

WHITE PLAINS YOUTH BUREAU BITS N' PIECES SUMMER ENRICHMENT CAMP 2013

**July 1st - August 9, 2013
8:30am – 5:00pm
Church Street Elementary**

ITEMS REQUIRED AT REGISTRATION

Registration Form

Copy of child's physical exam *(must be current within one year of registration date)*

Copy of child's immunization record

Camp Registration Fee: Debit/Credit Card, Check and Money Order ONLY

Copy of Federal 1040 Tax Form 2012 *(if you are applying for scholarship)*

PLEASE REGISTER IN PERSON at:

White Plains Youth Bureau
After School Program Office

11 Amherst Place

Monday – Friday

10 am – 6 pm

(914) 422-1378



SUMMER CAMP FEES

FULL	\$837.00
*SCHOLARSHIP	\$502.00

***Bits N' Pieces Program receives support from the City of White Plains Community Development Program and the U.S. Department of Housing & Urban Development.**

Bits N' Pieces is a six week tutorial camp that offers elementary aged children the opportunity to stay on track with their studies. The program provides a safe, enjoyable and educational environment emphasizing reading, writing and critical thinking. Breakfast, lunch and an afternoon snack are provided.



YOUTH BUREAU
OFFICE OF THE MAYOR
11 AMHERST PLACE - WHITE PLAINS, NEW YORK 10601
(914) 422-1378 - FAX (914) 422-6489
www.WhitePlainsYouthBureau.org

THOMAS M. ROACH
MAYOR

FRANK WILLIAMS, JR.
EXECUTIVE DIRECTOR

BITS N' PIECES SUMMER CAMP 2013

STUDENT INFORMATION

Child's Name: _____ Date of Birth _____
Home address _____ Apt. _____ Zip _____ Home phone _____
Race _____ Gender _____ Age _____ Grade as of Sept. 2013 ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th
Elementary School: ☐ Church Street ☐ George Washington ☐ Mamaroneck ☐ Post Road ☐ Ridgeway

PARENTS/GUARDIANS INFORMATION

Mother _____ Father _____
Mother's cell number _____ Father's cell number _____
Mother's Employer _____ Father's Employer _____
Mother's work number _____ Father's work number _____
Mother's email address _____ Father's email address _____

EMERGENCY CONTACT INFORMATION

(Person other than parent/guardian required for emergency contact)

Name _____ Phone: _____ Relationship to child _____
Name _____ Phone: _____ Relationship to child _____
Name _____ Phone: _____ Relationship to child _____

OFFICE USE ONLY

Medical Form _____ Immunization Form _____ Fee Paid _____ Method of Payment _____ Last 4 digits _____

ADDITIONAL INFORMATION ON REVERSE SIDE

RELEASE OF LIABILITY

In consideration of your acceptance of my child _____ for his/her participation in the activities/programs of the City of White Plains Youth Bureau, I agree that I am aware of the inherent dangers and risks involved in these activities/programs including bodily injury which may be the result of strenuous activity or other causes related to these activities/programs. I agree to release and hold harmless the City of White Plains, its officials, officers, agents, employees, and volunteers, from and against any and all liability, damage or claim of any nature arising out of or in any way related to my child's participation in these activities/programs except those things caused by the sole negligence of the City. I understand that the City of White Plains does not provide accident or medical insurance and I am financially responsible for any and all medical expense whatsoever. I am advised to consult my child's physician before allowing my child to participate in any strenuous activity.

I have read, understand and agree with the terms of this release.

Signature of parent/ guardian: _____ **Date:** _____

MEDICAL HISTORY

Child's Name _____ Date of Birth _____ Gender _____

Name of Parent/Guardian _____ Phone # _____

Address _____

Is child's health generally good? ☐ Yes ☐ No If not, please describe according to chart:

Is child subject to:

- ☐ Sinus Trouble
- ☐ Ear Infections
- ☐ Convulsions
- ☐ Sleep Walking
- ☐ Fainting Spells
- ☐ Asthma

Allergies:

- ☐ Poison Ivy
- ☐ Insect Bites
- ☐ Penicillin
- ☐ Other Drugs
- ☐ Hay Fever
- ☐ Other

History of Diseases:

- ☐ Chicken Pox
- ☐ Measles
- ☐ German Measles
- ☐ Mumps
- ☐ Rheumatic Fever
- ☐ Haemophilus
- ☐ Influenza Type B
- ☐ Hepatitis B

Is your child designated through the Committee on Special Education? ☐ Yes ☐ No

Does your child need a smaller class size or extra resources during the school day? ☐ Yes ☐ No

If yes, please describe these modifications _____

List operations or serious injuries with dates _____

List chronic or recurring illnesses _____

Please list current medications _____

Restrictions _____

Parents must notify the camp if there has been an exposure to a communicable disease at least three weeks prior to the opening of camp.

Signature of Parent/Guardian _____ Date _____

HOSPITAL RELEASE/PERMISSION SLIP

Name of Emergency Contact Person _____

Phone # _____ Doctor's Name _____ Phone # _____

In the event of injury, I _____ grant permission to take my child _____

to a hospital for treatment, to include evaluation of injuries, x-rays and needed care.

Hospitalization Insurance Co. _____

Identification Number _____

Note: If child is required to take any type of medication during camp hours, a separate MEDICAL AUTHORIZATION FORM must be completed by the PARENT AND PHYSICIAN and filed with Camp Director on the first day of camp

Signature of Parent/Guardian _____ Date _____

ARRANGEMENTS FOR DISMISSAL

My child _____ is to be dismissed from Camp in the following manner: (Check all that apply)

A. Parent will pick up at Camp Site: ☐ Yes ☐ No

B. Child is to be released to the following person(s):

Name: _____

Contact #: _____

Name: _____

Contact #: _____

Name: _____

Contact #: _____

Name: _____

Contact #: _____

Name: _____

Contact #: _____

***Parents must drop off children off no earlier than 8:30 AM and pick up by 5:00 PM @ Church Street Elementary School.
TRANSPORTATION WILL NOT BE PROVIDED TO or FROM THE CAMP SITE.***

PARENTAL TRIP PERMISSION AND RELEASE FORM

I, _____ as parent or legal guardian, do hereby authorize my child, _____ to participate in the Bits N' Pieces Camp day trips during the camp session. For these day trips, my child will leave from and return to the camp site.

I understand that in case of serious injury or illness to my child, I authorize the City of White Plains Youth Bureau representative/trip guide to transfer my child to a hospital or other emergency medical facility for treatment. A reasonable attempt to contact me or my child's emergency contact will be made. I accept responsibility for all costs involved in the medical transport and treatment of my child.

I understand that the City of White Plains, its employees, officials and volunteers act solely as an agent in arranging for transportation and other services for these trips. The City of White Plains does not assume, and in fact, expressly disclaims, any liability for injury, illness, damage, loss, accident, or delay due to any act, negligence or default of the trip guide, or any company or person engaged in transporting the passengers or rendering any service for the trip

I have read, understand and agree with the terms of this permission and release form.

Signature of parent/guardian: _____ Date: _____

COMPUTER CONSENT FORM

I, _____, parent/guardian of _____

hereby give permission for my child to use the internet for educational computer activities under the supervision of Bits N' Pieces staff.

Signed: _____ Date: _____

PHOTO/VIDEO CONSENT

I, _____, parent/guardian of _____,

hereby consent that Bits N' Pieces Camp and the White Plains Youth Bureau may videotape/photograph my child and use such videotape/photographs for publication/broadcast/website. I waive any claim I might have against the City of White Plains Youth Bureau arising from the use of such videotape/photographs. I understand that such information could subsequently be used by other media.

I have read and understand the above release.

Signed: _____ Date: _____

INFORMATION RELEASE FORM

I, _____, parent/guardian of _____,

give permission for the release of the following information from my child's school to the educational staff of Bits N' Pieces Camp: grades, attendance reports, progress and interim reports, exchanges of information with teachers, social workers, guidance counselors, psychologists and school officials, as these relate to the student's behavior and academic performance.

This information is strictly confidential and will be treated as such by the City of White Plains Youth Bureau in working with my child.

Signed: _____ Date: _____

NO REFUND POLICY

There is a no refund policy on all payments. Refunds will only be processed due to an illness or accident. Parents requesting a refund must notify the Youth Bureau in writing, accompanied by a doctor's note, before the start of camp.

I have read and agree to this policy.

Signed: _____ Date: _____