

# Middle School

## **STEAM** (Science, Technology, Engineering, Art & Math) **Camp**

Church Street Elementary School

Students entering 6th—8th grade

July 6th — August 14th

8:30 am – 3:30 pm

\*Breakfast and lunch provided\*

**Full Fee: \$776      Scholarship Fee: \$466**

### ***DOCUMENTS REQUIRED AT REGISTRATION***

*Only completed registration forms will be accepted along with the following:*

**Copy of student's physical (must be current for one year)**

**Copy of student's immunization record**

**Copy of Federal 1040 Tax Form 2019 (if you are applying for scholarship)**

**Camp Registration Fee: Debit/Credit Card, Check & Money Order Only**

***Registration must be done in person at:***

**White Plains Youth Bureau**

**Eric Rios**

**Alternatives Office**

**11 Amherst Place**

**Monday—Friday 9-5 pm**

**[erios@whiteplainsny.gov](mailto:erios@whiteplainsny.gov)**



## MISSION STATEMENT

The mission of the STEAM camp is to educate, and inspire campers to explore the infinite career opportunities surrounding Science, Technology, Engineering, Art and Math. Campers will develop the skills necessary to become contributing members of a technologically advancing society through stimulation and exposure. Upon completion the campers will be able to apply the skills learned in their everyday lives as well as future endeavors.



YOUTH BUREAU  
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THOMAS M. ROACH  
MAYOR

FRANK WILLIAMS, JR  
EXECUTIVE DIRECTOR

## MIDDLE SCHOOL STEAM (SCIENCE TECHNOLOGY ENGINEERING ART & MATH) CAMP 2020

### STUDENT INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt. \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone \_\_\_\_\_  
Ethnicity/Race \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ T-Shirt Size:  XSmall  Small  Medium  Large  XLarge  
(Shirts are adult sized)  
Middle School:  Eastview  Highlands  
Grade as of Sept. 2020:  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>

### PARENTS/GUARDIANS INFORMATION

Mother/Guardian: \_\_\_\_\_ 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 E-mail Address: \_\_\_\_\_ Father's 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 \_\_\_\_\_

### OFFICE USE ONLY

Medical Form \_\_\_\_\_ Immunization Form \_\_\_\_\_ Fee Paid \_\_\_\_\_ Method of Payment \_\_\_\_\_ Last 4 digits \_\_\_\_\_

## 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 (Required)

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
- Peanuts
- 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.***

### 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 #: \_\_\_\_\_

C. Child can walk home from Camp Site:  Yes  No

***Changes of additional persons picking up AFTER the start of camp must be submitted to the Camp Director in writing.***

***Parents must drop off children off no earlier than 8:30 AM and pick up by 3:30 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 Middle School STEAM 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 Middle School STEAM Camp staff.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTO/VIDEO CONSENT

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,

\_\_\_\_\_ **DO** \_\_\_\_\_ **DO NOT** hereby consent that Middle School STEAM 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: \_\_\_\_\_  
*Signature is required for either option.*

### 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 Middle School STEAM 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: \_\_\_\_\_