

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

Present

**"A SPECIAL NEEDS SUMMER 2016"
PROJECT G.L.A.D.**

February 10, 2016

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 05, 2016 and July 29, 2016. 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 5 and 21.
- 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:
 - Intellectually Disabled
 - 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:

- swimming
- outdoor sports
- arts and crafts
- physical education
- dance classes
- 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 to:

- physical aggression (towards self or others)
- verbal aggression (towards self or others)
- running/wandering
- 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.

The program coordinators will review all applications 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, May 27, 2016. If you have any questions, please call 201-547-5651 or visit our website at www.jerseycitynj.gov.

Sincerely,

Department of Recreation

"A SUMMER FUN 2016"
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: _____

Date of Most Recent IEP: _____ Student's Special Education Classification: _____

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

Please indicate any physical or mental restrictions: _____

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: _____

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

EMERGENCY CONTACT INFORMATION

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

Name: _____

Relationship: _____

Address: _____

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

Name: _____ Relationship: _____

Address: _____

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

(BOTH SIDES OF APPLICATION MUST BE COMPLETED)

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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: _____

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: _____

Date of Last Medical Emergency: _____

Other Information: _____

CURRENT FAMILY PHYSICIAN:

Name & Address: _____

Phone Number: _____

*** 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 to the best of my knowledge I understand all aspects of this application and have answered each questions honestly. In addition, all of the information provided on this application is current and accurate.

Parent/Guardian Signature

Date

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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. 2016.

_____ 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. 2016 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 my permission for my child to take part in all activities.

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

In order for your child's Project G.L.A.D. 2016 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