



Potrero Hill Neighborhood House
953 DeHaro Street
94107 San Francisco
(415) 826-8080

SUMMER IN THE CITY+
Year-round PROGRAM
Starting June 15, 2026

Dear Parents/Guardian/Caretaker:

The Potrero Hill Neighborhood House Board of Directors and staff, would like to welcome you and your child(ren) to our Summer In The City+ year round program. We are looking forward to a fun-filled year of enriched studies and activities. Summer program hours are Monday – Friday, 9:00am to 5:00pm. Our non-refundable program fees are based on a sliding scale. Please see page 13.

During the summer, your child will be out on excursions at least four (4) hours a day, experiencing the amenities of San Francisco and the Bay Area, with three (3) hours focused on academics and enrichment. The hours will be extended on Fridays, as we venture out of town on our “Big Trips”. Students must attend at least 3 days a week, arrive at program no later than 9:30am and get picked up or walk home by 5:00pm. Extended care is available for an additional fee and/or a \$30.00 late fee is charged if a student is not picked up by 5:00pm. Please see page 13.

During the school year, our program will continue Monday – Friday, 2:00pm – 6:00pm daily (12:30-6:00pm on Wednesdays). We pick up students from Starr King and Daniel Webster Elementary Schools and walk them to program. Middle and high school hours are Monday -Thursday 4:30pm – 6:30pm (2:30pm – 6:30pm on Wednesdays). Our afterschool program provides homework assistance and tutoring to reinforce information students are learning in school. Both programs include care and supervision of school aged children, group activities, excursions, sports, games, arts, crafts, STEM, and a wealth of other enrichment activities. Breakfast, lunch, and supper are provided daily.

Potrero Hill Neighborhood House Summer In the City+ is designed to serve children ages 6 to 18. Due to California State Compliance, no exceptions will be made to the above stated ages. Note: Based on availability Middle and High school students (ages 13 – 18) may apply for our workforce programs. Parents must attend a mandatory program orientation before admission.

We look forward to an enjoyable year with you and your children. Welcome to our Summer in the City+ Program. Please contact Albert Johnson, Program Coordinator at 415/845-5741(c) with questions.

Sincerely,

Edward Hatter
Executive Director



Potrero Hill Neighborhood House Summer in the City + Program, 2026-Registration Form

Name: _____ **Age:** _____ **Date of Birth:** _____

Sex: M / F **Ethnicity:** African Amer. Asian Hispanic Mexican, Central, South, Other Middle Eastern Pacific Islander European Multiracial/Multiethnic Other _____

Language spoken at home: _____

(Fall)

School: _____ **Grade:** _____

Family Income Information: Does anyone in the household receive Public Assistance? Yes No

If yes, what type? TANF Food Stamps GA Medi-Cal SSI Other _____

How many family members live in the household? _____

What is the total combined wages of all family members for the last 6 months? _____

Parent/Guardian/Caregiver Name: _____

Address: _____

City

State

Zip

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Other Phone: _____

In case of emergency please contact: _____

Emergency Contact Phone Number: _____

NOTE: During the Summer and school year, at dismissal my child is to: (please check all that applies)

Walk Home _____ **Ride MUNI** _____ **Will be picked up only** _____

If your child is to be picked up, please list the person or persons allowed to pick up your child:

Name: _____ **Relationship:** _____ **Phone** _____

Name: _____ **Relationship:** _____ **Phone** _____

Name: _____ **Relationship:** _____ **Phone** _____



Potrero Hill Neighborhood House Summer in the City + Program 2026-Rules & Regulations

Please **read and discuss the following with your child(ren)**, to allow them to fully understand and adhere to all rules and regulations of the Summer in the City+ Youth Program.

1. Youth must arrive at summer camp no later than 9:30am to participate in breakfast & daily activities.
2. Youth must follow directions provided by Staff at all times.
3. Cell phones, toys and personal items are not allowed at program. **Potrero Hill Neighborhood House staff will not be responsible for lost items.**
4. **No junk foods.** This program will provide appropriate meals and snacks daily.
5. Bullying, profanity, stealing, name calling, teasing, disrespectful or any unruly behaviors are **NOT TOLERATED**. These infractions will result in immediate **Disciplinary Actions**. (See page 4)
6. Should your child become ill during program, PHNH staff will immediately notify the parent/guardian to make arrangements for the child to be picked up and taken home. **Staff will not administer medication.**
7. Should your child become injured during any of the Program activities, Staff will administer the necessary first aid. In case of a serious accident, (1) Paramedics will be called, (2) Parents will be notified immediately, if we cannot contact parents, we will call the designee (3) if we cannot contact either parent or designee, your child will be taken to the nearest hospital via ambulance unless otherwise specified on Student Emergency/Medical Information Form (see pg.6).
8. During school year students are to **report to designated meeting place immediately upon dismissal from school**. Staff members will be there to escort students to program.
9. Parents will provide updated contact information at all times.

I have read and discussed the above rules and regulations with my child.

Parent/Guardian/Caregiver Signature

Date

Child's Signature

Date



Potrero Hill Neighborhood House
Summer in the City + Program, 2026-Disciplinary Policy

Policy Statement

Rules of acceptable conduct have been established; **please discuss these rules with your child(ren)**. We will review these rules with you and your child(ren) at orientation. Our policy is designed to protect all participants, develop proper personal behavior, encourage self-discipline, and maintain a fun and safe environment.

Disciplinary Procedure

Discipline may take the form of a short “time-out” or similar technique that involves isolating the child from the group (via a peace corner, etc.) until he/she is capable of functioning in an acceptable manner. Good behavior is encouraged and rewarded with praise as positive reinforcement and other incentives. Parents are expected to encourage their child(ren) to **follow all rules** established by program staff.

The Program Staff will immediately redirect children who exhibit unacceptable behavior, which may be harmful to themselves and/or others. If more serious disciplinary actions are warranted, the Parent/Guardian/Caretaker will be notified. In such cases, the following procedure for minor offenses will be observed.

- | | |
|-----------------------------|--|
| First Offense: | Redirect and notice to parents |
| Second Offense: | Restorative Circle, Verbal confirmation and notice to parents |
| Third Offense: | Restorative Circle, Parent conference and/or Three (3) days suspension |
| Consistent Offenses: | Five (5) Day Suspension and/or Expulsion |

NOTE: The PHNH has zero tolerance for any acts of violence. This may result in immediate expulsion. Fees are not refunded.

General Rules of Conduct

- Be on time
- Be Respectful
- Be Safe (No fighting, running, screaming, etc.)
- Listen and Obey instructions
- Follow all Potrero Hill Neighborhood House Program Rules and Regulations

We have read, discussed and accepted these conditions to participate in the Summer in the City + Program.

Parent/Guardian/Caregiver Signature

Date

Child’s Signature

Date



Potrero Hill Neighborhood House - Summer in the City + Program 2026
Parent/Guardian/Caregiver Consent Form

Dear Parent/Guardian/Caretaker:

This page contains two different permission requests. Please review each section. Authorization to share academic information with SFUSD and Media release which are required by all participants.

Authorization for SFUSD to share students' academic information

I hereby authorize _____ (name of school) to release, upon request by Potrero Hill Neighborhood House Representative academic information pertaining to _____ (name of Student) while s/he is a participant in the Summer in the City + program.

Parent/Guardian Signature _____ Date _____

Potrero Hill Neighborhood House Summer in the City Media Release

I understand that Summer in the City+ regularly takes pictures and video of program activities. Some of these pictures and video will be used as agency and partners (DCYF, African American Shakespeare Company, etc) information through newsletters, internet presence, website, agency brochures, displays, etc. By signing this release, I am authorizing PHNH to use any pictures or video that may include my child's photo, as well as any captions or names associated with the activity.

Parent/Guardian Signature _____ Date _____



Potrero Hill Neighborhood House Summer In the City+ Program,

Student Emergency / Medical Information Form

Note: This page must be **fully** completed

Child's Name: _____ (Last) _____ (First) _____ (Middle)

Address: _____

(City) _____ Stable _____ (State) _____ (Zip) _____

Phone: _____ Child Lives With: Family Foster Group Home Homeless

School : _____ Grade _____ Other _____

Parent/Guardian/Caregiver Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: In case child listed above becomes ill or is injured at the Summer In the City+ Youth Program and Parent/Guardian/Caregiver cannot be contacted, the P.H.N.H. authorities have my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Phone Number
1			
2			

Can your Daughter or Son: (circle one)

Receive emergency medical treatment if necessary? Yes No

Be taken to the nearest medical facility? Yes No → If No, please specify the facility your daughter or son should be taken to:

Does your Daughter or Son have healthcare Insurance? Yes No
If yes: Facility _____

Name if Carrier: _____ Policy Number: _____ Address _____

Primary Care Physician: _____ Phone: _____ Phone _____

Please indicate any special needs your child may have that would affect his/her participation in the planned program activities.

NOTE: A licensed physician's written medical assessment and immunization records of the child must be received within 30 days of admission into this program.

Allergies: _____

Medications: _____

Disability/Special Needs: _____

Should the need occur I authorize the Potrero Hill Neighborhood House (PHNH) staff or any medical personnel to act in accordance to the above instructions. If in the event that the medical services needed are not clearly addressed above, I authorize PHNH or any medical personnel to exercise their best judgment in providing appropriate medical service.

Parent/Guardian/Caregiver Signature

Date

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

HOME PHONE
()

WORK PHONE
()



Summer In the City + Child Assessment Form

Purpose:

These questions are designed to collect information needed to provide the best, and most appropriate care for your child(ren). We want to insure their enjoyment and success in this program. Therefore, we ask that you answer these questions to the best of your knowledge. Thank you.

1. Does your child have an Individual Education Plan (IEP)? Yes _____ No _____
2. What does your child do well? _____

3. What activities does your child like to do when playing with other children? _____

4. Is your child having a hard time fitting in? Yes / No If Yes, Please Explain: _____

5. What does your child do when he/she is upset? _____

6. When your child gets upset what helps them calm down? _____

7. How do you tell your child to stop a behavior that you don't approve of? _____

8. How does your child communicate their needs? _____
9. How can SIC+ best support your child? _____



PHNH-Summer in the City + Program
2026-Release Waiver Form/ Rights of Licensing Agency

Potrero Hill Neighborhood House
Release and Waiver of Claims

In consideration of being allowed to use the facilities or spaces ("Premises") and any services or programs ("Programs") provided by or on behalf of the Potrero Hill Neighborhood House, Inc. and its affiliates (the "Nabe"), as well as any compensation paid to the Nabe therefor, you, on behalf of yourself and any of your participating child(ren)(collectively, "you"), agree to the following:

1. You hereby fully and irrevocably release, waive, discharge and covenant not to sue the Nabe and its officers, directors, Programs partners, representatives, employees, and agents (collectively, the "Released Parties") from any and all actions, debts, claims, counterclaims, suits, causes of action, damages, demands, liabilities, obligations, costs, expenses and compensation of every kind, past, present, or future, at law or in equity, whether known or unknown, contingent or otherwise, including but not limited to any loss or damage to your person or property, related to or arising out of you or your children's participation in the Programs and/or any use or any visit to the Premises.
2. If you are a California resident, you waive California Civil Code Section 1542, which says: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor." If you are a resident of another jurisdiction, you waive any comparable statute or doctrine.
3. You agree to indemnify, defend, and hold harmless the Released Parties from any loss, liability, damage or cost incurred as a result of your acts or omissions arising out of or related to your presence on the Premises or your participation in the Programs.
4. You assume full responsibility for the risk of bodily injury, death or property damage to you while on the Premises or participating in the Programs. You represent and warrant that you have adequate information regarding the Premises and Programs to make an informed decision with regard to entering into this release and any assumed risk.
5. You agree that no oral or written representations, warranties or inducements have been made to you by the Released Parties.
6. If you are referred to mental health services by the Nabe, you hereby agree that any service provided by or interaction between you and any mental health practitioner will be governed solely by the agreement in place between you and such practitioner, and the Released Parties are not responsible for, or liable to you, for any act or omission of such practitioner or any harm or damage you or your children suffer as a result.
7. You understand and agree that during use of the Premises or participation in the Programs, you may be photographed and/or videotaped by the Nabe for internal and/or promotional use. You hereby grant and convey to the Nabe all right, title, and interest, including but not limited to, any royalties, proceeds, or other benefits, in any and all such photographs or recordings, and consent to the Nabe's use of your name, image, likeness, and voice in perpetuity, in any medium or format, for any publicity without further compensation or permission.
8. You hereby give consent and authority to the Nabe to obtain medical treatment on my behalf if you are injured or require medical attention during participation in the Program or while on the Premises. You understand and agree that you are solely responsible for all costs related to such medical treatment, medical transportation, and/or evacuation. You hereby release, forever discharge, and hold harmless the Nabe from any claim whatsoever in connection with such treatment or other medical services.
9. You agree that regardless of any statute or law to the contrary, any claim or cause of action arising out of or related to the Premises, Programs, or this release must be filed within two (2) years after such claim or cause of action arose or be forever barred.
10. You agree that this agreement is governed by California law and is intended to be as broad and inclusive as permitted by the law of the State of California and that if any part of this agreement is deemed by any court of competent jurisdiction to be unenforceable or invalid, that provision will be limited or eliminated to the minimum extent necessary so that this agreement otherwise remains in full force and effect and enforceable. With respect to any disputes or claims, you agree to submit to the personal and exclusive jurisdiction of the state and federal courts located within San Francisco, California.



11. You hereby agree that this release represents the full understanding between the Nabe and you and supersedes all other prior agreements, understandings, representations, and warranties, both written and oral, between you and the Nabe, with respect to the subject matter hereof. This release is binding on and inures to the benefit of the Nabe and you and our respective heirs, executors, administrators, legal representatives, successors, and permitted assigns.
12. You acknowledge that you have had the opportunity to review this release and waiver of claims, ask questions about it, and consult with others, including legal professionals, regarding this document.

[Signature Page Next Page]



BY SIGNING I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE NABE.

Signature: _____

Name (please print): _____

Address: _____

Date: _____

If you are under 18 years of age, a parent or legal guardian must also sign.

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby consent in all respects to the terms of this release.

Signature of Parent or Legal Guardian: _____

Name of Parent or Legal Guardian (please print): _____

Address: _____

Date: _____



Rights of the Licensing Agency

The California Department of Licensing Agency shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any children or staff member; and for the examination of all records relating to the operation of the Summer in the City+ Program. The Department has the authority to observe the physical condition of the child(ren), including condition that could indicate abuse, neglect, or inappropriate placement.

Parent/Guardian/Caregiver Signature

Date

Edward Hatter, Executive Director

Date



Potrero Hill Neighborhood House

Summer In the City+

Summer Program Fees

<i>Annual Income*</i>	<i>First Child</i>	<i>Each Add'l Child</i>	<i>Monthly payment</i>
\$15,000 – 30,000	\$200	\$100	N/A
\$30,000 – 60,000	\$400	\$200	\$200
\$60,001 – 95,000	\$600	\$300	\$300
\$95,001 – 125,000	\$800	\$400	\$400
\$125,001 – Up	\$1000	\$500	\$500

*Must provide proof of income please provide copy of

- TANF
- Food Stamps
- GA
- Medi-Cal
- SSI
- Tax Return

1st payment due on or before June 15th

Extended Care Fee

\$30.00 per day, per child

Late Fee

\$30.00

Potrero Hill Neighborhood House

www.thenabe.org

Summer In the City + Year-round Program

For Children ages 6 – 18

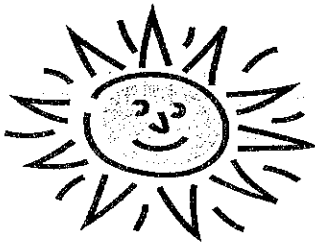
Summer schedule June 15, 2026– August 7, 2026

Program hours: 9am – 5pm / Extended hours offered 8:00am – 6:00pm

We provide breakfast, lunch and dinner

DAILY ACADEMICS, ENRICHMENT & EXCURSIONS!!!!

PARENT ORIENTATION TUESDAY, JUNE 2, 2026 5:30pm



We Promote:

Education

Diversity

Camraderie

Fun Fun Fun

Summer Field Trips includes:

Great America

Flags Discovery Kingdom

Scandia – Vallejo

Water World

Rock N Jump

Ice Skating

Swimming

And much much more!!!

Summer fees are based on the sliding scale listed on the back of this document.