



Potrero Hill Neighborhood House  
953 DeHaro Street  
94107 San Francisco  
(415) 826-8080

**SUMMER IN THE CITY+**  
**Year-round PROGRAM**  
**Starting June 17, 2024**

Dear Parents/Guardian/Caretaker:

The Potrero Hill Neighborhood House Board of Directors and staff, would like to welcome you and your child(ren) to our Summer In The City+ year round program. We are looking forward to a fun-filled year of enriched studies and activities. Summer program hours are Monday – Friday, 9:00am to 5:00pm. Our program fees for the entire summer are only:

<b>1 Child</b>	<b>\$200.00</b>
<b>2 Children</b>	<b>\$300.00</b>
<b>3+ Children</b>	<b>\$400.00</b>

We do not take cash payments however; you can via money order, check, credit card or paypal.

During the summer, your child will be out on excursions at least four (4) hours a day, experiencing the amenities of San Francisco and the Bay Area, with three (3) hours focused on academics and enrichment. The hours will be extended on Fridays, as we venture out of town on our “Big Trips”. Students must arrive at program no later than 9:30am and picked up or walk home by 5:00pm. Extended care is available for an additional fee.

During the school year, our program will continue Monday – Friday, 2:00pm – 6:00pm daily (12:30-6:00pm on Wednesdays). We pick up students from Starr King and Daniel Webster Elementary Schools and walk them to program. Our afterschool program provides homework assistance and tutoring to reinforce information students are learning in school. Both programs include care and supervision of school aged children, group activities, excursions, sports, games, arts, crafts, STEM, and a wealth of other enrichment activities. Breakfast, lunch, and supper are provided daily.

**Potrero Hill Neighborhood House Summer In the City+ is designed to serve children ages 6 to 14. Due to California State Compliance, no exceptions will be made to the above stated ages.**

We look forward to an enjoyable year with you and your children. Welcome to our Summer in the City+ Program. Please contact Albert Johnson, Program Coordinator at 415/845-5741(c) with questions.

Sincerely,

Edward Hatter

Executive Director



**Potrero Hill Neighborhood House Summer in the City + Program, 2024-Registration Form**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Sex:** M / F **Ethnicity:** African Amer. Asian Hispanic Mexican, Central, South, Other Middle Eastern Pacific Islander European Multiracial/Multiethnic Other \_\_\_\_\_

**Language spoken at home:** \_\_\_\_\_ (Fall)

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Family Income Information:** Does anyone in the household receive Public Assistance? Yes No  
If yes, what type? TANF Food Stamps GA Medi-Cal SSI Other \_\_\_\_\_

How many family members live in the household? \_\_\_\_\_

What is the total combined wages of all family members for the last 6 months? \_\_\_\_\_

**Parent/Guardian/Caregiver Name:** \_\_\_\_\_

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

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**In case of emergency please contact:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

**NOTE: During the Summer and school year, at dismissal my child is to: (please check all that applies)**

**Walk Home** \_\_\_\_\_ **Ride MUNI** \_\_\_\_\_ **Will be picked up only** \_\_\_\_\_

**If your child is to be picked up, please list the person or persons allowed to pick up your child:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone** \_\_\_\_\_



**Potrero Hill Neighborhood House Summer in the City + Program 2024-Rules & Regulations**

Please **read and discuss the following with your child(ren)**, to allow them to fully understand and adhere to all rules and regulations of the Summer in the City+ Youth Program.

1. Youth must arrive at summer camp no later than 9:30am to participate in breakfast & daily activities.
2. Youth must follow directions provided by Staff at all times.
3. Toys and personal items are not allowed at program. **Potrero Hill Neighborhood House staff will not be responsible for lost items.**
4. **No junk foods.** This program will provide appropriate meals and snacks daily.
5. Bullying, profanity, stealing, name calling, teasing, disrespectful or any unruly behavior are **NOT TOLERATED**. These infractions will result in immediate **Disciplinary Actions**.
6. Should your child become ill during program, PHNH staff will immediately notify the parent/guardian to make arrangements for the child to be picked up and taken home. **Staff will not administer medication.**
7. Should your child become injured during any of the Program activities, Staff will administer the necessary first aid. In case of a serious accident, (1) Paramedics will be called, (2) Parents will be notified immediately, if we cannot contact parents, we will call the designee (3) if we cannot contact either parent or designee, your child will be taken to the nearest hospital via ambulance unless otherwise specified on Student Emergency/Medical Information Form (see pg.6).
8. During school year students are to **report to designated meeting place immediately upon dismissal from school**. Staff members will be there to escort students to program.

I have read and discussed the above rules and regulations with my child.

\_\_\_\_\_  
Parent/Guardian/Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date



**Potrero Hill Neighborhood House**  
**Summer in the City + Program, 2024-Disciplinary Policy**

**Policy Statement**

Rules of acceptable conduct have been established; **please discuss these rules with your child(ren)**. We will review these rules with you and your child(ren) at orientation. Our policy is designed to protect all participants, develop proper personal behavior, encourage self-discipline, and maintain a fun and safe environment.

**Disciplinary Procedure**

Discipline may take the form of a short “time-out” or similar technique that involves isolating the child from the group until he/she is capable of functioning in an acceptable manner. Good behavior is encouraged and rewarded with praise as positive reinforcement and other incentives. Parents are expected to encourage their child(ren) to **follow all rules** established by program staff.

The Program Staff will immediately redirect children who exhibit unacceptable behavior, which may be harmful to themselves and/or others. If more serious disciplinary actions are warranted, the Parent/Guardian/Caretaker will be notified. In such cases, the following procedure for minor offenses will be observed.

- |                             |  |
|-----------------------------|--|
| <b>First Offense:</b>       | Redirect and notice to parents   |
| <b>Second Offense:</b>      | Restorative Circle, and Verbal confirmation                            |
| <b>Third Offense:</b>       | Restorative Circle, Parent conference and/or Three (3) days suspension |
| <b>Consistent Offenses:</b> | Five (5) Day Suspension and/or Expulsion                               |

**NOTE: The PHNH has zero tolerance for any acts of violence. This may result in immediate expulsion.**

**General Rules of Conduct**

- Be on time
- Be Respectful
- Be Safe (No fighting, running, screaming)
- Listen and Obey instructions
- Follow all Potrero Hill Neighborhood House Program Rules and Regulations

We have read, discussed and accepted these conditions to participate in the Summer in the City + Program.

\_\_\_\_\_  
Parent/Guardian/Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child’s Signature

\_\_\_\_\_  
Date



**Potrero Hill Neighborhood House - Summer in the City + Program 2024**  
**Parent/Guardian/Caregiver Consent Form**

Dear Parent/Guardian/Caretaker:

This page contains three different permission requests. Please review each section. Authorization to share academic information with SFUSD, Media release and permission to Rapid test after extended absences are required by all participants.

**Authorization for SFUSD to share students' academic information**

I hereby authorize \_\_\_\_\_ (name of school) to release, upon request by Potrero Hill Neighborhood House Representative academic information pertaining to \_\_\_\_\_ (name of Student) while s/he is a participant in the Summer in the City + program.

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

**Potrero Hill Neighborhood House Summer in the City Media Release**

I understand that Summer in the City+ regularly takes pictures and video of program activities. Some of these pictures and video will be used as agency and partners (DCYF, Handful Projects, etc) information through newsletters, internet presence, website, agency brochures, displays, etc. By signing this release, I am authorizing PHNH to use any pictures or video that may include my child's photo, as well as any captions or names associated with the activity.

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



**Potrero Hill Neighborhood House Experience In Diversity Program,**

**Student Emergency / Medical Information Form**

Note: This page must be **fully** completed

Child's Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Address: \_\_\_\_\_  
\_\_\_\_\_ (City) \_\_\_\_\_ Stable \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Phone: \_\_\_\_\_ Child Lives With: Family Foster Group Home Homeless

School : \_\_\_\_\_ Grade \_\_\_\_\_ Other \_\_\_\_\_

Parent/Guardian/Caregiver Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact:** In case child listed above becomes ill or is injured at the Experience In Diversity Youth Program and Parent/Guardian/Caregiver cannot be contacted, the P.H.N.H. authorities have my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Phone Number
1			
2			

**Can your Daughter or Son:** \_\_\_\_\_ (circle one)

Receive emergency medical treatment if necessary? Yes No

Be taken to the nearest medical facility? Yes No → If No, please specify the facility your daughter or son should be taken to:

**Does your Daughter or Son have healthcare Insurance?** Yes No Facility \_\_\_\_\_

If yes: Name if Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Address \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate any special needs your child may have that would affect his/her participation in the planned program activities.

**NOTE:** A licensed physician's written medical assessment and immunization records of the child must be received within 30 days of admission into this program.

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Disability/Special Needs: \_\_\_\_\_

Should the need occur I authorize the Potrero Hill Neighborhood House (PHNH) staff or any medical personnel to act in accordance to the above instructions. If in the event that the medical services needed are not clearly addressed above, I authorize PHNH or any medical personnel to exercise their best judgment in providing appropriate medical service.

\_\_\_\_\_  
Parent/Guardian/Caregiver Signature

\_\_\_\_\_  
Date

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_ THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD  
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_ DATE

\_\_\_\_\_ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE  
( )

WORK PHONE  
( )



## Summer In the City + Child Assessment Form

### **Purpose:**

These questions are designed to collect information needed to provide the best, and most appropriate care for your child(ren). We want to insure their enjoyment and success in this program. Therefore, we ask that you answer these questions to the best of your knowledge. Thank you.

1. Does your child have an Individual Education Plan (IEP)? Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. What does your child do well? \_\_\_\_\_  
\_\_\_\_\_
  
3. What activities does your child like to do when playing with other children? \_\_\_\_\_  
\_\_\_\_\_
  
4. Is your child having a hard time fitting in? Yes / No If Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_
  
5. What does your child do when he/she is upset? \_\_\_\_\_  
\_\_\_\_\_
  
6. When your child gets upset what helps them calm down? \_\_\_\_\_  
\_\_\_\_\_
  
7. How do you tell your child to stop a behavior that you don't approve of? \_\_\_\_\_  
\_\_\_\_\_
  
8. How does your child communicate their needs? \_\_\_\_\_  
\_\_\_\_\_
  
9. How can SIC+ best support your child? \_\_\_\_\_  
\_\_\_\_\_





**PHNH-Summer in the City + Program**  
**2024-Release Waiver Form/ Rights of Licensing Agency**

**Release Waiver Form**

I \_\_\_\_\_ hereby grant permission for child(ren) to take part in the aforementioned Potrero Hill Neighborhood House Program or Activity. I hereby release and hold harmless the Potrero Hill Neighborhood House, any and all employees, partners or agents, to the extent allowed by law. I have informed the Potrero Hill Neighborhood House Staff of any physical or medical conditions that may hinder my child's participation in the program or activity. Furthermore, unless otherwise stated in writing, I give my permission to use any photographs or likeness of my child taken in the Program to be used for publication purposes. I understand all confidential and personal information will be withheld.

\_\_\_\_\_  
**Parent/Guardian/Caregiver Signature**

\_\_\_\_\_  
**Date**

**Rights of the Licensing Agency**

The California Department of Licensing Agency shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any children or staff member; and for the examination of all records relating to the operation of the Summer in the City+ Program. The Department has the authority to observe the physical condition of the child(ren), including condition that could indicate abuse, neglect, or inappropriate placement.

\_\_\_\_\_  
**Parent/Guardian/Caregiver Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Edward Hatter, Executive Director**

\_\_\_\_\_  
**Date**

