



SUMMER CAMP

Jul. 10th - Aug. 18th 8am-12pm

★ Camp is **FREE!** For students entering grades 1-6th

SUMMER CAMP SITES

MACHNICA CENTER
1799 Clinton Street

HENNEPIN CENTER
24 Ludington St.

Martha Mitchell Community Center
175 Oakmont Ave.

Due at registration:

Shot Records

&

Report Cards

(2016-2017)

★ Seats are limited

★ **Deadline: JUNE 16** ★

*BREAKFAST

*LUNCH

*SNACKS

*fieldtrips

included



Register today! DROP or MAIL to PAL
Administrative Offices:
65 Niagara Sq. 21st Fl. Buffalo, NY, 14202
attn.: Summer Camp

For more information visit our website:
BUFFALOPAL.COM



CLIENT CHARACTERISTIC FORM - YEAR 42

Public Services - Limited Clientele Activities

PLEASE COMPLETE SECTIONS 1 THROUGH 6 ON THIS FORM. THIS INFORMATION FOR **STATISTICAL PURPOSES ONLY**.

DATE: _____ ADDRESS: _____ CITY _____ ZIP: _____

1. **Household income: (circle one income level)** Based on number of members living in your household, including yourself.

Income Limits	1 Person Household	2 Person Household	3 Person Household	4 Person Household
	\$14,150 or less	\$16,200 or less	\$20,160 or less	\$24,300 or less
	\$23,600 or less	\$26,950 or less	\$30,300 or less	\$33,650 or less
	\$37,700 or less	\$43,100 or less	\$48,500 or less	\$53,850 or less
	\$37,700 or more	\$43,100 or more	\$48,500 or more	\$53,850 or more
Income Limits	5 Person Household	6 Person Household	7 Person Household	8 Person Household
	\$28,440 or less	\$32,580 or less	\$36,730 or less	\$40,890 or less
	\$36,350 or less	\$39,050 or less	\$41,750 or less	\$44,450 or less
	\$58,200 or less	\$62,500 or less	\$66,800 or less	\$71,100 or less
	\$58,200 or more	\$62,500 or more	\$66,800 or more	\$71,100 or more

2. **Race** **RACE** - Please Note: **Hispanic, Latino, and/or Puerto Rican is NOT your RACE.**
Hispanic, Latino, and/or Puerto Rican is your ETHNICITY.
Check which group listed below best pertains to you

1	White	6	American Indian or Alaskan Native and White
1 A	White AND Hispanic, Latino, or Puerto Rican	6 A	American Indian or Alaskan Native and White AND Hispanic, Latino, or Puerto Rican
2	Black or African American	7	Asian and White
2 A	Black or African American AND Hispanic, Latino, or Puerto Rican	7 A	Asian and White AND Hispanic, Latino, or Puerto Rican
3	Asian	8	Black or African American and White
3 A	Asian AND Hispanic, Latino, or Puerto Rican	8 A	Black or African American and White AND Hispanic, Latino, or Puerto Rican
4	American Indian or Alaskan Native	9	American Indian or Alaskan Native and Black or African American
4 A	American Indian or Alaskan Native AND Hispanic, Latino, or Puerto Rican	9 A	American Indian or Alaskan Native and Black or African American AND Hispanic, Latino, or Puerto Rican
5	Native Hawaiian or other Pacific Islander	10	Other Multi Racial (Hispanic, Latino, or Puerto Rican are not RACES)
5 A	Native Hawaiian or other Pacific Islander AND Hispanic, Latino, or Puerto Rican	10 A	Other Multi Racial AND Hispanic, Latino, or Puerto Rican

3. **Age of Program Participant: (check one)**

4. **Gender**

1	Under 5 years
2	5-9 years
3	10-15 years

4	16-20 years
5	21-24 years
6	25-44 years

7	45-54 years
8	55-64 years
9	Over 64 years

1	Female
2	Male

5. **Who do you live with (check one)**

6. **Do you consider yourself with a severe disability?**

Mother Both Parents
 Father Other Who _____

1	Yes
2	No

CERTIFICATION: [For youth programs, this form must be signed by a parent or guardian.]

I acknowledge that this information as submitted above has been examined by me and is true and correct.

Signature _____ Date: _____

THIS FORM MUST BE COMPLETED FOR EACH PARTICIPANT AND A PERMANENT FILE MAINTAINED FOR GOVERNMENT VERIFICATION.

*****FOR OFFICE USE ONLY*****

Council _____ Legislative _____ Assembly _____ State Senate _____ Congress _____

**Say Yes Buffalo
Summer Camp 2017
Enrollment Application Packet Checklist**

Please use the following checklist to ensure that you have submitted all necessary paperwork to process your child's summer camp application. In the space provided below, write the location where you would like your child to attend this summer.

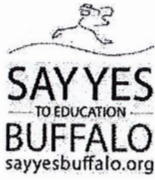
Summer Camp Location: _____

- Summer Camp Enrollment Form
- Summer Day Camp Health Form
- Release of Information Form (optional)
- Current Immunization/Shot Records
- Written Doctor's Note (if applicable)
- Reading Rules! Registration Form

Please return to the camp location where you would like your child registered by **Friday, June 16th, 2017**. Please note, staff are most likely to be at each site to receive paperwork Monday – Friday, 10:00am – 6:00pm.

Camp staff signature: _____

Date received: _____



Say Yes Buffalo Summer Camp Enrollment Form

SITE LOCATION: _____

If this site is full, I would like to do the following (check one):

- Have my child put on the waiting list at this site
- Be contacted about other potential sites

How would you like to receive your enrollment confirmation? (check one)

- Mailed to me at: _____
- Emailed to me at: _____

STUDENT'S INFORMATION

First Name: _____ Last Name: _____
 Address: _____ City: _____ Zip Code: _____
 Home Phone: _____ Cell Number: _____
 BPS Student ID (900) #: _____ Date of Birth: _____ Age: _____
 School: _____ Grade: _____ Native Language: _____

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship: _____ Native Language: _____
 Home Number: _____ Cell Number: _____ Work Number: _____
 Name: _____ Relationship: _____ Native Language: _____
 Home Number: _____ Cell Number: _____ Work Number: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____
 Home Number: _____ Cell Number: _____ Work Number: _____
 Name: _____ Relationship: _____
 Home Number: _____ Cell Number: _____ Work Number: _____

STUDENT MEDICAL INFORMATION

Known Allergies: _____
 Other known medical conditions: _____

Your child's immunization records and date of their last physical examination (within 12 months) must be on file at the Say Yes summer camp location or you can attach a copy, in order for your child to attend summer camp, which is regulated by the New York State Department of Health.

PERMISSIONS AND CONSENTS

(Initial) **Field Trips:** I consent for my child to participate in field trips away from the facility.

(Initial) **Emergency Medical Treatment:** In the event of an emergency or injury, I give permission for my child to be treated by a medical professional at the nearest medical clinic or hospital. I also give permission for my child not to be treated at a medical facility if a staff person of the summer camp program can treat him/her, or deems it not necessary to transport him/her to the hospital (the summer camp will have a staff member trained in First Aid and CPR).

(Initial) **Media:** I approve pictures, video recording, etc. to be taken of my child at the summer camp program, and to be used in any marketing efforts and all publications, including social media.

Signature of Parent/Guardian: _____ Date: _____

DISMISSAL

(Initial) My child is a walker, and will be dismissed to walk home alone at the end of the summer camp program.

(Initial) I will pick my child up DAILY from the summer camp program no later than 5 minutes after the scheduled dismissal time. I will enter the site and sign my student out each day. I understand that I must arrive within the scheduled pick up time or local enforcement authorities will be contacted.

The following are the ONLY other individuals authorized to pick up my child from the summer camp program:

*Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____ Work Number: _____

*Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____ Work Number: _____

***This person must present valid photo ID before the student will be released.**

I understand that participation in this program involves certain inherent risks of injury, despite all safety precautions taken by camp staff. Therefore, as the guardian I will assume all risks, injury or illness, for my child that may occur during the participation in camp activities. I certify that my child is fully covered by medical insurance and/or that I am financially responsible for costs associated with any medical/dental treatment as deemed necessary by camp staff and/or medical professionals. I agree to hold harmless Say Yes to Education, Buffalo Public School District, Buffalo Board of Education, partnering organizations operating summer camp programs, their respective subsidiaries or affiliates, or their respective management, agents, employees, directors, officers and other representatives in the event of injury to my child. I do further release, absolve, indemnify, and hold harmless the same parties against any claim of injury or death to my child in connection with any and all camp activities. **I HAVE READ AND I UNDERSTAND THIS AGREEMENT AND VOLUNTARILY SIGN THIS INDEMNITY AGREEMENT.**

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Say Yes Buffalo Summer Day Camp Health Form

Every child needs a completed health form and current Immunization Record to participate in the summer camp program. For use by Camp Health Director (or emergency medical personnel)

SECTION I – BASIC CONTACT INFORMATION

Child's Name: _____ Date of Birth: _____ Gender: M F

Family Physician Name: _____ Phone: _____

Dentist/Orthodontist Name: _____ Phone: _____

SECTION II – INSURANCE INFORMATION

Is the child covered by family medical/hospital insurance? Yes No

If yes, indicate Insurance Carrier _____

Group # _____ Policy # _____

Policy Holder's Name _____ Relationship to participant _____

SECTION III – HEALTH HISTORY

Does the camper have a history of or is prone to any of the following (Please check all that apply).

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> 1. Recent injury, illness or infectious disease | <input type="checkbox"/> 8. Chest pain during or after exercise | <input type="checkbox"/> 15. Measles | <input type="checkbox"/> 23. Head Injury |
| <input type="checkbox"/> 2. Chronic or recurring illness | <input type="checkbox"/> 9. Heart Defect or Disease | <input type="checkbox"/> 16. German Measles | <input type="checkbox"/> 24. Eating Disorder |
| <input type="checkbox"/> 3. Asthma | <input type="checkbox"/> 10. Hypertension | <input type="checkbox"/> 17. Mumps | <input type="checkbox"/> 25. Diarrhea or Constipation |
| <input type="checkbox"/> 4. Homesickness | <input type="checkbox"/> 11. Bleeding/Clotting Disorders | <input type="checkbox"/> 18. Tuberculosis | <input type="checkbox"/> 26. Frequent Stomachaches |
| <input type="checkbox"/> 5. Frequent Ear Infections | <input type="checkbox"/> 12. Diabetes | <input type="checkbox"/> 19. Hepatitis | <input type="checkbox"/> 27. Wears glasses or contacts |
| <input type="checkbox"/> 6. Seizure Disorder or Convulsions | <input type="checkbox"/> 13. Mononucleosis (in last 12 months) | <input type="checkbox"/> 20. Joint problems (knees, ankles) | <input type="checkbox"/> 28. Been Hospitalized |
| <input type="checkbox"/> 7. Dizziness during or after exercise | <input type="checkbox"/> 14. Chicken Pox | <input type="checkbox"/> 21. Fractures | <input type="checkbox"/> 29. Wears a Medic Alert ID |
| | | <input type="checkbox"/> 22. Frequent Headaches | |

Please list the number and provide explanation for any checked items above (where necessary): _____

Physical Activities to be Limited or Restricted while at Camp: _____

PLEASE NOTE: THE CAMP MUST BE NOTIFIED IF THIS CHILD IS EXPOSED TO ANY COMMUNICABLE DISEASES DURING THE THREE (3) WEEKS PRIOR TO THE START OF CAMP ATTENDANCE.

SECTION IV – ALLERGIES

Does child have any allergies? Yes No (If yes, check all that apply and indicate type of reaction)

Hay Fever _____ (type of reaction) Poison Ivy/Oak _____ (type of reaction)

Bees/Insects _____ (type of reaction) Penicillin _____ (type of reaction)

Child's Name: _____ Date of Birth: _____ Gender: M F

SECTION IV – ALLERGIES (CONT'D)

Food _____
(type of reaction)

Other allergies _____
(type of reaction)

Child requires EPIPEN Yes No Stored on-site by camp Carried by child
 Child requires INHALER Yes No Stored on-site by camp Carried by child

SECTION V – MEDICATIONS

MEDICATIONS ADMINISTERED AT CAMP? Yes No *(If yes, fill out MEDICATION FORM printed below)*

For the health and safety of the children, NY State Department of Health guidelines are followed for the storage and administration of all medications brought to camp. This completed form must be on file *BEFORE THE CLOSE OF CAMP REGISTRATION* in order for your child to attend camp. *ALL MEDICATIONS SHOULD ARRIVE THE WEEK BEFORE CAMP OR ON THE CHILD'S FIRST DAY OF CAMP.* All medications will be stored in a locked storage facility.

MEDICATION MUST BE DELIVERED TO CAMP BY PARENT/GUARDIAN

Prescribed medication must be kept in original container bearing the pharmacy label, which shows the date filled, the prescribing practitioner, the name of the prescribed medication, directions for use, any cautionary statements contained in such prescription (or as required by law), and the number of tablets or capsules in the container.

A WRITTEN DOCTOR'S NOTE FROM A LICENSED PRESCRIBER IS REQUIRED IF YOUR CHILD WILL NEED TO RECEIVE MEDICATION DURING CAMP HOURS.

Doctor's note attached? Yes No

Provide complete name, dosage, and directions for each medication listed below. Be specific and include preferred time(s) of administration. **MEDICATION INFORMATION** must be provided. If not, the medication **CANNOT** be administered at camp.

(Please print)

Medication Name	Dosage	Time(s) Given

PHYSICIAN'S NAME _____ PHONE _____

I give permission for my child to self-administer his/her INHALER at camp. Yes No N/A
 I acknowledge that my child can self-administer his/her EPIPEN as prescribed by a physician. Yes No N/A

PARENT'S SIGNATURE _____ DATE _____

SECTION VI – AUTHORIZATION

My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations, which should be known to the camp staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Parent or Guardian Printed Name: _____

Parent or Guardian Signature: _____ Date: _____

Say Yes Buffalo Summer Camp Release of Information Form (Optional)

By signing this form, I, _____ hereby authorize Say Yes
Parent/guardian name

Buffalo/Child & Family Services, _____ and Buffalo
Organization coordinating summer camp site

Public School # _____ to exchange academic and medical records pertaining to my child identified
School number

below.

Child's First Name	Child's Last Name	Child's Middle Initial	Child's Date of Birth

I understand that this form is optional and that I do not need to sign it for my child to attend summer camp. If I do not sign this form, Buffalo Public Schools will not release any information to the above-named parties. I also understand that Child & Family Services may not deny me any services simply because I choose not to sign this authorization. I understand that the information to be released is confidential and protected from sharing. However, I understand that the recipient of any information could potentially share the information, and as a result it may no longer be protected by federal privacy regulations. If I choose to sign this authorization, I know that I have the right to cancel my authorization to the release of information in writing at any time, except to the extent that the above-named parties have already used it to exchange records. Written cancellations should be sent to the following: Corporate Compliance Officer, Child & Family Services, 330 Delaware Avenue, Buffalo, NY 14202.

My authorization to the exchange of information shall expire one year from the date that I signed below.

Exceptions or limitation to this authorization are as follows:

None

Specify:

Signature	Date Signed

"GETTING STARTED – READING RULES"

Dear Student,

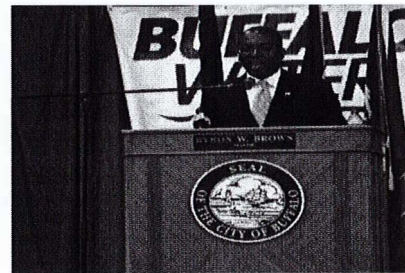
I invite you to join my Reading Rules! 2017 Kids Summer Reading Challenge. Participation is easy and the rewards are great. Here's what you have to do:

1. Start by completing the attached participation form below and returning it to 2301 City Hall Buffalo, New York 14202 as soon as possible.
2. Begin reading!!! Kids from Pre-K to eighth grade (PK-8) must read seven (7) books. High school readers (grades 9-12) only have to read four (4) books to successfully complete the program. Students must read books from their appropriate grade level or higher. Included in the required amount of books, you may read books not included on the list that are approved by a parent.
3. Write at least ten sentences on each book that you have read, including who the main characters are, the problems or situations they face, what you would do in these situations, and what you like and do not like about each book. Don't forget to include your name, the title, and the author on the top of each summary and to have your parent or guardian sign the bottom.
4. Mail, email, fax or drop off your summaries to room 2301 in City Hall by **Friday, August 11, 2017!** After you submit your summaries you will receive an invitation to our prize ceremony which will be held at the Buffalo Convention Center where you will be given a certificate of achievement, souvenir t-shirt, book bag and a chance to win many great prizes from our sponsors!
5. Get ready for another successful school year as well as your reward for completing my Reading Rules! 2017 Kids Summer Reading Challenge!

Have a fun, safe and productive summer!



Byron W. Brown
Mayor



-----CUT HERE-----

-----CUT HERE-----

Mayor Byron W. Brown's

Reading Rules! 2017 Kids Summer Reading Challenge Participation Form

(Please Print)

Reader's Name		T - Shirt size (please circle one) Youth - Sm Med Lg XL Adult - Med Lg XL 2XL	
Street Address	City	Zip Code	
School	New Grade Entering	Phone	
Email:	Gender: (please check one) Male <input type="checkbox"/> Female <input type="checkbox"/>	Are you enrolled in Say Yes Summer Camps? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Parent(s) / Guardian(s) Name:	Parent(s) / Guardian(s) Signature:		

Mayor Byron W. Brown's 2017 Kid's Summer Reading Challenge
2301 City Hall 65 Niagara Square, Buffalo, New York 14202
<http://www.city-buffalo.com/ReadingRules>
(716)851-READ (7323) email:SummerReadingChallenge@city-buffalo.com