



**UVI School of Agriculture
 COOPERATIVE EXTENSION SERVICE**

2026 SUMMER PROGRAM

“Island Explorers: Growing minds, Rooted in Culture”

For enthusiastic learners, ages 5-14
Monday, June 8th – Friday, July 10th (5 weeks)
 From 8:30 A.M. -2:30 P.M.

Camp Locations:

| <u>St. Croix</u> | <u>St. Thomas</u> |
|--------------------------------|--------------------------------|
| ♦ University of Virgin Islands | ♦ University of Virgin Islands |

Join us...

Hiking and nature walks

Exploring our island

Career exploration

Workforce preparation/personal development

Exploring technology

Developing creativity

Making healthy delicious snacks

Connecting with our local culture, heritage, and agriculture

Registration

Application packages can be picked up and dropped off between
 Tuesday, May 19th - Friday, May 29th Time: 8:30 a.m.- 4:30 p.m.
 to the following locations:

| <u>St. Croix</u> | <u>St. Thomas</u> |
|---|-------------------------------------|
| UVI Research & Extension Center, Room 134 | UVI New House Building, Main Office |
| (340) 692-4094 | (340) 693-1080; (340) 693-1082 |

PLEASE NOTE!!! - Space is limited; only completed application packages received during the date outlined above will be considered.

All applications must be filled out and paid in full by the close of business Friday, May 30, 2025, 8:30 a.m.- 4:00 p.m.

\$400/child; 2nd child - \$350; payable at the UVI Business Office

Payment accepted via cash, check, money order, ATH, or VISA, MasterCard, or American Express.

✓ *Birth Certificate and Immunization Record required at registration.*

✓ *Ages 5-14 as of May 30, 2025*

Lunch and snack provided by the V.I. Department of Education - Summer Feeding Program

UVI School Of Agriculture Cooperative Extension Service / YOUTH ENROLLMENT FORM

| | | | | | |
|--------------------------|------------------------------------|----------------------|---|---------------------|--|
| Program Year 2026 | | Today's Date: | FOR OFFICE USE ONLY | | |
| ISLAND: | <input type="checkbox"/> St. Croix | | <input type="checkbox"/> St. Thomas | Type of Enrollment: | |
| SITE: | (STX) UVI Campus | (STT) UVI Campus | <input type="checkbox"/> Organized 4-H Club <input type="checkbox"/> Special Interest Group <input type="checkbox"/> Short-term 4-H Program <input type="checkbox"/> UVI Summer Program <input type="checkbox"/> CYFAR <input type="checkbox"/> Military 4-H <input type="checkbox"/> 4-H Afterschool <input type="checkbox"/> Youth Leadership: | | |
| GROUP: | | | | | |

YOUTH PARTICIPANT INFORMATION (Please print clearly 😊)

| | | | | |
|---|-------------|--|---|-----------------------|
| Last Name: | | First Name: | | M.I.: |
| Date of Birth: | Age: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | |
| Race (check all that apply): | | | | |
| <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander | | | | |
| School attending currently: | | | | Current Grade: |
| Cell Phone: | | Home Phone: | | Email: |

PARENT/GUARDIAN CONTACT INFORMATION

| | MOTHER'S INFORMATION | FATHER'S INFORMATION |
|--------------------------------|-----------------------------------|-------------------------------------|
| | LAST NAME FIRST NAME | LAST NAME FIRST NAME |
| Parent/Guardian(s): | | |
| Home/Physical Address : | Plot No., Estate, Bldg. #, Apt. # | Plot No., Estate, Bldg. #, Apt. # |
| Mailing Address: | P.O. Box #, Box, Street Address | m |
| | Post Office ZipCode | Post Office ZipCode |
| Place of Employment: | | |
| Home 📞: | Work 📞: | Home 📞: Work 📞: |
| Cellular 📞: | Email: | Cellular 📞: Email ✉️: |

PARENT/GUARDIAN MILITARY ENGAGEMENT

Please check which parent(s) is enlisted or a veteran? **Mother** Enlisted Veteran **Father** Enlisted Veteran

If mother is/was in military, which branch? Yes No Air Force Army Coast Guard Marines Navy Nat'l Guard Reserve

If father is/was in military, which branch? Yes No Air Force Army Coast Guard Marines Navy Nat'l Guard Reserve

Summer Camp ENGAGEMENT INFORMATION

| | | |
|---|--|--|
| Is the participant presently enrolled in another Summer Program or group? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what is the name of the club/group? |
| Has the participant ever attended a UVI summer program? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Please check here if the participant attended last year <input type="checkbox"/> |

YOUTH T-SHIRT INFORMATION *(enrollment does not include a t-shirt)*

| | |
|----------------------|---|
| T-Shirt Size: | <input type="radio"/> Child Small (6-8) <input type="radio"/> Child Medium (10-12) <input type="radio"/> Child Large (14-16) <input type="radio"/> Adult Small (34-36) <input type="radio"/> Adult Medium (38-40) <input type="radio"/> Adult Large (42-44) <input type="radio"/> Adult Xlarge (46-48) <input type="radio"/> Adult XXL |
|----------------------|---|

PARENT/GUARDIAN ACKNOWLEDGEMENT: I/we are aware of our child's intent to participate and enroll in the UVI SOA CES event and we agree to support his/her participation to the fullest extent:

Signature: _____ Date: _____

UVI SOA CES YOUTH HEALTH FORM

| | |
|--|--|
| Name of Program or Event: 2026 UVI SOA Cooperative Extension Service Summer Program | |
| Name of Participant: _____ | |
| Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> | Date of Birth: _____ Age: _____ |
| Parent or Guardian 1: _____ | Home Phone: _____ |
| Place of Employment: _____ | Work Phone: _____ |
| Parent or Guardian 2: _____ | Home Phone: _____ |
| Place of Employment: _____ | Work Phone: _____ |
| Emergency Contact (if you cannot be reached): _____ | Daytime Phone: _____ |
| Beneficiary (for activity insurance policy): | |
| Name: _____ | Relationship: _____ |
| Medical History of 4-H Participant – Do you have any problem with any of the following health concerns? If the answer to any item is “yes,” please provide details on the line following the question or after #20: | |
| Yes/No | |
| _____ | 1. NERVOUS or MENTAL: Problems such as epilepsy, stress, convulsions, loss of consciousness, dizziness, paralysis, anxiety, excessive crying |
| _____ | 2. LUNG DISEASE, asthma, blood spitting, persistent cough, tuberculosis, abnormal chest X-rays |
| _____ | 3. DISEASE OF HEART or BLOOD VESSELS, increased or abnormal blood pressure |
| _____ | 4. PAIN IN CHEST or SHORTNESS OF BREATH, heart murmur, rheumatic fever |
| _____ | 5. STOMACH or INTESTINAL TROUBLE, ulcers, gall bladder or liver disorder, jaundice, hernia, colitis |
| _____ | 6. ARTHRITIS, diabetes, kidney or bladder disease |
| _____ | 7. HAY FEVER or ALLERGIES |
| _____ | 8. ALLERGY TO MEDICINES including penicillin, tetanus |
| _____ | 9. IMPAIRED SIGHT or HEARING, chronic ear infections |
| _____ | 10. RECENT SURGICAL OPERATIONS, accidents or injuries |
| _____ | 11. BEEN HOSPITALIZED (other than in #10) |
| _____ | 12. ANY INFECTIOUS DISEASE or contact with infectious disease in the 2 weeks prior to this event |
| _____ | 13. SKIN DISEASE |
| _____ | 14. FOOD ALLERGIES |
| _____ | 15. CURRENTLY TAKING MEDICINES (list names and dosages) |
| _____ | 16. UNDER ON-GOING CARE OF PHYSICIAN for chronic or recurring problem |
| _____ | 17. DATE OF LAST FLU SHOT |
| _____ | 18. DATE OF LAST TETANUS BOOSTER |
| _____ | 19. DO YOU WEAR GLASSES? Yes _____ No _____ CONTACT LENSES? Yes _____ No _____ |
| _____ | 20. Family Physician or address where medical records are kept on file: |
| | Physician _____ Office Phone _____ |
| | Office Location _____ |
| _____ | 21. Comments: _____ |
| | <i>The participant named above can safely participate in this 4-H program or event. He/she has no contagious or communicable disease. I give the authorized persons for this event permission in my unavailability to obtain any medical treatment necessary for the 4-H participant named above in the event of an accident or illness. I understand that they will make every reasonable effort to try and contact me before treatment is begun, but in the event that I cannot be immediately contacted, they may give permission for treatment. I will assume all financial obligations incurred if not covered by 4-H activity insurance.</i> |
| | Parent/Guardian’s Signature _____ Date _____ |
| | Name of Your Family Health Insurance _____ Policy # _____ |

Please attach a copy of the up-to-date IMMUNIZATION RECORD.

**University of the Virgin Islands School of Agriculture 4 -H
Parent Interest Survey**

I would like to learn more about the UVI School of Agriculture Cooperative Extension Service 4-H Family and Consumer Sciences. I am interested in enrolling my child and volunteering with 4-H.

Name: _____

Address: _____ City: _____

Zip: _____ Phone: _____

Cell Phone: _____ E-mail: _____

4-H Club Name: _____

I would be willing to volunteer with 4-H in the following ways (check all that apply:

- _____ establish a 4-H club in my school or community
- _____ serve as an Organizational Leader to organize and run a 4-H club
- _____ become a Project Leader to share my knowledge, expertise and passion in my area of interest
- _____ provide leadership for a specific 4-H program, event or activity
- _____ serve as a public speaking/demonstration coach
- _____ mentor teens in their role as 4-H club officers and committee members
- _____ work alongside youth leaders to plan, implement and evaluate community service projects
- _____ serve as a meeting host to provide snacks, greet members, clean up, etc.
- _____ organize transportation/field trips
- _____ lead an activity at a group meeting (using 4-H curricula)
- _____ recruit other families to participate
- _____ serve on an island or territory-wide advisory committee
- _____ help plan club activities
- _____ other – (be specific) _____

**UVI SOA CES SUMMER CAMP /YOUTH SPECIAL NEEDS
FORM**

Transportation/Dietary Needs

Name of Child(ren):

Campsite: University of the Virgin Islands – St. Croix
 University of the Virgin Islands – St. Thomas

Name of Parent/Guardian:

TRANSPORTATION ARRANGEMENTS:

- I will be picking up my child(ren).
- My child(ren) has my permission to walk home after camp is over.
- My child(ren) will be taking public transportation to/from camp on a regular basis.
- I will not be picking up my child(ren). The following people are authorized to pick up my child(ren):
 1. _____
 2. _____

SPECIAL DIETARY NEEDS:

- I request that my child(ren) be exempt from participating in the Summer Feeding Program provided by the Department of Education’s Child Nutrition Program. By exempting them from this program, I fully understand and agree that I am responsible for providing my child(ren) with a healthy, well-balanced meal daily.
- My child(ren) does not eat beef, pork, or other meats. Therefore, I am requesting that they receive a vegetarian meal with the understanding that the Summer Feeding Program is not obligated to provide such meals but will make every attempt to provide a healthy meal substitute.
- My child has allergies to the following food items: _____

NOTE: Every effort will be made to identify food allergens and exclude your child from that meal.

Some of our activities will take place outdoors. Please advise if your child has allergies to bees, insects, poisonous plants, or other things they might encounter in the natural environment.

UVI School of Agriculture

COOPERATIVE EXTENSION SERVICE

CODE OF CONDUCT

| |
|---|
| Name of Program or Event: 2025 UVI SOA Cooperative Extension Service Summer Program |
| Name of Participant: |

Supervision of this program is under the director of the University of the Virgin Islands School of Agriculture Cooperative Extension Service. All participants are responsible for their conduct toward Extension personnel, counselors, and any other person supervising the program or event. Participants are expected to abide by the Code of Conduct Agreement and all other rules of behavior established by and for the program or event.

Specific guidelines for this program include, but are not limited to:

- A. *Participants shall take part fully in all activities scheduled as part of this program.*
- B. *Participants' conduct always shall be appropriate to the standards and image for UVI, the School of Agriculture, and Cooperative Extension Service.*
- C. *Participants are expected to show respect for the rights and property of others and the property and facilities used for this program.*
 - 1. *In the event of theft or damage to property or person, the participant, if determined guilty, shall be held liable, financially or otherwise, for damages.*
- D. *Participants shall not leave the premises of the event unless it is part of the planned program or with the permission of Extension personnel, counselors, or leaders supervising the program.*
- E. *Participants should be in their respective classrooms or always assigned areas and with their assigned group leader/counselor.*

I understand and accept responsibility for following the above guidelines and agree to do my best to practice positive behaviors. I fully understand that if I fail to comply with the guidelines outlined above, I may lose any and all rights and privileges for the program, be sent home without reimbursement of costs or fees associated with my participation, be assessed any costs associated with theft or damage if it is determined to be my fault, or be made ineligible to take part in future events or activities sponsored by any UVI entity.

Participant's Signature

Date

I fully understand and accept the conditions outlined above. I further agree that I will discuss these conditions with my child and promote positive behaviors during their participation in this program. I understand that permission slips will be sent home with my child for my signature prior to any activity away from the site and that my child's participation in these field trips is based on his/her appropriate behavior.

Parent/Guardian's Signature

Date

UVI School of Agriculture COOPERATIVE EXTENSION SERVICE

YOUTH MEDIA RELEASE FORM

I hereby grant to the University of the Virgin Islands School of Agriculture Cooperative Extension Service and its assigns, the absolute and irrevocable right and permission, with respect to any and all photographs that are taken of me, or any child under my legal guardianship, to copyright in its name, to publish, and re-publish in whole or in part, individually or in conjunction with other photographs, and in conjunction with any printed matter, in any and all media, including on the web and via social media outlets, and for any purpose, for illustration, promotion, art, advertising and trade, or any other purpose and to use my name and/or the names of any child under my legal guardianship therewith as the University so chooses.

I hereby release and discharge the University of the Virgin Islands School of Agriculture Cooperative Extension Service and its assigns from any and all claims and demands arising out of or in connection with the use of photographs, including without limitation, any and all claims for libel and invasion of privacy. This authorization and release shall also inure to the benefit of the heir, legal representative, and licensees, of the University of the Virgin Islands, as well as the person(s) who took the photographs.

Date: _____

Name of Adult/Parent/Guardian (please print)

Signature of Adult/Parent/Guardian

Name(s) of all children under your legal guardianship:

1. _____

2. _____

3. _____

4. _____

UVI School of Agriculture COOPERATIVE EXTENSION SERVICE

2026 SUMMER PROGRAM

REGISTRATION CHECKLIST

Completed applications will be accepted until May 19, 2026.

UVI Research & Extension Center – Room 134 STX

CES Main Office– Main Office STT

COMPLETED APPLICATION PACKAGE INCLUDES:

0001 ENROLLMENT FORM

- *Age as of May 19, 2026; birth certificate required for verification*
- T-shirt size checked
- Parent signature; contact information complete

0002 PARENT INTEREST SURVEY

0003 MEDIA RELEASE FORM

0004 CODE OF CONDUCT

- Participants and parents are required to sign; the Code of Conduct will be reviewed with participants.

0005 HEALTH FORM

- *Copy of up-to-date immunization record required*

0006 SPECIAL NEEDS FORM

- If the parent is not picking up the child, *alternate pick-up instructions must be noted here.*
- If the child is exempted from the lunch program, the parent must provide lunch.
- Any food or environmental allergies must be noted here and on the health form.

Selected applicants will be notified on or before May 29, 2026.

Selected applicants are expected to make payment in full on or before FRIDAY, May 29, 2026, to the UVI Business Offices between 8:30 a.m. and 4:30 p.m. Failure to do so may result in forfeiting that slot to another candidate.

Summer Camp Refund Policy Agreement

I, the parent/legal guardian of the participant listed below, acknowledge that I have read, understand, and agree to the following Summer Camp Refund Policy:

1. **Withdrawal Before Camp Begins**

- Withdrawal **14 or more days** before the camp start date: **75% refund** of camp registration fee.
- Withdrawal **7–13 days** before the camp start date: **50% refund** of camp registration fee.
- Withdrawal **less than 7 days** before the camp start date: **no refund**.

3. **After Camp Begins**

No refunds or credits will be issued once the camp session has started, including for missed days, early withdrawal, or partial attendance.

4. **Medical or Emergency Situations**

Refund requests due to documented medical emergencies may be considered on a case-by-case basis. Supporting documentation may be required.

5. **Dismissal from Camp**

No refunds will be issued if a participant is dismissed due to disciplinary action or failure to follow camp rules and policies.

By signing below, I acknowledge that I understand and accept the terms of this Refund Policy.

Participant Name: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____