

NEK Neuroabilities Convergence Application, 2021

Applications are considered until the Convergence is fully enrolled (maximum 12 participants/week). Enrollment is limited to allow for maximum attention and support. Thanks to generous support from many individuals and entities, this program is made available at **no cost to participating families**, although donations are accepted.

PLEASE NOTE: All information provided on this application will be used only by Vermont Learning-Support Initiative, the nonprofit organization responsible for this program. A clinical diagnosis of learning disability is **not** required, but evidence of learning (academic and/or social) and attention issues, and a clear interest in attending college, **are** required.

Please answer all questions completely. Print clearly or type.

Today's Date _____

STUDENT INFORMATION

Name _____ First M.I. Last Name

Address _____

Town/City _____ State _____ Zip _____

Phone (_____) _____ - _____

Primary Email Address _____

Age _____

Female _____ Male _____ Self Identity _____

U.S. citizen? Yes _____ No _____ If no, please specify country of citizenship _____

Is English the family's first language? Yes _____ No _____

CONVERGENCE WEEK SELECTION

Applying for:

Hardwick/Greensboro Convergence (July 26 – July 30) _____

Lyndon/St. Johnsbury Convergence (August 2 – August 6) _____

(continued)

EDUCATION/HEALTH INFORMATION

Is the student currently enrolled in school? Yes _____ No _____ If yes, name of current school?

_____ Current grade? _____

If no, please describe the student's educational situation:

Has the student been diagnosed with a specific learning disability, and/or ADHD, and/or ASD?

Yes _____ No _____ If yes, date of diagnosis? _____

Please describe the diagnosis: _____

Has the student ever been placed on probation, suspended, dismissed, or expelled from any school?

Yes _____ No _____ If yes, please explain: _____

Does the student have any any health conditions, special physical requirements, or nutritional needs that you would like the Convergence staff to understand? (if none, please indicate)

Does the student take any medications? If so, please list name + dosage (if none, please indicate—also, **please note:** Convergence staff cannot administer or supervise medications)

Does the student have any allergies? No allergies _____ Eggs _____ Tree Nuts _____ Peanuts _____ Soy _____

Dairy _____ Wheat _____ Bee/Hornet Sting _____ Other (please specify) _____

(continued)

Will the student be fully vaccinated for COVID-19 by the start of the session? Yes_____ No_____ (if no, please explain) _____

FAMILY AND CONTACT INFORMATION

Primary Parent or Legal Guardian Name _____

Home Address (if different from above) _____

Town/City _____ State _____ Zip _____

Home Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____

Email Address _____

Please list two people (other than the Parent or Guardian already indicated on this form) we can contact in case of an emergency. It is vital that these contacts can come rapidly to pick up a sick participant if the primary contact is not available.

Emergency Contact #1

Name _____ first & last name

Cell Phone (_____) _____ - _____

Emergency Contact #2

Name _____ first & last name

Cell Phone (_____) _____ - _____

Please list at least one person (other than the Parent or Guardian already indicated on this form) who is authorized to pick up the participant. **Please note:** Your child may only be released to individuals indicated in this form, and we cannot add an authorized individual without explicit permission **in writing** from the primary parent or guardian.

Authorized Pick Up

Name _____ first & last name

Relationship to Participant _____

Parent or Guardian Perspective (Important!)

Name of Parent or Guardian completing this section _____

As a parent or guardian, you have spent more time with your child than anyone else. Please share your insights below, rating how much of a challenge each of the following is for your student:

	Not a Challenge	Slight	Moderate	Major	Not Sure
Building and maintaining friendships	_____	_____	_____	_____	_____
Dealing with conflict	_____	_____	_____	_____	_____
Group activities	_____	_____	_____	_____	_____
Making conversation	_____	_____	_____	_____	_____
Organization	_____	_____	_____	_____	_____
Self-advocacy	_____	_____	_____	_____	_____
Social interactions	_____	_____	_____	_____	_____
Sustained attention	_____	_____	_____	_____	_____
Time management	_____	_____	_____	_____	_____

Please describe your child's overall energy level:

Very high _____ Moderately high _____ Typical _____ Moderately low _____ Low _____

In what areas have you witnessed the most development and growth in your child?

(continued)

Waiver and Consent

WAIVER OF LIABILITY

I understand that although Convergence staff will exercise safety and precautions to prevent injuries—including 1) adequate adult supervision, 2) safety precautions in potentially dangerous situations such as crossing the road or participating in physical activities, and 3) clear communications with participants—injuries are still possible. I assume all risks of injury, hereby releasing and holding harmless Vermont Learning-Support Initiative, its staff and agents from liability for injury resulting from my child's participation in the program.

CONSENT FOR TREATMENT

In the event that Convergence staff are unable to reach a parent, guardian or emergency contact by phone while my child is attending the program, or in the event of a serious medical emergency, I authorize VLSI, its staff, agents or medical personnel to take emergency measures and provide treatment as needed.

COVID-19 ACKNOWLEDGEMENT OF RISK AND CONSENT TO PARTICIPATE

The novel coronavirus (“COVID-19”) is a disease that includes several symptoms according to the Centers for Disease Control (“CDC”), such as fever or chills, cough, shortness of breath, and nausea, that can lead to death. COVID-19 is contagious, meaning that contact with or close proximity to others, even those who are asymptomatic, or contact with surfaces that have been exposed to the virus, can lead to infection.

Aware of the foregoing, I acknowledge and agree to the following terms as a condition of my child being allowed to enter the properties and premises utilized for the Convergence, and participate in programs offered therein.

I understand and acknowledge the State of Vermont emergency orders and the CDC guidelines regarding COVID-19 are changing from day to day and that, accordingly, state and federal orders and guidance are regularly modified and updated. I accept full responsibility for familiarizing myself and my child with the most recent updates, and complying with same at all times while participating in the program.

The Convergence is dedicated to providing a safe environment for its participants, staff, and agents. However, I understand that it is impossible to prevent all risk of infection. I acknowledge that VLSI has done its best to implement recommended CDC, federal, state and local guidelines and put in place preventative measures to reduce the spread of COVID-19; however, VLSI cannot guarantee that my child will not become infected with COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another, and the inherent risk of exposure in participating in group activities to those who may be infected with COVID-19. I acknowledge the risk that my child may be exposed to or infected by COVID-19 by their presence on the premises or by participating in programs, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death.

I understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19. I acknowledge that I have asked for and/or been given any information that I may need to determine the risks associated with allowing my child to participate in the Convergence, and to make an informed decision of those risks.

I understand and consent to submit and comply with any testing, health monitoring and contact tracing protocols that VLSI has determined are prudent to maintain a safe program environment. I understand that VLSI will take reasonable measures to ensure the confidential and private nature of the testing and health monitoring information it may obtain from participants, staff, and agents. However, I understand and agree that VLSI may share my child's COVID-19-related information with certain staff, agents and/or public health officials with a legitimate need to know this information, and will participate fully in any contact tracing activities that may arise in the course of program operations.

CONSENT FOR OUTDOOR PARTICIPATION AND PHOTOGRAPHS

I give permission for my child to participate in supervised activities outdoors during the program, including nature observations and explorations that may involve hiking and wading. I also give permission for Vermont Learning-Support Initiative to use photographs of my child taken during the program for print and electronic publications, on the VLSI website and social media, and in grant writing and reporting.

Signature of Parent or Guardian _____

Printed Name of Parent or Guardian _____

Date _____

(continued)

Student Statement of Commitment

By applying to the NEK Neuroabilities Convergence Project and signing this application for admission, I indicate my understanding that this is a short-term program designed to help participants become more engaged and resilient learners. I understand that I will be expected to attend every day and to participate in activities organized by the project leaders. I pledge to be respectful of others at all times, to follow the code prepared together by the group, and to bring my unique strengths and abilities to the group as best I can every day. I am motivated to use the Convergence to prepare for the challenges that high school, and college, will bring.

I want this for myself!

My signature below indicates that I agree with the above statement.

Signature of Student _____

Date _____

My signature below indicates that the information supplied in this application is correct and honestly presented.

Signature of Parent or Guardian _____

Date _____

Vermont Learning-Support Initiative is committed to creating an environment free from discrimination and harassment. We do not discriminate on the basis of race, color, religion, creed, national or ethnic origin, ability, clinical diagnosis, sexual orientation, or gender identity and expression. Discrimination and harassment based on these categories are not in keeping with our values or our understanding of community, and have no place in any program we offer.

Send completed form to address below, or scan and email to:

info@vermontlearningsupport.org

VLSI, P.O. Box 8, Hardwick, VT 05843