>$0 – 60,000</td>
<td>$0 – 63,850</td>
</tr>
<tr>
<td>$90,451 or greater</td>
<td>$103,351 or greater</td>
<td>$116,251 or greater</td>
<td>$129,151 or greater</td>
<td>$139,501 or greater</td>
<td>$149,851 or greater</td>
<td>$160,151 or greater</td>
<td>$170,501 or greater</td>
</tr>
</tbody>
</table>

Important Registration Information
Your registration is not considered complete until payment is received. For summer programs, if you are registering after our May 31st deadline, there is no guarantee that your Minor will be accepted into our program. If you are registering on a week-to-week basis or need to make any registration changes, understand that there is limited space during some weeks for certain field and camping trips; your minor might need to join another department/program for the duration of that event.

Name: * ____________________________ Signature: ____________________________ Date: ____________________________

Name: * ____________________________ Signature: ____________________________ Date: ____________________________

Page 3
CONSENT / DISCHARGE OF LIABILITY / MEDIA RELEASE / EMERGENCY DISASTER RESPONSE

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT. IT AFFECTS THE LEGAL RIGHTS OF YOU, THE YOUTH, AND OTHERS.

I, the undersigned parent/legal guardian of the child identified above (the “Minor”) hereby give my permission for the Minor to participate in any program or event occurring from June 1, 2020 through May 31, 2021 and to be transported to, from and during the Events in any vehicle designated by an employee, agent, or volunteer (an “Agent”) of Donaldina Cameron House of San Francisco, California (the “Agency”).

In consideration of the student being allowed to participate in the program:

I understand that the agency and its volunteers will exercise their judgment in supervising the Minor and other participants in all sponsored activities and have a right to expect conduct of activities to be accomplished in a safe and careful manner. In spite of this care, it is always possible for the Minor to be injured or become ill during the activities. In consideration of sponsoring, organizing, and supervising the activities during this time period as well as providing other services before, during and after the activities, I agree to defend and hold harmless the Agency and any of its Agents, employees or volunteers (collectively, the “Donaldina Cameron House Parties”) from and against any and all losses, damages, liabilities, or expenses that arise out of or result from the Minor participating in the Program.

I understand and agree that the Minor may be sent home at my expense if any Agent, employee, or volunteer determines that the Minor has: engaged in disruptive behavior, broken any rules or constitutes a threat to the safety or well being of any other participant at any time during any activity.

I hereby give permission for pictures, video and other media recordings of the Minor during Donaldina Cameron House Programs and Events to be used for Donaldina Cameron House publicity, educational and program purposes. I understand that no compensation will be provided.

DISASTER/EMERGENCY RESPONSE POLICY

In the event of an emergency or disaster during program hours, Cameron House’s response will be to ensure the safety of all participants under our supervision to the best of the staff and agency’s ability. In these situations, Cameron House’s general response will be to hold all participants at either:

1) Cameron House
2) Participant’s Designated Pick-Up Site
3) Other location that is deemed safest based on staff’s judgment of physical surroundings, ability and safety to travel, and other conditions

Participants will be released only to their parent/legal guardian or designated emergency contact as listed in this registration form. Photo identification will be required.
Dear Solid Ground Parents/Guardians,

Welcome to Solid Ground 2020, our middle school summer youth program! We would also like to invite you to our year-round program, Friday Night Club. Friday Night Club is a faith-based youth program, open to all middle school and high school youth.

During the school year, we meet Friday evenings, 7:00-10:00pm, at Cameron House. During the summer, we will be holding Friday Night Club from 6:00 – 9:30pm with summer supper at 6:00pm for middle school participants and Summer Leadership Development Leaders staying for Friday Club ($2 suggested donation). Transportation home is offered on a week-to-week availability basis, and on a sliding fee scale of $2-$10 per ride depending on distance. Picking up your child at Cameron House or carpooling are encouraged. Summer suppers will be available from Fridays June 19th – July 31st.

6:00 – 6:15pm – Table Reading
6:15 – 7:00pm – Summer Supper
7:00 – 9:30pm – Friday Night Club

If you would like your child to participate and enroll in Friday Night Club, please sign below. Their Solid Ground registration information (such as parent contact, emergency contact, food allergies) will be copied over into a Friday Night Club registration.

I will be contacting you in the springtime with more information about logistics and any necessary release forms. (This is mostly relevant for Solid Ground youth that choose Covenant as their pick-up site, but would be returning to Cameron House site for Friday Night Club.) Please indicate the best way to contact you below. If you have any questions about Friday Night Club, please contact:

Rachel Ng
Friday Club Program Director
(415) 781-0401 ext. 228
rachel@cameronhouse.org

If you would like to enroll your child for Friday Night Club, please sign the form below.

Looking forward to seeing your child on Friday nights!

Rachel

Please detach and return form below.

-----------------------------------------------------------------------------------------------------------------------------
---

Child’s name: ________________________________________________________  Grade: __________

I give permission to copy my child’s registration information into a Friday Night Club enrollment.

____________________________________________  ________________________________  ________________________________
Name of Parent/Guardian  E-mail Address  Phone #

Best way to contact me is (Please circle):  E-mail  Phone
____________________________________________

Signature  Date
### Demographic Information (For DCYF)

The Department of Children, Youth and their Families (DCYF) is our major funder. They require specific demographic information to better understand the needs of the community and how to support them. We appreciate you taking the time to provide this information.

#### Please select the option(s) that best represents your child’s race/ethnicity.

- [ ] Asian (please specify): ____________
- [ ] African American/Other Black (please specify): ____________
- [ ] Native Alaskan
- [ ] Native American
- [ ] Pacific Islander (please specify): ____________
- [ ] Middle Eastern (please specify): ____________
- [ ] Hispanic/Latino (please specify): ____________
- [ ] White
- [ ] Multiracial/Multiethnic (please specify): ____________
- [ ] Other (please specify): ____________
- [ ] Decline to state

#### Please select the option that best represents your child’s housing status.

- [ ] Permanent/Stable Housing
- [ ] Homeless—Transitional/Supportive Housing
- [ ] Homeless—Shelter/Emergency Housing
- [ ] Homeless—Motel/Hotel
- [ ] Homeless—Staying with Friends/Family/Doubled-Up
- [ ] Homeless—Unsheltered
- [ ] Decline to state

#### Please select the option that best represents your child’s home language.

- [ ] English
- [ ] Spanish
- [ ] Cantonese
- [ ] Japanese
- [ ] Khmer/Cambodian
- [ ] Korean
- [ ] Laotian
- [ ] Mandarin
- [ ] Samoan
- [ ] Tagalog
- [ ] Toishanese
- [ ] Vietnamese
- [ ] Arabic
- [ ] Russian
- [ ] American Sign Language
- [ ] Other (please specify): ____________
- [ ] Decline to state
Donaldina Cameron House Financial Assistance Form  
Summer 2020

Parent/Guardian Name: ___________________________ Email: ___________________________ Phone: ___________________________

If you are interested in receiving financial assistance for a program at Donaldina Cameron House, please complete all the requested information and attach the required documents. **Incomplete applications will not be considered.**

Please circle the appropriate box corresponding to the **Approximate Annual Household Income** based on the **Number of People in your Family.** A family is defined as all persons living in the same household who are related by birth, marriage, adoption or domestic partnership.

<table>
<thead>
<tr>
<th>Financial Assistance</th>
<th>Cost</th>
<th>2 persons</th>
<th>3 persons</th>
<th>4 persons</th>
<th>5 persons</th>
<th>6 persons</th>
<th>7 persons</th>
<th>8 persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>45%**</td>
<td>$660</td>
<td>$0 – 38,700</td>
<td>$0 – 43,350</td>
<td>$0 – 48,350</td>
<td>$0 – 52,250</td>
<td>$0 – 56,100</td>
<td>$0 – 60,000</td>
<td>$0 – 63,850</td>
</tr>
<tr>
<td></td>
<td>$110/week</td>
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<td></td>
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<tr>
<td></td>
<td>$140/week</td>
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<td></td>
<td>$170/week</td>
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<td></td>
<td>$200/week</td>
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</tr>
</tbody>
</table>

**INCOME VERIFICATION**

Proof of income is required. Please provide one of the following documents (documents should be valid):

- [ ] Medi-CAL **
- [ ] SSDI / SSI **
- [ ] CalWorks **
- [ ] Section 8 **
- [ ] Free Lunch **
- [ ] Reduced-Price Lunch ***

- [ ] Tax Return
- [ ] 1040 Form / W-2 Form
- [ ] Other: ___________________________

**Office Use Only**  
Staff Initials: ________

- [ ] FA Awarded
- [ ] Individual Pays
- [ ] Child 1: ________  ________
- [ ] Child 2: ________  ________
- [ ] Child 3: ________  ________

**TOTAL:** ________

**Office Use Only**  
FA Approved □  FA Denied □  FA: ______%  |  Individual Pays: $_______  Date: _______  Staff Initials: _______  |  YM Info Form □  Program Form □

**Child(ren) Name and Program financial assistance is being requested for (please circle appropriate program):**

1. ___________________________  Grade: ________  BYP / Ventures / Solid Ground  Weeks: ________
2. ___________________________  Grade: ________  BYP / Ventures / Solid Ground  Weeks: ________
3. ___________________________  Grade: ________  BYP / Ventures / Solid Ground  Weeks: ________

I, the undersigned parent/legal guardian of the minor(s) identified above, certify that the above is true and correct, and authorize Cameron House to verify the above information.

_________________________  ___________________________  ___________________________

Parent / Guardian’s Name (please print)  Parent / Guardian’s Signature  Date

**Office Use Only**  
FA Approved □  FA Denied □  FA: ______%  |  Individual Pays: $_______  Date: _______  Staff Initials: _______  |  YM Info Form □  Program Form □