



## Voyage Summer Camp Application

Last Name: \_\_\_\_\_ Middle Initial \_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 School: \_\_\_\_\_ District: \_\_\_\_\_ Grade: \_\_\_\_  
 Gender: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
 Telephone Number: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Student Email: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Parent/Guardian Phone Number: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_  
 Parent/Guardian Email: \_\_\_\_\_

### Emergency Contacts (2 Required) -

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to Applicant: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to Applicant: \_\_\_\_\_

### Voyage Camp Strands

Please check which Voyage Camp strand you are interested in attending:

**Outdoor Leadership**       **Culinary Arts**       **First Responder\***

\*If you choose First Responder, please check whether you are ETT Certified:  Yes       No

If Yes, when did you receive your ETT Certification? \_\_\_\_\_

### Voyage Camp Driver's Education (optional)

Are you interested in taking **Driver's Education** while attending the camp?  Yes       No

If Yes, please check which of these you wish to obtain:  Learner's Permit       Driver's License

If Yes, we'll need you to bring in a State ID or original Birth Certificate and Social Security Card. If you're under 18 and are interested in taking Driver's Education, two notarized DMV forms will be needed. You can download those forms from our website at [www.voyagetoexcellence.com](http://www.voyagetoexcellence.com).

*The confidentiality of all information requested in this application is protected by AS 23.15.190 and 34 CFR 361.38, and complies with 45 CFR 164.508.*

## Questions for the Student

Short Answer -

What activities do you participate in during your free time?

What jobs have you had (paid and/or unpaid) - What were your responsibilities?

What job would you like after graduation?

List one goal you have for your future.

What do you think will be your greatest challenge in coming to VTE?

## School Counselor or Teacher Recommendation / Evaluation

Student's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher Name (Please Print) \_\_\_\_\_

How long have you known this student?

**Please check any that apply (this information will be kept confidential):**

Student has a disability:  Student has an IEP:  Student has a 504 Plan:

Student has fallen behind or has difficulty in one or more subjects:

If checked, please list subjects here:

Are this student's immunizations up to date? Yes No Exempt

How can a VTE phase assist the student in developing skills for school and work?

Describe the student. What motivates this student?

What can VTE work on with this student?

Is there anything else we should be aware of regarding this student?

\_\_\_\_\_  
Counselor / Teacher Signature

\_\_\_\_\_  
Date

Student's Name: \_\_\_\_\_

## VTE Application Parent / Guardian Supplement

Completed at Site (by parent/guardian only)

Date: \_\_\_\_\_ Parent's / Guardian's Name: \_\_\_\_\_

1. Tell us a little about your student! We'd like "rapport boosters" (interests, personal values or goals) and suggestions about how to make material relevant for this student.

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2. What can the staff do at Voyage to Excellence to help this student, or to ensure we're effective?

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3. Are there any additional challenges or issues of which we should be aware?

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4. Students and staff will have their photos taken as they participate in the Phase activities. These photos could be used in our newsletter, or published on the VTE Facebook page. Please check the boxes below if you agree/disagree to these statements:

I grant permission for my child's **name** to be published.  Yes  No

I grant permission for my child's **photo** to be published.  Yes  No

# Voyage to Excellence Student & Parent Agreement

Student's Name: \_\_\_\_\_

## **Student Agreement (please read fully)**

As a participant of a Chugach School District VTE-sponsored activity, I agree to the following:

1. I will represent my school and district in a mature, responsible manner at all times.
2. I will not use or be in possession of drugs, tobacco products (in any form), or alcohol products at any time during the trip.
3. I will stay with the group/chaperone at all times, unless special permission is received.
4. During certain VTE activities there will be appropriate times when I might not be in the direct supervision of VTE Staff.
6. I understand that all school rules, eligibility criteria, discipline, conduct rules, etc., apply during any student travel sponsored or approved by Chugach School District.

By signing below, I am acknowledging and agreeing to the above terms and conditions.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Parent/Guardian Agreement (please read fully)**

1. My student participant wishes to be released from liability to any other participants, faculty members or instructors of the Chugach School District arising out of acts or events which occur during the course of preparing for or participating in school travel/field trip programs and, accordingly, is willing to release the other participants, faculty members or instructors of Chugach School District from such liability. The Participant agrees to release and hold harmless the Chugach School District, its staff, faculty, instructors and students.
2. A freshwater fish tank is maintained at the VTE School, and there is the possibility that students may bring approved service animals for their stay at the VTE School.
3. VTE Student information must be reported to various state and Federal Government agencies, including the Department of Education, the Department of Labor, the Department of Health and Social Services, and others. However, VTE Student information will be kept confidential to the greatest extent possible under the law.
4. I (parent or guardian) understand my son/daughter may participate in audio and/or video recording and photography that may become part of materials or products that could be used by the Chugach School District or shared with other school districts and business partners.

I give permission

I do NOT give permission

By signing below, I am agreeing to the above terms and giving my permission for my student to participate in the CSD VTE-sponsored activity. Further, I understand that my child may be sent home from any trip if he/she violates any rules or policies under the CSD Student Handbook, and that I am responsible for the cost of his/her return.

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

**Student Name:** \_\_\_\_\_

### **Medical Permission/Release**

By signing below, I am giving my permission for my student to obtain medical care in the event that such care is necessary. If possible, the parent(s) or guardian will be contacted in the event of an emergency. Permission is hereby granted to a licensed physician or accredited hospital and their associates to perform any medical and/or surgical procedures that are deemed essential to the treatment of the above named individual. The disclosure of health information within the school is limited to information necessary to serve the student's health and education interests. Your *voluntary* agreement gives permission for the school to inform school staff of precautions and procedures necessary to protect your child at school and foster academic success and gives permission for the school to inform medical staff of precautions and procedures necessary to protect your child in the event medical treatment is required.

#### **Brief Medical History:**

Your student's health history is important to provide the best care at school. It is the responsibility of the parent /guardian to notify the school of new or existing health concerns. If your student is prescribed medication or requires a treatment at school, it is the responsibility of the parent or guardian to notify the school and provide the medication or necessary equipment for use at school.

**Does this student have a history of Asthma?**       **No**       **Yes**

If yes, does the student have / use an Albuterol Inhaler? \_\_\_\_\_

When was student's last attack? \_\_\_\_\_

What triggers attacks? \_\_\_\_\_

**List student allergies:** \_\_\_\_\_

\_\_\_\_\_

**Any other health information our staff should be aware of:** \_\_\_\_\_

\_\_\_\_\_

**Date of student's most recent physical exam:** \_\_\_\_\_

**Name of the provider of the physical exam:** \_\_\_\_\_

#### **Insurance Information:**

Primary Healthcare Provider: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Health Insurance Company or Organization: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy or Contract Number: \_\_\_\_\_

**The information above is accurate to the best of my knowledge.**

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

**Student Name:** \_\_\_\_\_

**Authorization to Distribute Prescription Medication**

**Medications (including Prescriptions & Emergency Inhalers):**

Voyage to Excellence staff will assist students with medications. The medication must be delivered in a labeled pharmacy container with the student name. *ONLY CURRENT PRESCRIPTIONS WILL BE ADMINISTERED.*

**List student prescription medication information here:**

Medication Name	Daily Dosage		Time to be given		Begin Date	End Date	Possible Side Effects
	AM	PM	AM	PM			

**Authorization to Distribute Over-the-Counter (OTC) Medication**

The following is a list of over-the-counter medications that may be dispensed by our staff when requested by your student, and based on staff assessment of the student’s symptoms.

**Please check yes or no to indicate which of these over-the-counter (OTC) medications may be administered to your student. You may also check “Yes to All” or “No to All”**

OTC Medication	Yes or No	OTC Medication	Yes or No	OTC Medication	Yes or No
Acetaminophen (Tylenol)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ibuprofen (Advil or Motrin)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cough Drops/Throat Lozenges	Yes <input type="checkbox"/> No <input type="checkbox"/>
Midol or generic	Yes <input type="checkbox"/> No <input type="checkbox"/>	Nasal Decongestant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dayquil Cold & Flu or generic	Yes <input type="checkbox"/> No <input type="checkbox"/>
Benadryl or generic	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tums / Alka Seltzer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pepto Bismol	Yes <input type="checkbox"/> No <input type="checkbox"/>
Immodium	Yes <input type="checkbox"/> No <input type="checkbox"/>	Melatonin	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dramamine (for motion sickness)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>YES TO ALL: <input type="checkbox"/></b>		<b>NO TO ALL: <input type="checkbox"/></b>			

**The information above is accurate to the best of my knowledge.**

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

Student Name: \_\_\_\_\_

## ON-CAMPUS VISITS AND EVENING CHECKOUTS

During VTE Phases, student family members have the option to visit students in the evenings. Family members may join the students for dinner and certain evening activities. Visits must be scheduled in advance and approved by the student's parent/guardian. All visitors must:

- Sign in and show identification
- Be listed as an approved visitor on this form
- Stay within the VTE School boundaries
- Not go into dorm room wings unless accompanied by VTE staff

Longer phases may have scheduled evening checkout days. Students will be given the schedule on the first day of the phase and can contact family to arrange a checkout. VTE Staff must be informed in advance if a student plans to be checked out. Evening checkouts begin at 7:00 PM. Students must arrive back on campus by 9:00 PM. The person checking the student out must:

- Sign in and show identification
- Be listed on this form as approved by student's parent/guardian
- Be 21 years of age or older
- Be physically present when picking up the student (sending a person to pick the student up for them is not allowed)
- Be a close family member (parent, guardian, brother, sister, aunt, uncle, grandparent, etc.)

### Parent/Guardian Agreement:

I, \_\_\_\_\_, hereby give permission for the following adults, 21 years of age  
Print Parent/Legal Guardian Name  
or older, to visit and/or check out my son/daughter \_\_\_\_\_ during the  
Print Student Name  
VTE Phase. I have read the VTE visitation policy and support this process for allowing our relatives to visit  
my child during the VTE Phase.

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

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

### Family Member Name:

### Can Visit

### Can Check Out

1. \_\_\_\_\_

Yes\_\_ No\_\_

Yes\_\_ No\_\_

2. \_\_\_\_\_

Yes\_\_ No\_\_

Yes\_\_ No\_\_

3. \_\_\_\_\_

Yes\_\_ No\_\_

Yes\_\_ No\_\_

4. \_\_\_\_\_

Yes\_\_ No\_\_

Yes\_\_ No\_\_

5. \_\_\_\_\_

Yes\_\_ No\_\_

Yes\_\_ No\_\_



# Student Expectations

To be reviewed, understood, and signed by parent and student.

## **Voyage to Excellence BEHAVIORS AND EXPECTATIONS:**

You are representatives and ambassadors for your schools, teachers, families, selves, and communities. You are expected to conduct yourself in a responsible and mature manner at all times. We strive for excellence at VTE and expect excellence from each participant. Be ready to give 100% - it's your future!

## **VISITATION/SHOPPING:**

VTE activities are extensions of the classroom; these activities are where a student can complete a tremendous amount of standards in very little time. It is not a time to go shopping and visit relatives.

## **FACILITY MAINTENANCE:**

Students are expected to make their beds every morning. House chore assignments will be selected/assigned and are mandatory. Clean up after yourself in all areas. All meals are to be prepared and eaten at the Voyage to Excellence facility. Furniture and equipment must be treated with care. Report any damage to a staff member immediately.

## **CHANGING ROOMS /QUIET HOURS**

Room assignments do not change. Students need to be in their rooms by **10:00 pm**. Students must have lights out at **10:30 pm**, and be quiet and in their beds.

## **THEFT**

Unfortunately, the loss of money or personal property due to theft or negligence is a possibility. VTE is not responsible for replacing lost or stolen valuables. Please leave valuables at home.

## **PERSONAL PHONE USAGE:**

Phone usage will be limited to evenings. Phone calls made on VTE facility phones will need to be less than ten minutes and limited to one call per evening. When making a long distance phone call, you will need to use a phone card, credit card, or call collect.

## **MEDICATION:**

All prescription medications need to be given to the VTE staff. Medications will be logged and administered by the staff.

## **NON-NEGOTIABLES:**

- The use or possession of alcoholic beverages, controlled substances, or tobacco (any form)
- Leaving the VTE School Campus or group without informing a staff member of your whereabouts
- Inappropriate use of the internet, computers, cell phones or other electronic devices
- Leaving your room at night for non-emergency situations
- Disrespecting students, staff or the facilities
- Refusing to turn in personal computer and cell phone when asked
- Purposely destroying VTE property, breaking things, writing on furniture, etc.
- Body piercing, hair dyeing, tattoos, etc. during VTE activities
- Bringing weapons to VTE activities, including any kind of knife, etc.
- PDA's – Public Displays of Affection

I have read and understand these rules and agree to abide by them. **I also understand that willful violation of these rules may result in my immediate dismissal from the program and expedited return home at my parent or guardian's expense.** I also understand I may be subject to further discipline as outlined under my School District's Student Policy.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_