



Respective Solutions Group's 21st CCLC Summer Camp Forest Hills School District 2026 Enrollment Packet

Dear Parents/Guardians/Caretakers:

Forest Hills students entering grades 1-9 can attend a free, fun and educational summer camp held at your school! Camp will be Monday through Thursday from 9:00 AM to 12:00 PM from June 29 to August 6, 2026. Space is limited so reserve your spot by enrolling now. Free breakfast and lunch are provided by the school and free transportation to and from camp (at centralized stops TBD) is provided by RSG.

Students can look forward to visits from exciting partners like Carnegie Traveling Science and Indiana County Conservation District, as well as outdoor activities, creative arts and more! All eligible students are welcome and encouraged to attend 4 days/week for all 6 weeks.

Please be sure that your child is dressed in appropriate and comfortable clothing/footwear to participate in daily outdoor activities. You may wish to send a water bottle with your child. Staff will not apply sunscreen/bug spray, etc. to children.

If you are interested in enrolling your child(ren), please fill out the attached, two-page, parent/guardian agreement form and return it to us by one of these methods:

- Send it with your child to school to be given to the office
- Email it to chelsea@respectivesolutions.com
- Mail it to-
Respective Solutions Group
948 Ben Franklin Hwy
Ebensburg, PA 15931

Once RSG receives both complete pages, we will contact you to let you know that your child is enrolled and to provide bus stop information if applicable. In the event of a waiting list, students currently attending our after-school program will be given priority enrollment.

If you need to update your child's schedule or contact information, email chelsea@respectivesolutions.com. Please keep this letter for your records.

Scan the code to visit our website where you can access the family handbook, transportation information, menus and the activity calendar when available.



**Free after-school program will again be available this fall for school year 2026/27.*



21st CCLC Summer Camp at Forest Hills S.D. 2026 Parent/Guardian Agreement Form

Child's Name: _____ Grade rising (1-9): _____

By completing and signing this form, you agree to these terms:

- 1. I authorize the people listed on this form as the emergency contacts for my child while enrolled in Respective Solutions Group's (RSG's) program. I understand that my child will only be released to these people, and that my child must be signed out from program. I understand that people picking up my child may need to provide I.D.
2. I understand that program staff will apply minor First Aid (bandages/ice packs) to my child but cannot dispense oral medications. Staff will contact parents/guardians if First Aid is necessary. I give consent to RSG to seek emergency medical care if necessary.
3. I have full knowledge of the nature and extent of the COVID-19 health risks inherent in participating in RSG activities. I, on behalf of myself and the child named, am voluntarily assuming said risks and agree to give consent to participate which may include social distancing, wearing a face-covering and temperature checks. I understand that in the event of my child having any symptoms, I will be notified and will immediately pick my child up from program.
4. I understand that RSG's programs have the same expectations for student behavior as the school, and that attending any RSG program is a privilege and is voluntary.
5. I give permission for RSG to obtain the following information about my child, for current and past years when applicable, to comply with grant reporting requirements, with the understanding it will be kept confidential: PA Secure ID/PIMS number; PSSA scores; report card grades; school attendance/tardiness/discipline/ISS data; feedback from school teachers and administrators; and voluntary data collected by clearance-earning Saint Francis University students offering academic or positive behavior learning opportunities.
6. I give permission for RSG to take pictures/video of my child during the program with the understanding that these images may be used for: projects/display boards; student yearbooks; RSG's website/ Facebook/Twitter pages; in the local newspapers and shared with RSG partners/collaborators. (Please send a signed, dated note or email to opt out.)
7. I understand that if school is canceled or dismisses early, there will be no program that day. If RSG chooses to cancel program, then staff will notify parents/guardians as soon as possible.
8. I agree that the phone numbers and email addresses for the first two people listed on this form may be added to One Call Now to receive calls and messages and that data rates may apply.

Please complete the following information for contact, scheduling and grant reporting purposes.

Weeks attending: Week 1 (Jun 29- Jul 2) Week 2 (Jul 6-9) Week 3 (Jul 13-16) Week 4 (Jul 20-23) Week 5 (Jul 27-30) Week 6 (Aug 3-6)

Gender: Male Female

Receives learning support services: Yes No

Race/ethnicity: White/Caucasian Black/African American Hispanic/Latino Asian American Indian/Alaska Native Native Hawaiian/Pacific Islander Multiracial



Please complete the following information for contact, scheduling and grant reporting purposes.

Child's information (please use the grade they will be entering next school year (26/27):

Child's Name: _____ Birthdate: _____ Grade: _____

Street Address: _____ City/State/Zip: _____

Allergies (including food), medical conditions/concerns, disabilities, special needs or any other information RSG should know:

Parent/Legal Guardian information (cell, home & email will be added to One Call Now):

Name: _____ Relation to Child: _____

C. Phone: _____ H. Phone: _____ W. Phone: _____

Address: _____ Email: _____

Name: _____ Relation to Child: _____

C. Phone: _____ H. Phone: _____ W. Phone: _____

Address: _____ Email: _____

Please list two additional people (18 years of age or older) that RSG staff may contact during programming hours and that have permission to pick up your child in case of an emergency:

Name: _____ Relation to Child: _____

C. Phone: _____ H. Phone: _____ W. Phone: _____

Address: _____ Email: _____

Name: _____ Relation to Child: _____

C. Phone: _____ H. Phone: _____ W. Phone: _____

Address: _____ Email: _____

Transportation

My child will ride a bus/van home and be dropped off at one of the transportation company's designated, centralized stops. (Stops TBD)

I will drop off my child by 9:00 AM and pick up my child by 12:00 PM at the Forest Hills Jr./Sr. High School. (You will need to sign your child out, and may need to provide I.D.)

Parent/Legal Guardian Signature: _____ Date: _____