



...igniting powerful change in the lives of urban youth

SUMMER JAM (JESUS AND ME) 2009



Program Duration: June 15th – August 13th, Monday – Thursday

Age/ Grade	Program Time
Preschool (3-5 years old)*	9:30am-12:30pm
Elementary (1 st -5 th grade)	9:30 a.m.– 2:30 p.m.**
Jr. High/High (6 th -12 th grade)	3 p.m.– 6 p.m. for youth (Hours may vary for Jr. High/High students.)

*To attend Fortress during the summer, your child must have turned 3 years old by May 31st.

**Before- and after-care available to elementary students on a limited basis. If you will require this service, contact us at least 2 weeks before the program begins.

No program on Fridays. No program on Monday July 6th.

Fee for one child: Only \$80! (approximately \$9 per week)

Each additional child: \$15.

Fortress is aware that these costs may present a financial hardship; please do not let this keep your child from attending Fortress Summer JAM. SEE ATTACHED SCHOLARSHIP APPLICATION.

817.335.1007
712 East Stella Fort Worth, TX 76104

www.fortressydc.org
fax. 817.335.5748



What you can expect from Summer JAM:

Redeemed Team t-shirt

Daily Bible lessons

Breakfast & lunch daily

Weekly field trips (an earned privilege)

Sports Camp (June 15-July 2)

Camp of the Hills (ages 9-18) (an earned privilege)

Miscellaneous activities throughout the summer

And much more!!!

Transportation to and from Summer JAM is available to the first 32 students who apply. Student must live within 4 miles of Fortress.

- ✓ Students must wear appropriate attire. Clothing that is too revealing or that features offensive language and/or images will not be allowed.
- ✓ No cell phones, iPods, etc.
- ✓ If your child will be absent, you MUST call Fortress.
- ✓ Parents will receive information during the first week regarding the discipline system.

Questions: please contact Ramon Smith at 817.335.1007



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Summer JAM Application
2009
The Redeemed Team

Student's name	Date of Birth	Age

Home Address

Address	Apt #	City	Zip Code

Parent/ Guardian contact information:

Name	Home Phone #	Office/ Cell #	Email

Additional Contacts:

Name	Home Phone #	Office/ Cell #	Relationship to student

Will they require transportation? Yes No
(Student must live within a 4 mile radius of Fortress)

Are there any special areas of concern for the student(s)? Yes No

If yes, please explain: _____



SUMMER JAM

Payment Plan Form

Child(ren)'s Name(s)

Parent's/Guardian's Name

()

Home Phone

()

Work Phone

Address

City, State, ZIP Code

Email

Payment Options:

___ Option 1- \$80 + \$15 for each additional child one time payment

___ Option 2- \$40 due June 30 & July 31 + \$15 for each additional child

I understand that payments are due on time. I understand that there may be penalties for late payments. I understand that if I might be late with a payment, I MUST contact Fortress at least 3 days beforehand.

Signature

Date

Staff Use Only:



Emergency Contact and Medical Information
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Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Work Phone
()	()
Home Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case off accident during activities related to [Organization], as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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Consent Form

Record Release: _____ (initials)

I hereby give my consent for the Fortress YDC staff to visit my child’s teachers, counselors, and school administrators to discuss his/her progress. I also give consent for the Fortress YDC staff to have access to my child’s academic and health records on file at the school.

Photo Consent: _____ (initials)

I hereby give consent for my child to be photographed and/or filmed during Fortress YDC activities. I also give my consent to allow this material to be printed/displayed, along with descriptive text, for the purposes of the program’s publicity and promotional needs.

Transportation Release: _____ (initials)

I hereby give my consent for my child to be transported and supervised by Fortress YDC staff to and from field trips, home, and school. I also give consent for my child to participate in field trips for social recreation, cultural enrichment, and educational activities.

Walking Home Release: _____ (initials)

I hereby give my consent for my child to walk home from Fortress Youth Development Center. I understand that if my child chooses to do so, he/she will be required to sign out daily. Fortress will not be held responsible for this child’s behavior or actions once he/she leaves Fortress.

Emergency Care Release: _____ (initials)

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the staff of Fortress YDC to consent for any and all necessary emergency medical treatment for my child while in attendance at activities sponsored by Fortress YDC. I authorize my child to be taken to the hospital or other licensed physical.

Liability Release: _____ (initials)

I hereby waive and release any claims against Fortress Youth Development Center, any supervisor, employee, or other person engaging in any Fortress-sponsored activities and agree to hold them harmless from any and all liability resulting from any personal injury to my child or any loss of property that may occur.

I have read and initialed all of the above releases and agree to each for the following students:

Parent/Guardian’s Signature: _____ **Date:** _____



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Summer JAM Scholarship Application 2009

Parent/Guardian Name _____

Address _____

Phone Number(s) _____

Number in household _____

Number in household over 18 _____

Name(s) & age(s) applying for scholarship _____

Requested scholarship (*please circle*): Full Amount or Other \$ _____

I can commit to a monthly/weekly amount of \$ _____.

Regular Cost for entire summer:

\$80 for one child

\$15 for each additional child

Summer JAM Financial Pledge / Agreement 2009

I, _____, commit to supply to the best of my ability some or all of the funds requested in order for my child to attend the Fortress summer program. I understand that I am requesting a scholarship to help supplement some or all of these funds.

Signature of Parent / Guardian