



BITS N' PIECES 2020

SUMMER ENRICHMENT CAMP

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.

Church Street Elementary

Students entering 1st -5th grade

July 6 - August 14, 2020

8:30am - 5:00pm

Extended Day Available 5:00-5:30pm!

Full Fee: \$981 Scholarship: \$589(6weeks)



Registration Requirements

- 1) Copy of student's physical form AND
- 2) Copy of immunization form (*both must be current within the year at the time of registration*)
- 3) Registration Fee: Debit/Credit Card/Check/Money Order
- 4) Copy of Federal 1040 Tax Form 2019 (if you are applying for scholarship)

Completed registration forms must be submitted in person at:

**White Plains Youth Bureau
After School Program Office
11 Amherst Place
Monday-Friday 10-6 pm
(914)422-1378**

www.whiteplainsyouthbureau.org



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
BHAVANA PAHWA
DEPUTY DIRECTOR

BITS N' PIECES TUTORIAL SUMMER CAMP 2020
JULY 6TH-AUGUST 14TH, 2020

STUDENT INFORMATION

Child's Name: _____ Date of Birth ____/____/____
Home Address _____ Apt. _____ Zip: _____ Home phone () _____
Ethnicity/Race _____ Age: _____ Gender: _____ T-Shirt Size: Small Medium Large Adult Small
 Church Street George Washington Mamaroneck Post Road Ridgeway
Grade as of September 2020 (please circle one): 1st 2nd 3rd 4th 5th

PARENTS/GUARDIANS INFORMATION

Parent/Guardian: _____ Parent/Guardian: _____
Cell Number: _____ Cell Number: _____
Work Number: _____ Work Number: _____
E-mail Address: _____ E-mail 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 _____
Extended Day (5:00 TO 5:30) _____

MEDICAL HISTORY
(Parent is required to complete this section)

Child's Name _____ Date of Birth _____ Sex _____

Name of Parent/Guardian _____ Phone # _____

Address _____

Is child's health generally good? _____ If not, describe according to chart:

Is child subject to:	Allergies:	Food Allergies:	History of Diseases:
<input type="checkbox"/> Sinus Trouble	<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Insect Bites	<input type="checkbox"/> Other Tree Nuts	<input type="checkbox"/> Measles
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Other	<input type="checkbox"/> German Measles
<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Other Drugs		<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Haemophilus
<input type="checkbox"/> Asthma	<input type="checkbox"/> Influenza Type B		
	<input type="checkbox"/> Hepatitis B		

Does your child require an EpiPen, asthma inhaler and/or Benadryl? Yes No

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.

Please list current medications _____

List operations or serious injuries with dates _____

List chronic or recurring illnesses _____

Please describe restrictions on your child's participation in activities or necessary modifications

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

Please describe _____

PARENTS MUST NOTIFY THE PROGRAM IF THERE HAS BEEN EXPOSURE TO A COMMUNICABLE DISEASE PRIOR TO OR DURING YOUR CHILDS ATTENDANCE IN THE PROGRAM

HOSPITAL RELEASE/PERMISSION SLIP

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 _____

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 #: _____

Changes of additional persons picking up AFTER the start of camp must be submitted to the main office in writing.

**Parents must drop off children off no earlier than 8:30 AM and pick up by 5:00 PM @ Church Street Elementary School.
TRANSPORTATION IS NOT 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.

Parent/Guardian Signature _____ 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: _____

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:** _____

COMPUTER CONSENT FORM
Signature is required for either option

I, _____, parent/guardian of _____
DO _____ **DO NOT** _____ 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 _____,
DO _____ **DO NOT** _____ 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:** _____

EDUCATIONAL 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:** _____