



# respective solutions GROUP

## **RSG Summer STEAM Camp 2023 at Purchase Line School District**

*\*Funded in full or in part with a grant by the Pennsylvania Department of Education*

**Any PLSD students entering grades 1-8 are eligible to attend! Space is limited so reserve your spot by enrolling now.**

Join us for a free, fun, and educational summer STEAM camp at your school! Camp will be Monday through Thursday from 9:00 AM-1:00 PM from June 12-July 27, 2023 (no camp the week of July 4th for the holiday.) Free transportation will be provided to and from camp by RSG and free lunch will be provided to enrolled students by the district.

Students can look forward to a variety of hands-on learning experiences with LEGO Labs, Carnegie Traveling Science, sports clinic, creative arts and more!

To enroll your child, please fill out pages 2 & 3 of the attached Parent/Guardian Agreement form. All eligible students are welcome and encouraged to attend all 4 days/week for the total 6 weeks.

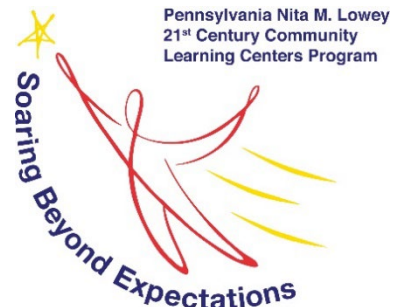
Please email the completed form to [chelsea@respectivesolutions.com](mailto:chelsea@respectivesolutions.com), turn it in at school, or mail it to:

Respective Solutions Group  
948 Ben Franklin Hwy  
Ebensburg, PA 15931

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

Once RSG receives the completed form, we will contact you to let you know that your child is enrolled.

If you have questions, or need a hard-copy of this form mailed to you, contact us at:  
[chelsea@respectivesolutions.com](mailto:chelsea@respectivesolutions.com) or 814-472-2225 ext. 4



**948 Ben Franklin Hwy, Ebensburg, PA 15931 p. (814) 472-2225**  
**353 Buford Ave, Gettysburg, PA 17325**  
**[www.respectivesolutions.com](http://www.respectivesolutions.com)**



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## RSG Summer STEAM Camp 2023 at Purchase Line S.D. Parent/Guardian Agreement Form

Child's Name: \_\_\_\_\_ Grade (rising): \_\_\_\_\_

### By completing and signing this form, you are agreeing to the following terms:

1. I authorize the persons listed on this form as the emergency contacts for my child while enrolled in Respective Solutions Group's (RSG) summer camp/program. I understand that my child will only be released to these persons, and that my child must be signed out from program. I understand that persons attempting to pick up my child may need to provide identification to RSG staff.
2. I understand that program staff will apply minor First Aid (bandages/icepacks) to my child but cannot dispense oral medications. Staff will contact parents/guardians if First Aid is necessary. I give consent for 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 named student, am voluntarily assuming said risks and agree to give consent of participation 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 the summer camp has 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 staff to obtain the following information for my child: PA Secure ID, school attendance and tardiness data; state assessment data (PSSA, Keystone, etc.); report card grades; school discipline/ISS data; data collected by clearance-earning Saint Francis University students offering academic or positive behavior learning opportunities; and feedback from teachers and administrators to comply with grant reporting requirements, with the understanding that this information will be kept confidential.
6. I give permission for RSG to take pictures and video of my child during the summer camp 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.
7. \*I agree to have the first two listed emergency contacts' cell phone number and email address added to the RSG Remind class to receive important announcements, reminders, cancellations and updates.

**Summer camp is scheduled for Monday, Tuesday, Wednesday & Thursday (no camp on Fridays) from 9:00 AM-1:00 PM. Please check the weeks that your child will attend:**

<b>Week 1 (June 12-15)</b>	<b>Week 2 (June 19-22)</b>	<b>Week 3 (June 26-29)</b>
<b>Week 4 (July 10-13)</b>	<b>Week 5 (July 17-20)</b>	<b>Week 6 (July 24-27)</b>

Child's gender:            **Male**                            **Female**                            **Other:** \_\_\_\_\_

Child receives learning support services:                            **Yes**                            **No**

Child's race/ethnicity (check one or more):                            **Hispanic/Latino**                            **American Indian/Alaska Native**

**Black or African American**                            **Native Hawaiian or Pacific Islander**                            **Asian**                            **White**

## Emergency Contact Information

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade (rising): \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
\*Phone/s: c. \_\_\_\_\_ h. \_\_\_\_\_ w. \_\_\_\_\_  
\*Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
\*Phone/s: c. \_\_\_\_\_ h. \_\_\_\_\_ w. \_\_\_\_\_  
\*Email: \_\_\_\_\_

**Please list two *additional* persons (18 years of age or older) that we may contact and that have permission to pick up your child in case of an emergency. These contacts should be available during program hours.**

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone/s: c. \_\_\_\_\_ h. \_\_\_\_\_ w. \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone/s: c. \_\_\_\_\_ h. \_\_\_\_\_ w. \_\_\_\_\_

**Please list any known allergies (including food allergies) or medical conditions/concerns:**

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**Please list any disabilities or special needs:**

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**Transportation (check one):**

My child will ride the RSG-provided bus/van and be picked up and dropped off at the transportation company's designated stops. (Only available to students entering grades 2-8. Students entering grades 2 & 3 must have a parent at the stop before the student can be left at the stop.)

I will pick up my child no later than 1:00 PM at the Purchase Line H.S. (You will need to sign your child out, and may need to provide I.D. Students entering grade 1 must be picked up.)

**Any other information that RSG staff should know:**

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_