

2017 YO PUEDO CAMP

PARTICIPANT APPLICATION

Estimados Padres e Estudiantes,

El programa de Educación Migrante escogerá estudiantes de la preparatoria para participar en un programa de 9 días que te preparará para el colegio o universidad. Este campamento es un programa residencial y se llevará a cabo en La Universidad de California, Santa Bárbara, en el mes de Julio (22-29). El Campamento de Yo Puedo (I Can) es igual al programa de Pre-College.

Los estudiantes que participen aprenderán sobre las diferentes opciones que tienen para continuar con su educación después de graduarse de la preparatoria. También tomarán cursos en literatura, matemáticas y un curso de preparación para la Universidad.

Este programa de instrucción será absolutamente gratis. Los alimentos, el alojamiento y la transportación serán pagados por una beca del Programa Educación Migrante.

Para ser considerado para este programa, favor de ponerse en contacto con su consejero o coordinador del Programa de Educación Migrante. ¡No pierdan esta gran oportunidad!

ELEGIBILIDAD

Para ser elegible para esta experiencia singular debe ser

- *Estudiante de la preparatoria, 9 al 11.*
 - *Matriculado en el programa migrante.*
 - *Haber demostrado cualidades de liderazgo y académicas.*
 - *Haber demostrado interés en continuar la educación de alto nivel.*
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Dear Students and Parents,

The Yo Puedo (I Can) Camp is a summer residential program in which students stay at UC, Santa Barbara for 9 days learn to develop skills to help them prepare for the upcoming school year and beyond. This program is simultaneously occurring along with our 2017 Pre-College Camp Program. Students take courses throughout the week in topics that include English literature, math, and college readiness. Like the Pre-College Camp group, these students also engage with fellow peers through various leadership and networking activities along with visiting the local area of Santa Barbara. This program takes place at University of California, Santa Barbara in Santa Barbara, CA from July 22-29, 2017.

This entire program is absolutely free. The Migrant Education Program, Region V, pays for meals, lodging, and transportation.

To be considered for this program, contact the Migrant Resource Teacher at your school. Don't miss out on this enriching experience!

ELIGIBILITY

To be eligible for this unique experience you must:

- Be a high school student in grades 9th-11th.
- Be enrolled in the Migrant Education Program.
- Demonstrated academic and leadership potential.
- Demonstrated interest in attending college or university.

2017 YO PUEDO CAMP
PARTICIPANT APPLICATION

CHECK –OFF LIST FOR COMPLETING APPLICATION

- 2017 Yo Puedo Camp Student Application Form is completed and signed by a parent or guardian.
- Your Personal Statement- Must be typed in essay form and attached to your application separately.
- Your parental permission & liability waiver form is signed by your parent or guardian.
- Your photo release form is signed by your parent or guardian.
- Your indemnity agreement form is signed by your parent of guardian.
- Your medication consent form is signed by your parent of guardian.

Submit completed application on or before Friday, May 19, 2017 before the end of instruction. Incomplete or late applications will not be considered or accepted.

Enviar solicitud completada el o antes de Viernes, 19 de mayo del 2017. Aplicaciones incompletas or tardes no seran consideradas.

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SUGGESTED CLOTHING CHECKLIST

The following is a list of clothing and equipment which will mean comfort to you while away from home for two weeks. It is suggested that luggage be planned to include only a sleeping bag or a bedroll and a suitcase or duffel bag. All clothing should be labeled with the owner's name. Please bring your older clothing. At the end of the first week, students will be able to wash and dry their laundry at the residence halls.

La siguiente es una lista de ropa y equipaje que le ayudara durante su campamento. Por favor de traer una bolsa de dormir o cobijas y una maleta o bolsa para la ropa. Traiga estas cosas el primer día de campamento. Toda la ropa y propiedad debe ser identificada con el nombre de su dueño. Por favor, traiga su ropa más vieja. Al fin de la semana, estudiantes tendran la oportunidad de lavar y secar ropa sucia.

- Pajamas/Ropa de dormir
- Tennis shoes or sandals/Tenis o chancas
- Socks/Calcetines (9)
- Pants (9)/ Pantalones (9)
- Shorts / Pantalones cortos
- Jacket and/or sweater/ Chamarra y suéter
- Girls – blouses (9)/ Muchachas – blusas (9)
- Boys – shirts (9)/ Muchachos – camisas (9)
- Underwear (9)/ Ropa Interior (9)
- Comb/ Peine
- Towel/ Toalla
- Toothbrush and toothpaste/ Pasta dental y cepillo de dientes
- Shampoo, Conditioner and Soap/ Jabón
- Warm blanket /cobija
- Hat/Gorra
- Plastic Water Bottle/Botella plástica para agua
- Sandals for showers/Chancas para bañarse

SHEETS, PILLOW, LIGHT BLANKET WILL BE PROVIDED/ALMOHADA, SÁBANA, Y COBIJA SERAN INCLUYDAS.

THE WEATHER DURING THIS TIME OF THE YEAR IS WARM- DRESS IN SUITABLE ATTIRE/ VESTIR APROPRIADAMENTE PARA TIEMPO CALIENTE.

PLEASE DO NOT BRING: Pocketknives, radios, candy, gum or other kind of food.

POR FAVOR NO TRAIGAN: Navajas, radios, dulce, chicle, o ningún otro tipo de comida.

Bags are subject to security check/Maletas serán revisadas por seguridad de control

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DRESS CODE

Youth 2 Leaders Education Foundation and the Migrant Education Program- Region V enforces a strict dress code.

Students need to be acutely aware of the impression they have on peers and campus staff. Wearing neat and clean clothing shows respect for the program as well as yourself.

Short shorts, halter-tops, bare midriffs, ripped or transparent clothing, and exposed undergarments are not permitted.

Some examples of inappropriate attire are:

- Exposed stomachs or backs, clothes that are revealing.
- Exposed undergarments such as bras, camisoles, slips and boxers, including see through garments.
- Spaghetti straps, low-cut tops, strapless clothing, pajamas.

Penalties for dress code violations:

- First incident: a verbal warning, an official review of the dress code policy, clothing will be exchanged with appropriate attire and contact parent.
- Second incident: a written warning, clothing will be exchanged with appropriate attire, unable to participate in program activities and contact parent.
- Third incident: dismissal from the program and contact parent.

STUDENT DISCIPLINE POLICY

Students are expected to conduct themselves in a manner that reflects positively on themselves, their parents/guardians. It is expected that respect and cooperation will be in the basis of interactions with staff, teachers, and students.

Youth 2 Leaders Education Foundation and the Migrant Program will use the following disciplinary actions:

- First incident: a verbal warning, an official review of the Student Discipline Policy and contact parent.
- Second incident: a written warning, unable to participate in program activities and contact parent.
- Third incident: dismissal from the program and contact parent to pick you up and return home.



**2017 YO PUEDO CAMP
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| APPLICANT INFORMATION (PLEASE PRINT CLEARLY) | | | | | | | | | |
|--|--|--|------------------------|--------------------------|--|------------------|------|--|--|
| Last Name | | | First Name | | | | M.I. | | |
| Street Address | | | | | | Apartment/Unit # | | | |
| City | | | State | | ZIP | | | | |
| Phone # | | | Evening Phone # | | | | | | |
| MSID# | | | Gender | | Date of Birth | | | | |
| Parent Name | | | Parent Contact Number# | | | | | | |
| Emergency Contact Name | | | | Emergency Contact Number | | | | | |
| SCHOOL INFORMATION | | | | | | | | | |
| High School | | | Incoming Grade | | Circle one: 9 th 10 th 11 th 12 th | | | | |
| GPA (9-12, weighted) | | | | | | | | | |
| EXTRACURRICULAR ACTIVITIES | | | | | | | | | |
| Activity (Please describe the activity below. Please include the dates and grade level of when activity occurred) | | | | | | | | | |
| | | | | | | | | | |
| Activity (Please describe the activity below. Please include the dates and grade level of when activity occurred) | | | | | | | | | |
| | | | | | | | | | |
| PERSONAL STATEMENT - | | | | | | | | | |
| PLEASE TYPE YOUR RESPONSE IN MICROSOFT WORD AND ATTACH TO APPLICATION SEPARATELY. | | | | | | | | | |
| How do you see yourself getting to a college or university and what obstacle(s) do you face that may affect you from achieving this goal? | | | | | | | | | |
| | | | | | | | | | |
| DISCLAIMER AND SIGNATURE | | | | | | | | | |
| By entering your name below, you are attesting to the information you have entered in this application and abide by the policies and procedures of the program. As to the best of your knowledge, all information in this application is correct and accurate. | | | | | | | | | |
| Student Name: | | | | | | | | | |
| Parent Name: | | | | | | | | | |
| Parent Signature: | | | | | | Date: | | | |

2017 YO PUEDO CAMP
PARTICIPANT APPLICATION

KERN COUNTY SUPERINTENDENT OF SCHOOLS
MIGRANT EDUCATION PROGRAM

PARENTAL PERMISSION AND LIABILITY WAIVER

1. Migrant Education 2017 Yo Puedo Camp
2. On behalf of themselves individually, their child/children, spouses, respective heirs, agents, representatives, and assigns, by their signatures below, the parents agree:

A. Exculpatory Release: To waive any claim or cause of action in favor of their child and/or themselves against the Kern County Superintendent of Schools, as well as Migrant Education Region V and the State of California (including their respective, officers, administrators, agents, employees, independent contractors, subcontractors, consultants, volunteers, and other representatives) and/or against the Kern County Board of Education (Including its officers, administrators, agents, employees, independent contractors, subcontractors, consultants, volunteers, and other representatives), hereinafter all jointly referred to as "KCSOS/KCBE," which may occur in conjunction with their participation or their child's participation in the described activity.

B. Express Assumption of the Risk: To undertake all the risk of injury, of any nature, to their child and/or to themselves should any occur in conjunction with their participation or their child's participation in the described activity.

C. Hold Harmless and Indemnification: To defend, hold harmless, and indemnify KCSOS/KCBE from and against any and all claims or causes of action in favor of their child or themselves which may occur in conjunction with their participation or their child's participation in the described activity.

Covenant Not to Sue: Not to sue KCSOS/KCBE for any claim or cause of action which may occur in favor of their child and/or themselves as the result of their participation or their child's participation in the described activity.

I authorize my son or daughter to participate in the 2017 Yo Puedo Camp, which is held at UCSB in Santa Barbara, CA.

Student Name: _____

Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____ Date: _____

This form is required to attend the program. Se requiere esta forma para poder asistir al programa.

2017 YO PUEDO CAMP
PARTICIPANT APPLICATION

KERN COUNTY SUPERINTENDENT OF SCHOOLS
MIGRANT EDUCATION PROGRAM

PHOTO RELEASE FORM

I hereby grant the Migrant Education Program Region V, the Kern County Superintendent of Schools, the Youth 2 Leaders Education Foundation permission to use my likeness in photographs and/or video in any and all of its publications, including web space, and in any and all other media, whether now known or hereafter existing, controlled by Migrant Education Program Region V, Kern County Superintendent of Schools, Youth 2 Leaders Education Foundation in perpetuity, and for other use by the program or county office of education. I will make no monetary or other claim against Migrant Education Program Region V, Kern County Superintendent of Schools and/or Youth 2 Leaders Education Foundation for the use of the photographs and/or video.

Por la presente otorgo el Programa de Educación Migrante Región V y el Superintendente del Condado de Kern Escuelas el permiso para usar mi imagen en las fotografías y/o video en todas y cada una de sus publicaciones, incluyendo el espacio web, y en cualquier y todos los demás medios de comunicación, ya sea conocido o adelante existente, controlado por Migrant Education Program Región V y Kern Superintendente de Escuelas del Condado, a perpetuidad, y para otros usos en el programa o en la oficina de educación del condado. No haré ninguna reclamación económica o de otro tipo contra Migrant Education Program Región V y/o Kern Superintendente de Escuelas del Condado para el uso de las fotografías y / o video.

Student Name (print full Name) _____

Student Signature _____ Date _____

Parent's Signature (if grantor is under18) _____ Date _____

This form is required to attend the program. Se requiere esta forma para poder asistir al programa.

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PARTICIPANT APPLICATION

KERN COUNTY SUPERINTENDENT OF SCHOOLS
MIGRANT EDUCATION PROGRAM
INDEMNITY AGREEMENT

I am aware that my child has chosen to enroll and participate in the 2017 Yo Puedo Camp which he/she will have the option to participate in educational training activities, which are physically, mentally or emotionally demanding and may contain risks. My child agrees to obey all rules, policies and regulations of the program.

I understand that participants must behave according to regulations governing conduct during their stay at the program. Any violation of rules and regulations will result in a phone call to the parents by the administrator of the program to arrange transportation home of the student, taking into account any expense arising based on the student's expulsion will be paid by the parent.

By signing this form means you agree to hold harmless Kern County Superintendent of Schools its officers, officials, agents and employees, individually and collectively, against all costs, losses, demands, actions, payments and judgments, including legal costs and attorneys' fees arising in connection with this program, including any bodily or personal injury, property or other damage, however caused, or brought or recovered against any of those already mentioned above.

Yo estoy conciente que mi hijo(a) ha escogido matricularse y participar en el programa de 2017 Yo Puedo, en el cual él/ella tendrá la opción de participar en actividades de entrenamiento educativas, las cuales son física, mental ó emocionalmente exigentes y podrán contener riesgos. Mi hijo(a) está de acuerdo en que debe obedecer todas las reglas, normas y regulaciones de todas las actividades.

Yo comprendo que los participantes deben comportarse según los reglamentos que gobiernan la conducta durante su estancia en el campamento. Cualquier violación de las reglas y regulaciones resultará en una llamada telefónica a los padres de parte del administrador del campamento para arreglar la transportación a casa del estudiante, tomando en cuenta que cualquier gasto que surja a base de la expulsión del estudiante será pagado por el padre.

Al firmar al pie de esta forma significa que estoy de acuerdo en librar de culpa a Kern County Superintendent of Schools su mesa directiva, oficiales, agentes y empleados, individualmente y colectivamente, contra cualquier costo, pérdida, demanda, acción, pagos y fallos, incluyendo costos legales y de abogados que surjan en conexión con el programa al aire libre, incluyendo cualesquier lesiones personales ó corporales, propiedad u otro daño, no obstante causado, ó traído ó recuperado contra cualesquiera de los ya mencionado anteriormente.

Student Name: _____

Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____ Date/Fecha: _____

This form is required to attend the program. Se requiere esta forma para poder asistir al programa.

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KERN COUNTY SUPERINTENDENT OF SCHOOLS
MIGRANT EDUCATION PROGRAM
MEDICATION CONSENT FORM

I am the parent or guardian of (student): _____

Allergies or current medical problems: _____

I direct the Migrant Education Program (MEP) staff to assist my child in taking medication with the written statement/prescription of the physician. I agree to indemnify and hold harmless the Kern County Office of Education, its officers, agents, and employees, for any injury, illness or death which may occur as a result of assisting with administration of the medication in accordance with the physician's direction.

Parent/Guardian Signature

Date

Name (Typed or Printed)

Emergency Phone

Physician's Statement & Directions

Name of Student: _____

School: _____ Grade: _____

Name of Medication: _____

Dosage: _____ Time/Frequency: _____

Method of Administration: Tablets Liquid Inhaler Other:

Reason for Medication:

Possible Side Effects:

Estimated Termination Date:

CHECK WHICH OPTION APPLIES AND IS RECOMMENDED BY PHYSICIAN:

Medication should be administered under adult supervision in the office.

There is a significant potential of an urgent need for this medication at unpredictable times, AND the child has shown to me the maturity, ability and knowledge to carry and self-administer this medication per my instructions.

Physician's Signature (Typed/Printed)

Physician's Name

Phone

Date

This form is required to attend the program. Se requiere esta forma para poder asistir al programa.

Reference: California Education Code 49423