AYC

July 9-August 3, 2018

PROGRAM INFORMATION

How to Register:

- Complete entire registration packet (attached). Please complete all required signatures and questions in ink.
- The program registration fee is \$600. Payments can be made by check, credit card, cash or money order. Checks/MOs should be made out to "Anchorage Youth Court." Credit card payments can be made in person at the Anchorage Youth Court office or by phone to 274-5986. Cash payments must be made in person at the Anchorage Youth Court office.
- Registration is on a first come, first served basis. There is a limit of 60 students for the program.
- Registration runs from February 20th to May 31st.
- Please call the Anchorage Youth Court office at 274-5986 if you have questions.
- Turn in registration packet and \$600 program fee

In person:	By mail:	At your school:
Anchorage Youth Court	Anchorage Youth Court	
838 W 4 th Ave	PO Box 100359	
Anchorage, AK 99501	Anchorage, AK 99510	
Mon-Thurs, 10 a.m. – 6 p.m.		

- 1. Qualifications: Must reside in the Municipality of Anchorage and be entering 9th grade in fall 2018.
- **2. Program Location:** East Anchorage High School

4025 E Northern Lights Blvd

Anchorage, AK 99508

3. Program Dates & Time: Monday – Friday, July 9 – August 3, 2018

9:00 a.m. - 4:00 p.m.

First day (July 9) check-in: 8:00 a.m. - 9:00 a.m.

- **4. Arrivals and Departures:** The pickup and drop off area of the program is at the main entrance of the school. Program monitors will be at the school from 8:00 a.m. to 5:00 p.m. each day. School doors will open at 8:00 a.m. and close promptly at 5:00 p.m.
- **5. Transportation:** The program will provide transportation to and from the program for participants who need it. Transportation will be either through busing students directly or providing public bus passes and guidance on routes and timetables.
- **6. High School Credit:** Participants will be eligible to receive .5 credits toward high school graduation through the Credit by Choice program. Students who miss 3 days (or 21 hours) or more will not receive high school credit.
- **7. Personal Belongings:** Personal belongings are the participant's responsibility. The program will not be responsible for lost or stolen items. Personal belongings from home are not needed and are discouraged. Guns, knives, and other such items are not allowed.
- **8. Meals:** The camp fee includes a lunch. There will be no refunds or options on the lunch menu. The camp plans to feed students similarly to standard school lunches. Students may bring a bag lunch if these meals present an issue.
- **9. Field Trips:** There will field trips to various law-related organizations and government offices, including, but not limited to the Alaska Court System, the Anchorage Federal Courthouse, the Alaska State Crime Lab, and the Anchorage Police Department.
- **10. Cancellation Policy**: Full refunds are available up to June 21st. A 50% refund is available up to July 3rd. No refunds are available for cancellations after July 3rd.



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REGISTRATION FORM

Today's Date:	_			
Student's Name:				
Family's home phone number:				
Student's cell phone number:				
Student's e-mail address:				
Street Address:				
City:				
Mailing address, if different from	m above:			
City:				
Date of Birth:				
School Attended 2017/2018:				
School Will Attend 2018/2019:				
Ethnicity:				
African American	1	Native A	merican	
Asian	P	acific Is	ander	
Caucasian	1	Multicul	tural (2 or more)	
Alaska Native	(Other _		
Hispanic? yes no				
Gender:	T-shirt size:			
Languages Spoken in Home:				
Special Skills:				
Sports:				
Other Activities Involved In:				
How did you learn about the La	ıw & Leadership Summer	Progra	m?	
OFFICE USE ONLY Recipien 2018 Placeme	nts Initials:	Paid:	in Datahase	



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REGISTRATION FORM-CONTINUED

PARENT/GUARDIAN INFORMATION:					
Parent/Guardian:					
Home Phone:	_ Cell Phone:		OK to text cell?	_yes	_ nc
Email address:					
Home Mailing Address:					
City:		State:	Zip:		
Parent/Guardian:					
Home Phone:	_ Cell Phone:		OK to text cell?	_yes	_ nc
Email address:					
Home Mailing Address:					
City:		State:	Zip:		
EMERGENCY CONTACT INFORMATION:					
Name:		Phone:			
Address:					
City:		State:	Zip:		
TRANSPORTATION Do you need assistance with transporta	ition to and from	the program? _	yesno		
Do you have any comments or suggesti	ons for handling t	ransportation?			



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ASSENT AND WAIVER

(Please use ink.)

l,	, as the parent/guardian of
(printed name of parent/guardian)	
	, grant permission for my child
(printed name of registering student)	
to attend and participate in the law and leadership summer program.	

I grant permission for the program administrator to take whatever steps may be necessary to obtain emergency care if warranted. The steps may include, but are not limited to the following:

- 1. Attempt to contact parent or guardian.
- 2. Attempt to contact person listed on application as EMERGENCY contact or alternate.
- 3. If we cannot contact you or your child's alternate contact, we will call an ambulance. Any expenses incurred will be the responsibility of the child's family.

I agree to the fullest extent allowable under the laws of the Alaska that I absolve of all liability and waive all claims against Anchorage Youth Court, Inc., or any of its directors, officers, employees or volunteers for any reason that may arise in any way from his/her participation in the program. The program does not have a nurse on site. Program personnel will not dispense medications to participants. The program is not a child care facility.

I hereby grant permission for my child to attend field trips to various law-related organizations and government offices, including, but not limited to: the Alaska Court System, the Anchorage Federal Courthouse, the Alaska State Crime Lab, and the Anchorage Police Department.

The Law and Leadership Summer Program may generate interest from the local media. As Parent/guardian, I have no objection to my child being interviewed or photographed while participating in the camp.

The parent/guardian and student agree that:

- The student will possess the maturity needed to abide by the rules of the program, and respond
 in a timely manner to directions given by program staff under any circumstances, immediately
 and clearly.
- 2. The student will possess the ability to work positively with other students to further each others' learning experiences.

By signing, I agree that I have read, understand, and agree on the terms and conditions outlined in this document.

Parent/Guardian:	Date:
Student:	Date:

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TUDENT	NAME ID#
RESENT	GRADE LEVEL (Circle One) = 9 10 11 12 DATE
ONSIDE	RATION IS REQUESTED FOR: (CHECK ONE)
	PROGRAM #1 – EDUCATIONAL TRAVEL Travel to Date
	PROGRAM #2 – CORRESPONDENCE COURSE Course Title Correspondence Program Under the Supervision of
	PROGRAM #3 – COLLEGE COURSEWORK College Course Title Number of Semester Hours (Course must be level 100 or above
	PROGRAM #4 – EARLY COLLEGE ADMISSIONS PROGRAM Coursework to be taken at GPA (must be 3.5 or above)
	PROGRAM #5 – CREDIT BY EXAMINATION Course Title Under the Supervision of Approximate Exam Date
X	PROGRAM #6 - COMMUNITY SERVICE / FIELD STUDY Title Anchorage Youth Court Summer Cam Under the Supervision of Rebecta Koford
	PROGRAM #6 -WAIVER OF PE For □Fall / □Spring Semester of (year) For the following activity See Specific Program Requirements and follow attached Required Journal Format
	Signature of Physical Education Department Chair
OFFI US ONI	E Counselor Signature



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FEE WAIVER APPLICATION

To apply for a fee waiver, please answer the questions below. This information will be kept confidential and used only in determining financial eligibility. By signing at the bottom, you are swearing or affirming that the information provided is true and correct to the best of your knowledge.

If your child attends Clark, Begich, or Wendler Middle School or will be attending Bartlett High School, their tuition has already been waived, and you do not need to fill this out. Student's Name: _____ 1. My child receives at least one of the following: a. Free lunch program at school yes no b. Denali KidCare (aka CHIP) yes no c. Food Stamp Benefits yes no 2. If you answered yes to one of the above, a. Please provide proof of one of above by attaching it to this application or taking a picture on your phone and emailing it to info@anchorageyouthcourt.org or texting it to 907-632-0966. Make sure to include your child's name when you send it. Please cover any social security numbers or tax ID numbers. b. Skip to Part 7. If you answered "no" to everything in Part 1, your child may still qualify for a full or partial fee waiver by providing information about family income below. 4. Monthly Income from ALL sources (after taxes): Earnings (Salary, Wages, Commissions, etc.) Agency Subsidy (Welfare, Social Security, etc.) Other (Alimony, Child Support, etc.) TOTAL Please list the total number of adults and children living on this income: 5. Please provide proof of income (W-2, Paystubs, vouchers, SSI, etc) by attaching it to this application or taking a picture on your phone and emailing it to info@anchorageyouthcourt.org or texting it to 907-632-0966. Make sure to include your child's name when you send it. Please cover any social security numbers or tax ID numbers. 6. Are there any special circumstances that you feel we should be aware of in determining financial assistance? 7. By signing, I swear or affirm that this information is true and correct to the best of my knowledge. Parent/Guardian Signature:

Parent/Guardian Name (printed):