



*A once in a lifetime experience for urban youth to receive basic training in the construction trades...*

# Hammers with Heart Trades Camp

**HwH Trades Camp** will introduce our youth to...

- Basic hands-on Carpentry Skills
- Exposure learning a skilled trade
- Students will also receive a certificate of completion at the end of Hammers with Heart Trades camp

Tools, safety equipment, and materials will be provided

|  |
|--|
| Submit a <b>\$20 Deposit</b> with your Application to hold your slot |
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**June 21st to 25th 2021**

**June 28th to July 3rd, 2021**

**Monday - Thursday**  
**9 am through 3 pm**

For further information: Contact The Program Coordinator, Ms. Lexus Anderson,  
at [programcoordinator@thecommonplacephilly.org](mailto:programcoordinator@thecommonplacephilly.org)



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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

School Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Gender: (Circle) Male Female

Please List any Medications, special needs, or allergies:

Caregiver Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Caregiver's Work Number or Alternate Number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_



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**Child's Name:** \_\_\_\_\_

**Photograph Release Authorization on behalf of the HwHTC**

\_\_\_\_\_ **YES**, I do give permission to have my child appear in any media coverage (t.v., newspaper articles, photographs) on behalf of The Common Place.

\_\_\_\_\_ **NO**, I do not give permission to have my child appear in any media coverage (t.v., newspaper articles, photographs) on behalf of The Common Place.

**Discharge Plan**

\_\_\_\_\_ **YES**, I give my child permission to leave the Common Place on his/her own without being accompanied by an adult. I will not hold the program responsible for the safety and welfare of my child as a result. I understand that my child will be dismissed from the HwHTC daily at **4 PM** unless otherwise discussed and agreed to with program staff.

\_\_\_\_\_ **NO**, I do not give my child permission to leave The Common Place. If you have selected "no" please complete the following:

Pick-up Person's Name: 1. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Pick-up Person's Name: 2. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Pick-up Person's Name: 3. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Your child will not be released to anyone who is not listed here unless arranged in advance with program staff. Your child must be picked up promptly at the time the program is scheduled to end. In the event no one can be reached please give a place where your child may be dropped off.**

Person's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



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### **HwHTC Parents'/Guardians' Agreement**

1. I am enrolling \_\_\_\_\_ in the Hammers with Hearts Trade Camp
2. I understand there is a \$20 registration fee.
3. I understand that the HwHTC will be providing services from the hours of Monday thru Thursday for two weeks. I understand HwHTC will transport my child from school to Orleans Technical college. In addition, I understand HwHTC will provide lunch for my child.
4. I understand that my child will not be dismissed from the program without being picked up by a parent or \_\_\_\_\_ (designated adult) or without given permission for him/her to walk home unescorted. In addition, there will be a **ten-minute** grace period and then a \$5 **fee will be added every 10 mins for any late pick-ups.**
5. I understand that fighting, physical and verbal aggression will not be tolerated in this program. In accordance with the Parent Handbook disciplinary procedures, I understand that my child could be discharged immediately for such actions.
6. I understand that if a medical emergency arises, program staff will attempt to contact parents or the emergency contact that I have indicated. It is the parent's responsibility to notify the Hammers with Heart staff if this information changes. If immediate medical attention is necessary, an ambulance or emergency vehicle may take my child to the hospital of their choice. In cases of illness, I understand that my child may not be permitted to attend the program. If the staff feels that a child has a contagious disease, he/she may not return to the program without a doctor's note.
7. In order for my child to be considered for this program, I understand that I must complete all enrollment paperwork.

**I have read and agree to adhere to the above-stated policies and procedures and give my child permission to participate fully in the Hammer with Heart Trades Camp.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of HwHTC Director \_\_\_\_\_ Date \_\_\_\_\_

Date Admitted \_\_\_\_\_

Date Withdrew \_\_\_\_\_



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## Emergency Contact/Parental Consent Form

|  |   |
|--|---|
| <b>Child's Name</b>  | Date of Birth                             |
| Home Address   | City/State/Zip                            |
| <b>Mother's Name/Legal Guardian</b>                                | Home Phone Number                         |
| Home Address/City/State/Zip  | Cell Phone Number                         |
| Business Name  | Business Phone Number                     |
| Business Address   | City/State/Zip                            |
| <b>Father's Name/Legal Guardian</b>                                | Home Phone Number                         |
| Home Address/City/State/Zip  | Cell Phone Number                         |
| Business Name  | Business Phone Number                     |
| Business Address   | City/State/Zip                            |
| <b>Emergency Contact Person(s)</b>                                 |   |
| Name Address/City/State/Zip  | Phone Number                              |
|  |   |
| <b>Person(s) To Whom Child May Be Released</b>                     |   |
| Name Address/City/State/Zip  | Phone Number                              |
|  |   |
| <b>Name of Child's Physician/Medical Care Provider</b>             |   |
| Address  | City/State/Zip                            |
| Special Disabilities (if any)                                      | Allergies (including medication reaction) |
| Medical or Dietary Information Necessary in an Emergency Situation | Medication, Special Conditions            |
| Health Insurance Coverage for Child or Medical Assistance Benefits | Policy (number required)                  |
| Additional Information on Special Needs of Child                   |   |

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_