



**DANCE
LIKE
NOBODY'S
WATCHING**



Gresham Middle Schools SUN Summer Camp 2017

Monday-Thursday, July 10th-August 3
10:00am-2:00pm

at

Gordon Russell Middle School

3625 SE Powell Valley Rd, Gresham, OR 97080

Join us for a month of fun in the sun at Gordon Russell Middle School!

Spend your summer with SUN students from Dexter McCarty and Gordon Russell Middle Schools playing basketball and soccer, dancing, cooking, playing Pokémon and other fun card games, crafting art pieces, jewelry making, and an awesome field trip!

*Breakfast and lunch will be provided to all participants.

*An activity bus will also be available to pick students up and take students home at the end of each day. A bus list will be provided with the confirmation letter.

DAILY SCHEDULE:

10am – 10:30am	Check-In/Breakfast
10:30am – 11:45am	Morning Class Session
11:45am – 12:30pm	Lunch & Recess
12:30pm – 1:45pm	Afternoon Class Session
1:45pm-2:00pm	Clean Up and Dismissal

Space is limited! Sign-up today!!!

**For information, contact the
Gordon Russell SUN Program:**

Jennifer Tanaka (English)
(503) 367-3974
jennifert@mfs.email

Kennery Barrera (Espanol)
(503) 367-3974
kennerybarrera@gmail.com

SUN Community Schools are a collaboration of Multnomah County Department of County Human Services, the City of Portland Parks and Recreation, and Centennial, David Douglas, Gresham-Barlow, Portland Public, Parkrose, and Reynolds school districts.



Student Name: _____ Student School: _____

Gordon Russell SUN Summer Camp 2017 Class Selection Form

*Please select one activity per session. Some classes like cooking have specific time requirements and therefore require two or more sessions. In order to sign up you must register for the 2017-2018 school year.

	Monday	Tuesday	Wednesday	Thursday
Greeting/Morning Snack				
Morning Class Session 10:30pm-11:45am	<input type="checkbox"/> Open Gym <input type="checkbox"/> Soccer <input type="checkbox"/> Jewelry Making <input type="checkbox"/> Lego	<input type="checkbox"/> Open Gym <input type="checkbox"/> Soccer <input type="checkbox"/> DIY Pinterest <input type="checkbox"/> Animation	<input type="checkbox"/> Open Gym <input type="checkbox"/> Soccer <input type="checkbox"/> Painting <input type="checkbox"/> Lego	<input type="checkbox"/> Open Gym <input type="checkbox"/> Soccer <input type="checkbox"/> Dance (all day)
Lunch Break				
Afternoon Class Session 12:30pm-2pm	<input type="checkbox"/> Open Gym <input type="checkbox"/> Soccer <input type="checkbox"/> Strategic Games <input type="checkbox"/> Cooking	<input type="checkbox"/> Open Gym <input type="checkbox"/> Soccer <input type="checkbox"/> Strategic Games <input type="checkbox"/> Cooking	<input type="checkbox"/> Open Gym <input type="checkbox"/> Soccer <input type="checkbox"/> Strategic Games <input type="checkbox"/> Cooking	<input type="checkbox"/> Open Gym <input type="checkbox"/> Soccer <input type="checkbox"/> Movie <input type="checkbox"/> Dance (all day)

Last day of Summer SUN 8/3 we will be going to Oaks Park to celebrate!



Metropolitan Family Service (MFS) - SUN

Student Registration Form 2017-2018

Gordon Russell Middle School



STUDENT INFORMATION

Student's Last Name: _____ First Name: _____ MI: _____

Home address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Age: _____ Teacher: _____ Grade: _____

PARENT/GUARDIAN Contact Information

Student lives with:

Both Parents 1st Parent/Guardian 2nd Parent/Guardian Emancipated Minor Not Listed: _____

1st Parent/Guardian: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____ Email: _____
2nd Parent/Guardian: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____ Email: _____

Sibling Information – Please list all siblings of the student

Name: _____	Age: _____	School: _____
Name: _____	Age: _____	School: _____
Name: _____	Age: _____	School: _____
Name: _____	Age: _____	School: _____

Emergency Contacts

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Transportation - Check (✓) one choice:

- Picked up by a parent, guardian, or authorized adult (name): _____
- Walk home
- Ride a school bus to home
- Ride public transportation home
- My child may NOT be picked up by _____

Behavioral Expectations

The behavior expectations for the SUN program are outlined in the information that accompanies this form. Please check here to acknowledge that you have read the behavioral expectations and agree to discuss any concerns with the SUN Coordinator

Yes, I have read the behavioral expectations for the SUN program.

Photo/Art Release and Internet Use

Pictures may be taken of participants or artwork may be created during classes and used in school displays, community handouts, and educational and promotional materials, which may be in print, on the Internet, on video/audiotape, and/or shared through social media.

**May the program take photos of your child and use them for the above purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
**May the program use your child's artwork for the above purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
**May we share these photos with our community partners for the above purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
**May we use photos of your child in displays or slideshows at the SUN Showcase?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
**I give my child permission to use the Internet for projects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Inclusive Demographics Survey - Student

Gender Identity:

- Male Female Transgender Male Transgender Female Genderqueer/gender-nonconforming
- Different Identity Prefer not to say

Primary language spoken at home:

- English Spanish Russian Cantonese Hmong Mandarin Korean Vietnamese Arabic
- Not Listed: _____

Racial and Ethnic Identity:

Please share your origin, ethnicity, ancestry, country or origin, race, and/or Tribal affiliations in whatever way you wish.

What is your race/origin? Please select all that apply:

- Asian: Chinese Vietnamese Korean Hmong Laotian
 - Asian Indian Japanese South Asian Filipino/a
 - Asian – Not Listed _____
 - How do you identify your race?

- Latino/Hispanic: Mexican Central American South American Caribbean
 - Latino/Hispanic – Not Listed _____
 - How do you identify your race?

- Native Hawaiian/ Pacific Islander: Native Hawaiian Guamanian or Chamorro Samoan
 - Native Hawaiian/Pacific Islander – Not Listed _____
 - How do you identify your race?

- Black: African American African Caribbean
 - Black – Not Listed _____
 - How do you identify your race?

- Indigenous: American Indian Alaska Native Canadian Inuit, Metis or First Nation
 - Indigenous Mexican, Central American, or South American

- Slavic
 Middle Eastern
 North African
 - White: Western European Eastern European White – Not Listed _____
 - How do you identify your race?

- Unknown
 - Decline to answer

Are you enrolled in a tribe? No Yes

If yes, tribe in which you are enrolled _____

With which tribes do you identify? _____

I am NA/AN but do not know my tribe

Additional Tribal Affiliations (please list):

Due to the way some funders ask for information about race and ethnicity, MFS is not always able to share identity information in as much depth as we would like. In these cases, we're forced to choose only one option for race/ethnicity. Given that constraint, if you had to choose one race/ethnicity you identify most strongly with, which would it be?

- African Asian Black or African American Latino/Hispanic Middle Eastern
- Native American or Alaska Native Native Hawaiian or Pacific Islander Slavic White
- Not Listed: _____ Decline to Answer

SUN Parent/Guardian Permission to Participate & Acknowledgment of Risk:

I hereby give permission for my child to participate in the **Metropolitan Family Service** school based activity program and occasional field trips that may be offered with advance parental written permission. I am aware that it is not possible to foresee and prevent all potential losses arising from indoor and outdoor activities. Knowing the risks and dangers, I understand the possible consequences of my child participating in activities during program participation. By signing below, I hereby agree to allow my child to participate in all activities with full knowledge that there are real risks of loss inherent in it. By signing below I expressly assume on behalf of my child all risk of injury associated with participation in program activities. I hereby give my consent for any emergency anesthesia, surgery, hospitalization or other medical treatments that might become necessary for my child. As my child's parent or legal guardian, I hereby agree to take full financial responsibility for any such care.

I hereby state that to the best of my knowledge, my child has the necessary mental and physical skills and ability to participate in the activity. As the child's parent or guardian, I assume full responsibility for my child for bodily injury and loss of personal property and expenses thereof.

I understand that my child will be required to follow instructions and abide by the rules attached and reasonable safety procedures. I understand that **Metropolitan Family Service** reserves the right to refuse to allow my child to participate in part or all of the activities if they are determined to be incapable of participating safely. Metropolitan Family Service also reserves the right to expel students due to behavioral concerns.

As further consideration for my child's participation in this program, I (for myself and my spouse (if any) and on behalf of my child) do hereby fully and forever waive and release **Metropolitan Family Service** from each and every claim, suit, action or cause of action of any kind or nature that may arise or be assertable in any way whatsoever relating to my child's participation in this program, and further, I shall fully and forever defend, indemnify and hold harmless **Metropolitan Family Service** from and against any and all claims, demands, losses, liabilities, damages, actions, causes of action, suits, judgments, costs and expenses (including court costs and attorneys' fees) in any way whatsoever arising out of or relating to my child's participation in this event.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon my child & me during the entire period of participation in the program.

Parent/Guardian Name
(please print): _____

Parent /Guardian Signature: _____

Date: _____

Our SUN Community School is a collaboration of the school, Metropolitan Family Service and many community partners and agencies who come together to support children's success in school and life. We do this by working together to meet the specific needs of our students and their families.

In order to provide your child with the best services and support possible, the SUN Community School Site Manager needs your permission to be able to share information with the people who are teaching and serving your child specifically. This information may include student name, student ID #, grade level, achievement test scores, course grades and grade point averages, attendance, Individual Education Plan, demographic, and behavior/discipline information. The SUN Community School Site Manager will only share this information when it is required by a partner organization or supports your student's success.

*****Children may participate in SUN activities whether or not their Parent/Guardian agrees to the release or exchange of educational information to other staff or agencies. *PLEASE CHECK YES OR NO.**

YES, I am authorizing the release and exchange of student records with staff of programs/activities that I register my child for. This includes employees and volunteers managed by the SUN Community School Site Manager and staff of other partner agencies providing the activities in which my child participates.

NO, I do NOT authorize the release and exchange of student records with staff of programs/activities that I register my child for.

X _____
Parent/Legal Guardian Date

This permission is effective from 7/1/2016 until 8/31/2017 unless cancelled in writing.

Date: _____

Community Resource Survey



Please note: MFS asks for this voluntary information to learn more about our community's needs and better understand how to improve our service to clients. Collecting this also enables MFS to develop more funding and resources to serve our community. We will not use anything gathered below to determine your eligibility for our programs. We will not share your personal information with anyone without your permission.

Parent/Guardian First Name ()	Parent/Guardian Last Name	Date of Birth
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Phone	Email Address
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Address	Apt #	City	State	Zip Code	County
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Housing Status: Rent Home Owner Living with Friends/Family (Long Term) Houseless
 Living with Friends/Family (Temporary) Living in a Shelter Not listed: _____

How long have you lived at this address? Less than 1 month 1-3 months 4-6 months 6-12 months
 1-2 years 3-4 years 5-6 years 7-10 years 10+ years

Number of People in Your Household: Age(s) 0-5: _____ 6-17: _____ Over 18: _____ Total # of People = _____

Household Composition: Single person Two or more adults, no children Two parents with children
 Foster Family Kinship Family Grandparents raising grandchildren Single parent with children Other: _____

What languages are spoken in your home? _____ **Would you like an interpreter?** Yes No
In what language do you want us to speak to you? _____ **write to you?** _____

Highest Education Level Achieved: Some Schooling Up to Grade 8 Some High School
 High School Diploma/GED Vocational Training Some Community College Community College Graduate
 Some Four Year College University/ College Graduate Some Post-Secondary Post Secondary Graduate

Employment Status: Employed: Full time Employed: Part time Under-employed Unemployed: Seeking
 Unemployed: Not Seeking Retired: No Longer Working Not Able to Work Youth Not Eligible to Work

Do you have health insurance?: Yes No
 If yes, is your insurance: Private OHP Other: _____
 Do you have a healthcare provider? Yes No

Please help MFS identify the needs in our community

Do you receive public assistance? Check all that apply
 SNAP TANF WIC Social Security/Disability Other: _____

Please Estimate Your Household Income In One Of The Following Ways:
 Yearly Income: \$ _____ Monthly Income: \$ _____ Weekly Income: \$ _____ Seasonal Income: \$ _____

Did you get your taxes filed for free? Yes No **Do you access the earned income tax credit?** Yes No
 Do you have a bank account? Yes No **Do you save regularly?** Yes No
 Do you have financial education needs? Yes No

Is anyone in your household coping with a chronic health or social condition? Choose all that apply
 Depression Anxiety Addiction Asthma Diabetes COPD Dementia
 Isolation Other health condition: _____