



CAMP K JUNE 20 – JULY 15, 2022 HAMILTON COUNTY SCHOOLS

Camp K is a 4-week summer program for rising kindergarten students. During the 4 weeks, students will learn daily routines and expectations for being a kindergarten student at their school. Each class will have no more than 15 students and 2 teachers. This will allow multiple opportunities to meet the individual needs of students while interacting in a safe environment.

Students will meet Monday – Friday for a full day of activities. Your school will provide you the hours for your child's program. **It is the expectation students attend every day to benefit most from the program.** Students acquiring 3 or more absences will be dismissed. **Incentives will be provided to those with perfect attendance as well as daily rewards for students who make strong choices and show they are kindergarten ready!**

Note: Perfect attendance includes no tardies or late pick-ups.

Parents are a child's first teacher and we expect and need you to partner with us in order to ensure your child has the best start possible to their school career. During the 4-weeks, parent sessions will be held regarding kindergarten readiness and things you can do at home to ensure your child is kindergarten ready. You may choose to attend the session at your child's school or if another day/time works better for your schedule you may attend at another location. Virtual sessions will also be available. Your participation in our weekly meetings is required in order for your child to participate in our Camp K program.

We have 20 powerful days of learning planned in order to provide your child a "jump start" to the 2022-2023 school year. Students will participate in lessons on reading, writing and math. They will also learn and practice appropriate social/emotional skills such as how to control emotions and how to engage in appropriate play. At the conclusion of the program, your child's teacher will provide feedback to you on your child's progress and ways you can continue to support your child during the school year.

We are very excited to bring Camp K to our newest students! We look forward to working with you and your child as he/she begins their school career.

Sincerely,

Becky W. Covington – HCS Director of Early Learning



Hamilton County CAMP K June 20 – July 15, 2022

Site Name _____ Date _____

Student _____

last name first name middle name

Student Address _____

Number and Street City State Zip

Home Phone _____ Cell Phone _____

Age _____ Birthdate _____ Place of Birth _____

City/County/State/Country

Transportation: Car Rider Bus Rider

Student lives with? Both Parents Mother Father Other (list) _____

Custodial Parent or Legal Guardian _____

Race Asian Black Hispanic Indian White Pacific Islander Other Sex Female Male

Mother-Name (Last, First) _____

Address, if different _____ Home Phone _____

Employer _____

Name Address

Business Phone _____ Occupation _____

Father-Name (Last, First) _____

Address, if different _____ Home Phone _____

Employer _____

Name Address

Business Phone _____ Occupation _____

Name of Legal Guardian (if other than parent) _____

Address _____ Home Phone _____

Employer _____

Name Address

Business Phone _____ Occupation _____

Emergency Contact _____

Name Address Phone Number

Previous school/preschool _____

Name Address

Does your child have an IEP? Yes No Speech and Language _____ Other: _____

Is English your Primary Language? Yes No If not, list primary language _____

Name of person completing this application _____



Teacher _____ Camp K Location _____

STUDENT HEALTH HISTORY

Student health information within the school is limited to the information necessary to serve the student's educational and health interests.

Student Name _____ Grade K Date _____

Please let us know your child's health needs by completing this form.

My child has no health problems.
 Is your child on medication yes no If yes, please list _____

My child's health needs include the following conditions:
 Allergies, include food allergies, please list _____
What happens? _____
Is EpiPen Prescribed? Yes No (If yes, parent must provide EpiPen)

Bee Sting Allergy, What happens? _____
Is EpiPen Prescribed? Yes No (If yes, parent must provide EpiPen)

Asthma Is inhaler used? Yes No If yes, how often? _____
What medications are taken for asthma? _____

Diabetes What medications are taken? _____
Any special procedures during the school day? _____

Hearing Problem: Please describe _____

Vision Problem: Wears glasses? Yes No Wears contacts? Yes No

ADD or ADHD Diagnosed: What medications are taken? _____
Will medication be needed in school? Yes No, When? _____

Bone/Joint problem or fractures? Which bones or joint? _____
Is a brace worn? Yes No

Seizures What type? _____ Date of last seizure _____
Medication taken _____

Episode of loss of consciousness: When? _____
Any special treatment? _____

Emotional concerns: _____

List any other recurrent medical problem or illness: _____

Name of Student's doctor _____ Phone _____

Please contact pre-k personnel for medication forms if your child needs medication at school, including inhalers for asthma or EpiPen for severe allergic reactions.

Health History Informed Consent

Your signature gives permission for Camp K staff to take precautions and procedures to protect your child in the classroom and to foster academic success. Your signature is an informed consent to share this health history information with pre-k staff on a need-to-know basis for emergency plans.

Your signature also provides permission to access emergency services if needed.

Parent/guardian signature _____ Date _____ Phone number _____

If your child is taking any medication on a regular basis please complete a medication form.



**HAMILTON
COUNTY
SCHOOLS**

Welcome to Camp K!

Please provide the information below regarding your contact information and dismissal information. On the other side, please provide any health information.
Thank you!

Contact Information

Site Name _____ Date _____

Student _____
last name first name middle name

Legal Guardian _____

Cell Phone _____ Alternative Phone _____

In the event we need to reach you regarding your child, please list in order of preference who to contact.

First Contact _____ Phone Number _____ Relationship _____

Second Contact _____ Phone Number _____ Relationship _____

Third Contact _____ Phone Number _____ Relationship _____

Transportation Information

My child will be a car rider _____

*My child will ride the bus _____

Address for pickup and delivery _____

***NOTE: An adult must be present at the bus stop to accept Camp K students. If an adult is not present, the student will be returned to the school and the Chattanooga Police department will be contacted.** Bus transportation is NOT available at Thrasher Elementary, North Hamilton Elementary and Soddy Elementary.

Parent/Guardian Signature: _____ Date: _____