



Mayor Steven Fulop,
The Jersey City Municipal Council,
and
The Jersey City Department of Recreation



Present

**"A SPECIAL NEEDS SUMMER 2015"
PROJECT G.L.A.D.**

May 1, 2015

Dear Parent/Guardian:

The Jersey City Department of Recreation is preparing to implement its annual **FREE** summer recreation program, PROJECT G.L.A.D. (Growing, Learning And Developing), for qualified youth. The program will operate Monday through Friday from 9:00 a.m. to 3:00 p.m. between the dates of July 06, 2014 and August 07, 2015. While attending the program, breakfast and lunch will be provided for each child on a daily basis. In addition, free transportation is available to and from the program for each child.

In order to qualify for enrollment in Project G.L.A.D., each applicant must:

- be between the ages of 7 and 22.
- be fully toilet trained.
- have a current Individualized Education Program (IEP) within the Jersey City Public Schools.
- meet the eligibility criteria for special education and related services under one of the following classifications:
 - o Cognitively Impaired - Mild or Moderate
 - o Orthopedically Impaired

While this program services the special education population, please be advised that it is not educational in nature and it is **not** an extension of your child's IEP. The primary purpose of this program is to provide participants with opportunities to socialize with their peers and interact within the community while engaging in fun-filled recreational activities. Some of the activities that your child may have the opportunity to engage in while attending this program include, but are not limited to:

- | | | |
|---|---|--|
| <input type="checkbox"/> swimming | <input type="checkbox"/> arts and crafts | <input type="checkbox"/> dance classes |
| <input type="checkbox"/> outdoor sports | <input type="checkbox"/> physical education | <input type="checkbox"/> field trips |

The safety of all participants is essential and your child's special needs will be addressed appropriately while attending this program. However, it is important to note that your child will not be entitled to any special program, related services, accommodations or modifications as stated in his or her IEP. Because of the recreational nature of this program, Project G.L.A.D. may not be appropriate for any child who demonstrates behaviors that would pose a threat to your child's safety or the safety of others. Some of these behaviors may include, but are not limited:

- | | |
|---|---|
| <input type="checkbox"/> physical aggression (towards self or others) | <input type="checkbox"/> running/wandering |
| <input type="checkbox"/> verbal aggression (towards self or others) | <input type="checkbox"/> homicidal/suicidal threats |

Any child who engages in any of these or similar inappropriate behaviors while attending the program may be subject to immediate expulsion in order to ensure the safety of all participants.

All applications will be review by our Certified Special Education Staff in order to determine qualification. After reviewing each application, a decision will be rendered and you will be notified accordingly. If your child does not meet the specified eligibility criteria, he or she will be referred to a program that can meet his or her needs more appropriately.

Applicants will be accepted on a first come, first served basis. You must complete all of the necessary information on the attached application. Please complete the enclosed application and return to Jersey City Recreation - Project G.L.A.D. - 1 Chapel Avenue - Jersey City, New Jersey 07305. The deadline for application submission is Friday, June 19, 2015. If you have any questions, please call 201-547-5651 or visit our website at www.jerseycitynj.gov.

Sincerely,

Ryan Strother, Director
Department of Recreation

**"A SUMMER FUN 2015"
PROJECT G.L.A.D.
APPLICATION**

Date: _____

Child's Name: _____ Date of Birth: _____ Sex: _____

Address: _____ Apt. # _____

City, State: _____ Jersey City, NJ _____ Zip: _____

Parent's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

School: _____ Name of Teacher: _____ Student's Special Education Classification: _____

Please list any special services your child is receiving at school:

Please state any information about your child that will be useful to our staff in servicing your child:

Emergency Information:

In case of an emergency, please list two people we may contact if you can not be reached:

Name: _____ Relationship: _____

Address: _____

Phone #: (Home) _____ (Work) _____ (Cell) _____

Name: _____ Relationship: _____

Address: _____

Phone #: (Home) _____ (Work) _____ (Cell) _____

*** PLEASE NOTE THIS IS AN APPLICATION ONLY *
REGISTRATION IS ON A FIRST COME, FIRST SERVED BASIS
PARTICIPANTS WHO ARE ACCEPTED WILL BE NOTIFIED BY MAIL**

*****BY SIGNING THIS APPLICATION, I AM INDICATING THAT I AGREE WITH THE FOLLOWING STATEMENTS*****

I believe that my child is qualified physically for Project G.L.A.D. 2015. I agree to place my child in the care of the staff, subject to all its rules and requirements. I give my permission for him/her to take part in all activities. In the event that I cannot be reached in an emergency, I give my permission to the physician or designated hospital selected by the staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. I understand that the Department of Recreation and its staff are not responsible for my child until he/she steps onto the bus at the pick-up site, and are no longer responsible for my child once he/she steps off the bus at the drop-off site. I understand that this program is not an extension of my child's IEP and he/she will not be entitled to any special program, related services, accommodations or modifications as stated in his/her IEP. I understand that if my child engages in any behaviors deemed inappropriate he/she may be subject to disciplinary action, including immediate expulsion. I also give permission for my child to attend field trips.

Parent/Guardian Signature

Date

(BOTH SIDES OF APPLICATION MUST BE COMPLETED)

"A SUMMER FUN 2015"
PROJECT G.L.A.D.
APPLICATION

MEDICAL HISTORY (PLEASE LIST ANY SICKNESS, ALLERGIES OR DISEASES YOUR CHILD HAS HAD)

Rheumatic Fever: _____	Asthma: _____	Poison Ivy: _____
Convulsions: _____	Penicillin: _____	Nosebleeds: _____
Ear Infections: _____	Mumps: _____	Insect Stings: _____
Measles: _____	Chicken Pox: _____	German Measles: _____
Diabetes: _____	Hay Fever: _____	
Other Allergies (please list): _____		

Handicap Condition: _____

Please list any activities that your child should not participate in: _____

Please indicate any behaviors that would pose a threat to your child's safety or the safety of others: _____

DATES OF IMMUNIZATION (YOU MUST ATTACH A COPY OF CURRENT IMMUNIZATION RECORDS)

DPT or TD: _____	Measles: _____	Tetanus: _____
Rubella: _____	Polio: _____	Mumps: _____
Tuberculosis: _____	Small Pox: _____	Typhoid: _____
Other: _____		

Medical Insurance carrier: _____

MEDICATION (PLEASE LIST ANY MEDICATIONS YOUR CHILD IS CURRENTLY TAKING)

Name of Medication: _____

Dosage: _____

Frequency of Administration: _____

Experienced Side Effects: _____

Other Instructions: _____

MEDICAL HISTORY (PLEASE BE AS SPECIFIC AS POSSIBLE)

Length of Present Condition: _____

Allergies: _____

Any Physical/Mental Restrictions: _____

Date of Last Medical Emergency: _____

Other Information: _____

CURRENT FAMILY PHYSICIAN:

Name & Address: _____

Phone Number: _____

**Community Development Block Grant – Public Service
2015 HUD Low and Moderate Income Guidelines
(Please fill out according to family size and maximum income range)**

FAMILY SIZE	1	2	3	4	5	6	7	8
MAXIMUM INCOME	\$43,200	\$49,400	\$55,550	\$61,700	\$66,650	\$71,600	\$76,550	\$81,450

PLEASE CIRCLE INDIVIDUAL CATEGORIES

Ethnic Breakdown: (Note: If you identify yourself as one of the listed ethnicities and Hispanic, please place a check in both columns)

Hispanic or Latino _____	Not Hispanic or Latino _____
	Hispanic /Non-Hispanic
White _____	_____ / _____
Asian _____	_____ / _____
Asian & White _____	_____ / _____
American Indian/Alaskan Native _____	_____ / _____
Black/African American _____	_____ / _____
Native Hawaiian/Other Pacific Islander _____	_____ / _____
American Indian/ Alaskan Native & White _____	_____ / _____
Black/African American & White _____	_____ / _____
Am. Indian/Alaskan Native & Black/African American _____	_____ / _____
Asian/Pacific Islander _____	_____ / _____
Other Multi-Racial _____	_____ / _____

Head of Household Female _____ or Male _____

*****Please include with this form (if applicable to program): 1- Copy of Birth Certificate or Baptismal Certificate; 2- Proof of Residency (PSE&G, Cable, Phone bill). Driver's licenses or residential leases will not be an acceptable form of Identification or Proof of Residency.**

To my knowledge, all information on this form is true and accurate. I understand that any incomplete information will delay the processing of my application regardless of when it is received by the City of Jersey City and the Jersey City Department of Recreation's employees and staff. I empower the staff to exercise reasonable care in the event of an emergency. I hereby agree to abide by the rules and regulations set forth by the Jersey City Department of Recreation. I also agree to hold harmless the City of Jersey City and the Jersey City Department of Recreation's employees and class instructors.

Parent/Guardian (Please Print Name): _____

Parent/Guardian Signature: _____ Date: _____

Rec'd by: _____ Date: _____

Site Assignment (if applicable): _____

"SUMMER FUN 2015" PROJECT G.L.A.D.

Parent Contract

In order to ensure the safety of your child and all participants, it is required that you are in complete agreement with all of the requirements of the Jersey City Department of Recreation and Project G.L.A.D. Please initial next to each of the following statements, which will indicate your agreement and/or permission.

_____ I believe that my child is physically qualified for Project G.L.A.D. 2014.

_____ I believe that Project G.L.A.D. 2014 is a suitable program to meet my child's needs.

_____ I agree to place my child in the care of the Project G.L.A.D. 2014 staff, subject to all its rules and requirements.

_____ I understand that the Department of Recreation and its staff are not responsible for my child until he/she steps onto the bus at the pick-up site, and are no longer responsible for my child once he/she steps off the bus at the drop-off site.

_____ In the event that I cannot be reached in an emergency, I give my permission to the physician or designated hospital selected by the staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

_____ I understand that this program is not an extension of my child's IEP and he/she will not be entitled to any special program, related services, accommodations or modifications as stated in his/her IEP .

_____ I understand that if my child engages in any behaviors deemed inappropriate he/she may be subject to disciplinary action, including immediate expulsion.

_____ I give permission for my child to take part in all activities.

_____ I give permission for my child to attend field trips.

_____ I give permission for my child to be transported between activities throughout the day via the bus.

_____ I give permission for my child to walk through the community in order to participate in activities.

In order for your child's Project G.L.A.D. 2015 application to be considered for approval, this form must be completed and signed. After initialing each of the above statements, please sign below and return this contract along with the application. Thank you.

Parent/Guardian Signature

Date