

FRESNO STATE

Upward Bound Programs

Summer Residential Program Orientation

Friday, May 24th, 2019

5:30PM-8:00PM – MUSIC 160 (see attached map →)

Summer Residential Program
(Sunday, June 16th, 2019 – Friday, July 26th, 2019)

Enrichment & Cultural Workshops
Academic Courses
Math & English Courses
SAT/ACT Prep Course
Campus Visits & Field Trips
Recreational Activities/Team Building
Career Exploration
Stipend Checks
Internship Opportunities
Community Service
Personal & Social Skills Growth



Summer Orientation is Mandatory



This is your opportunity to ask questions and be informed. You'll get a chance to meet the residential summer staff, and find out about the classes, activities, field trips, internships, rules and expectations, and tour of the dorm.

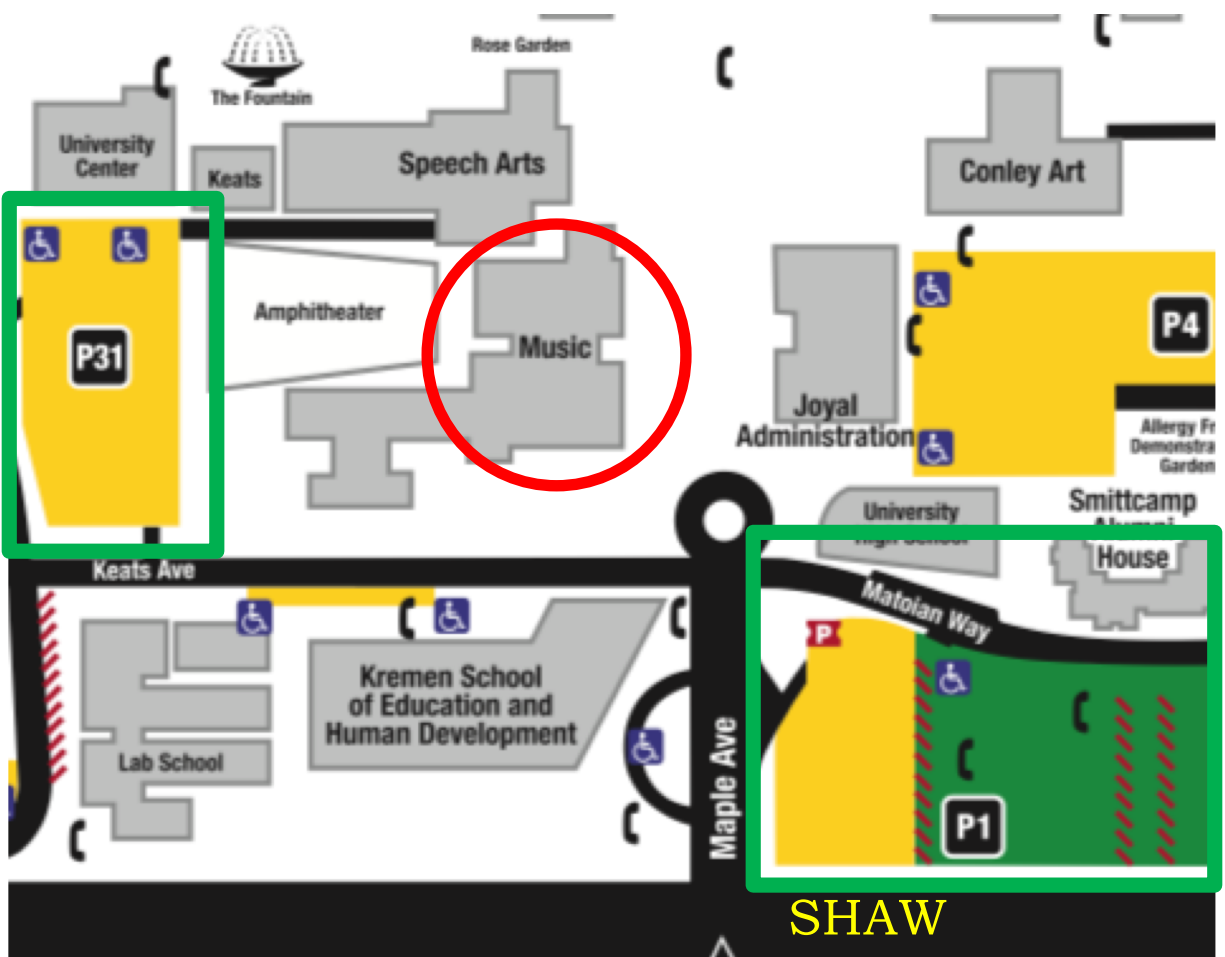
Please be sure to bring all the attached forms completed:

Attached Forms:

- Financial Responsibility
- Emergency Contacts
- Consent for Transportation
 - Cell Phone Policy
- Movie Permission Slip

For accommodations or questions please call our office at 559.278.2693.

Upward Bound is a program under the Division of Student Affairs and Enrollment Management



- The Orientation will be held in MUSIC 160. (RED)
- Parking will be relaxed (free) so you can park on any of the lots identified on the map → P1, P31
- (GREEN & YELLOW LOTS)





Upward Bound Programs

University Center 124

5240 N Jackson M/S UC59, Fresno, CA 93740-8023

Office: (559) 278-2693 or (559) 278-5796 * Fax: (559) 278-4306

Financial Responsibility Form

Summer Program 2019

Please read carefully:

We are bound by the rules set forth by the university in terms of damage to property. During your child's stay at Fresno State, should your child damage, lose, or destroy any property during the course of the program, his/her parents or guardians will be held responsible for damage costs. This particularly applies to the dormitories, but also covers facilities used by, and visited by, the Upward Bound students.

When damage occurs to a dorm room or to property where more than one student has access, the cost of damages will be divided among the number of students involved. The same rule applies when it cannot be determined who caused damage to an area or suite.

By signing below, you acknowledge the rules and guidelines outlined above and agree to abide by the guidelines set by the Upward Bound Programs and California State University, Fresno.

Thank you for your cooperation and understanding. We are looking forward to a positive and exciting summer.

Student's Name (please print)

Date

Student's Signature

Parent/Guardian's Name (please print)

Date

Parent/Guardian's Signature



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Emergency Telephone Numbers
Summer Program 2019

Student Name: Home Phone:
Cell Number:

Name of Parent(s): Cell/Work Number
Cell/Work Number

In case parent(s) cannot be reached, please contact:

Table with 3 columns: Name, Phone Number, Relationship to Student. Rows 1-10.



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Consent For Transportation Arrangements
Summer Program 2019

I, [Parent/Guardian's Name (please print)], give permission to the following person(s) to pick up my

student, [Student's Name (please print)], from the Upward Bound Summer Programs:

Table with 3 columns: Name, Phone Number, Relationship to Student. Rows 1, 2, 3.

I recognize that the Upward Bound Programs reserve the right to call me and confirm that prior transportation arrangements have been made for my child. I acknowledge that once my child leaves with the person(s) designated, the Upward Bound Programs will not be held liable.

Parent/Guardian's Signature, Date, Home Phone Number, Daytime/Work Phone Number, Cell Phone Number

Please list any additional comments or instructions that you think are important for our staff to know regarding pick-up and drop-off:

Blank lines for additional comments or instructions.

(Please call to inform us when someone else will pick up your student at least 48 hours in advance. A designated person must still sign the student out. Please inform us if you need to add or remove someone off the list so that you can fill out a new form.)

Movie Permission Slip

Summer Program 2019

The Upward Bound Programs holds social and/or activities in which students have an opportunity to interact with their peers. The Upward Bound Programs will be selecting appropriate movies that are suitable for minors. Movies are classified into different categories based on the contents of the movie. The different categories and a brief description are provided in this form. Please be aware that some of the movies that will be played for the students might be classified under these four categories.

I, _____, parent or guardian, do hereby give permission to
(Name of parent or guardian)
_____ who will be participating in the Summer 2013 Upward
(Name of Student)

Bound Program to view any movies whose content might be classified: **G, PG, PG-13** and/or **R**.

I also consent to allow my child to walk to Maya Theatre across Fresno State during any movie nights with Upward Bound chaperone staff.



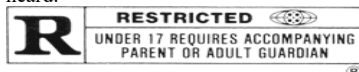
G General Audience. All ages admitted. This signifies that the film rated contains nothing most parents will consider offensive for even their youngest children to see or hear. Nudity, sex scenes, and scenes of drug use are absent; violence is minimal; snippets of dialogue may go beyond polite conversation but do not go beyond common everyday expressions.



PG Parental Guidance Suggested. Some material may not be suitable for children. This signifies that the film rated may contain some material parents might not like to expose to their young children - material that will clearly need to be examined or inquired about before children are allowed to attend the film. Explicit sex scenes and scenes of drug use are absent; nudity, if present, is seen only briefly, horror and violence do not exceed moderate levels.



PG-13 Parents Strongly Cautioned. Some material may be inappropriate for children under 13. This signifies that the film rated may be inappropriate for pre-teens. Parents should be especially careful about letting their younger children attend. Rough or persistent violence is absent; sexually oriented nudity is generally absent; some scenes of drug use may be seen; one use of the harsher sexually derived words may be heard.



R Restricted-Under 17. Requires accompanying parent or adult guardian (age varies in some locations). This signifies that the rating board has concluded that the film rated contains some adult material. Parents are urged to learn more about the film before taking their children to see it. An R may be assigned due to, among other things, a film's use of language, theme, violence, sex, or its portrayal of drug use.

- I **do** hereby give permission to _____ who will be participating in the
(Name of Student)

Summer 2017 Upward Bound Program to view any movies whose content might be classified: **G, PG, PG-13**, and/or **R**.

- I **do not** give my consent for my child to participate in the above-mentioned activities.



(Parent or Guardian Signature)

Date

Telephone Number

I authorize the administration of the medication indicated below. According to regulations, the appropriate school personnel will administer medication.

Student's Name: _____ D.O.B. _____

(Check off each that pertains to your son/daughter)

_____ Acetaminophen - by mouth as needed for head ache, menstrual cramps, or fever (dosage will be determined by weight) :

Circle route: Chewable Liquid Adult Tablet

_____ Ibuprofen - by mouth as needed for headache, menstrual cramps, or fever (dosage will be determined by weight):

Circle route: Chewable Liquid Adult Tablet

_____ Antacids

_____ Cough Drops

_____ I request that NO over- the-counter medications be administered at school.

Parent/Guardian Signature _____ Date _____

**PRACTICE/PROCEDURES FOR MEDICATION
DISPENSED DURING SCHOOL**

We recognize some students are able to attend regular school because of the effective use of medication in the treatment of chronic disability or illness. We are also aware some prescriptions require that medication be given while the individual is in attendance at school. The following procedure will be followed in order to protect the student and the adult administering the medication:

1. Written directions from the physician must detail the names of the drug, dosage, and the time interval medication is to be taken. Directions must be clearly visible and able to read.

2. Written permission from the parent/guardian requesting that the school district comply with the physician's order must be submitted with the physician's written directions.

3. MEDICATION MUST BE BROUGHT TO THE SCHOOL IN THE ORIGINAL CONTAINER LABELED BY THE PHARMACY OR PHYSICIAN.

4. No more than a five-day supply of medication should be received from home. This will be stored in a locked area and dispensed under the supervision of staff personnel.

5. A written record of the administration of medication will be maintained in the building office.

Student Name: _____ Birthdate : _____ School Year: ____ Start date: _____ Stop date: _____

To be completed by physician:

	Medication Name	Dose	Time to be given	Form/Route*	Side Effects	Adverse Reactions
1.						
2.						

*Route~oral (pill/capsule/chewable/liquid)~inhaled (inhaler, nebulizer)~topical skin application~topical (eyedrop, ointment)~topic al ear drop~other (list)

Physician Signature _____ Date _____ Physician Printed Name _____ Physician Phone/Contact: _____

Parent/Guardian Signature _____ Date _____