



PRESCOTT CIRCUS THEATRE 2021 SUMMER CIRCUS PROGRAM – JUNE 7 – JULY 16

PRESCOTT CIRCUS SUMMER PROGRAM

- **6-week FREE summer program** – June 7 to July 16
- The program is open to OUSD students who have completed 2nd grade and older
- Priority is given to student who qualify for OUSD's free / reduced lunch program and current and former Prescott Circus Theatre students
- A small cohort of 12-14 students in-person program
- **Academic work.** Students will spend 2-3 hours each day building their grade-level language arts, literacy, and math skills through fun and engaging activities.
- **Circus/performing arts training** in juggling, acrobatics, stilt dancing, and more.
- **Performing opportunities.** Students will have opportunities to perform outdoors safely in the community.
- **Prizes and Incentives!**

COVID SAFETY

PCT's management staff are committed to create a COVID safe environment for our youth participants and staff during the summer of 2021. Our safety protocols follow CDC guidelines including a small cohort of students, wearing masks at all times, and practicing physical distancing.

SCHEDULE

Program Location: The summer program will be offered in West Oakland and East Oakland. The exact locations TBD.

Dates: Monday, June 7 – Friday, July 16

Times: Monday through Friday, 8:30 am – 3:00 pm

ENROLLMENT

- Please complete the attached application form to register your child.
- You can also apply online by filling out the online application form www.prescottcircus.org
- **Application forms are due by May 24, 2021.**
- Application forms may be turned in to your child's school or emailed or mailed to our office: info@prescottcircus.org / 800 Pine St. #10, Oakland, CA 94607
- Students who sign up are expected to be available for the entire program. If there are days your child cannot attend, please indicate them on the registration form.

QUESTIONS

Please contact David Hunt, Prescott Circus Theatre's executive director if you have any questions or concerns at **(510) 967-0355** or by email: info@prescottcircus.org.

Prescott Circus Theatre – Summer 2021 Registration Form

Please complete all pages and sign

Student First Name:	Student Last Name:
Home Address: Zipcode (Important: please provide Zicode):	
Current (20-201) Grade:	Date of Birth: (month/day/year):
School Name:	Allergies? Yes or No
<i>We request the following information to help our staff use the most respectful language when addressing students, understand our students better, and fulfill our grant reporting requirements. Please help us serve you by selecting the best answers to these questions. All responses are kept confidential. Thank you</i>	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say <input type="checkbox"/> _____	Preferred Pronoun: <input type="checkbox"/> She <input type="checkbox"/> He <input type="checkbox"/> They <input type="checkbox"/> Decline to say <input type="checkbox"/> _____
Race: (used for grant purposes only) <input type="checkbox"/> African/African American <input type="checkbox"/> Hispanic/Latino Origin <input type="checkbox"/> Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Japanese <input type="checkbox"/> Samoan <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White American/European <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Multiracial <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer not to say	

Parent1/Guardian1 First Name:	Parent1/Guardian1 Last Name:
Relationship to Student:	
Cell Phone:	Email:
Parent2/Guardian2 First Name:	Parent2/Guardian2 Last Name:
Relationship to Student:	
Cell Phone:	Email:

Please provide an additional emergency contact in case we couldn't reach the parents/legal guardians.

Emergency Contact1 First Name, Last Name:	Emergency Contact1 Cell Phone:
Relationship to Student:	

After the program my child will: (please check one). _____ walk home (sign self out) _____ be picked up. List the names of adults who may sign out student (first name, last name):

Please list any dates when your child will be unavailable during our summer program (June 7 – July 16):

(PLEASE CONTINUE TO THE NEXT PAGE)

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Please complete all pages and sign

Student Name: _____

- Does your child have any health conditions and/or concerns that are important for us to know?

Yes / No (circle) If Yes, please explain: _____

- Does your child qualify for the free/reduced lunch program?

Yes ____ No ____ Don't Know ____

Parent/Guardian Waiver and Consent

My child has my permission to participate in Prescott Circus Theatre summer program to be held June 7 – July 16, 2021. I understand that the program will include training, rehearsal, and academic work. I understand that Prescott Circus Theatre, its employees, directors, and officers do not assume liability in case of injury to my child. I authorize photographs and/or video of my child to be used at the discretion of Prescott Circus Theatre. PCT uses photos and videos for fundraising, social media, marketing and to help promote and present Oakland youth in proud and powerful ways. We never include children's names or other personal information.

This program is supported by The Oakland Fund for Children and Youth (OFCY). OFCY provides grants to many programs serving youth and their families in Oakland. OFCY programs serve thousands of youth ages 0 to 21 and their parents/ caregivers and include everything from parent education programs to youth leadership and career development programs.

All programs funded by OFCY are required to participate in an independent evaluation. Part of this requirement is to report on who is served and how much and what types of services participants received. Grantees enter this service information through a secure, password-protected online grant management system. However, no single participant will ever be identified in any evaluation. Data is only used in the aggregate to report program and fund performance.

As part of the evaluation, children and youth may be asked to complete surveys and participate in focus groups. The survey, intended for children in third grade and above, asks what children and youth do in their program, how much they like what they do, and demographic information. Again, no specific child or youth will be identified in evaluation reports. Survey and focus group findings will only be summarized.

During your child's participation in the OFCY-funded program, they may participate in an activity that is being photographed or video recorded. These photographs/video recordings may be used with your permission for OFCY promotional purposes.

The evaluation and photos/videos help tell the story of the impact of OFCY funded programs. This helps to inform the Oakland community about the positive benefits resulting from the public investment of OFCY funds to support programs serving children and youth presently and in the future.

At this time, I affirm that my child is in good health and has had no known exposure to COVID-19 or any other infectious disease. My child has had no symptoms of COVID-19, including cough, shortness of breath or difficulty breathing, chills,

muscle pain, headache, sore throat, loss of taste or smell, diarrhea, or feeling feverish or a measured temperature greater than 100 degrees, for 14 days prior to attending the circus program. I acknowledge that if I believe my child has had any exposure to COVID-19, my child will immediately cease attendance until I can again warrant that my child has had no known exposure for the 14 day period and alert Prescott Circus if my child has been on the premises since the exposure.

I hereby freely agree, to assume and accept all known and unknown risks of exposure to COVID-19, even arising from the negligence of the releases or others and assume full responsibility for my child's participation.

- I give permission for my student to participate in the summer program.
- I give permission for Prescott Circus to use photographs or videos of my student.
- I give permission for my data to be used in evaluation of OFCY funded programs.
- I give permission for OFCY to use photographs or videos of my student.
- I do not give permission for Prescott Or OFCY to use photographs or videos of my child.

Parent/Guardian Signature _____ Date: _____

Return signed pages of this registration to your child's school or mail to:

Prescott Circus Theatre
800 Pine Street, #10
Oakland, CA 94607
Questions? Please Call: 510-967-0355