



# **BITS N' PIECES 2019**

## **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 1<sup>st</sup> -5<sup>th</sup> grade*

**July 1 - August 9, 2019**

**8:30am - 5:00pm**

*Extended Day Available until 5:30pm!*

**Full Fee: \$934 Scholarship \$561(6weeks)**



### **Registration Requirements**

- 1) Student's physical form AND
- 2) 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 2018 (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](http://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](http://www.WhitePlainsYouthBureau.org)**

THOMAS M. ROACH  
MAYOR

FRANK WILLIAMS, JR.  
EXECUTIVE DIRECTOR  
BHAVANA PAHWA  
DEPUTY DIRECTOR

**BITS N' PIECES TUTORIAL SUMMER CAMP 2019**

**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 2019 (please circle one):** 1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>

**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: \_\_\_\_\_

## COMMUNITY DEVELOPMENT PROGRAM 2019/2020 CLIENT INTAKE FORM

<b>Name of Parent:</b>	
<b>Address:</b>	
<b>City/State/Zip</b>	
<b>Home Number:</b>	
<b>Cell Number:</b>	

**NUMBER OF PERSONS IN HOUSEHOLD:**

<b>16 and under</b>	<b>17 to 21</b>	<b>21 to 61</b>	<b>62 or Over</b>

**FEMALE HEAD OF HOUSEHOLD:**       YES       NO

**PLEASE SELECT THE CATEGORY THAT BEST DESCRIBES YOUR RACE/ETHNICITY:**

<input type="checkbox"/> White	<input type="checkbox"/> Asian American	<input type="checkbox"/> American Indian/ Alaska Native & White
<input type="checkbox"/> Black/ African	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> American Indian/ Alaskan Native & Black/ African American
<input type="checkbox"/> Black/ African American & White	<input type="checkbox"/> Asian White	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/ Alaska Native	<input type="checkbox"/> Other multi-racial

**TOTAL HOUSEHOLD INCOME:**      \$ \_\_\_\_\_

**INCOME CATEGORY:**       Low/Moderate       Very Low       Extremely Low

**TYPE OF INCOME VERIFICATION TO BE MAINTAINED ON FILE:** Copy of Benefits Card/Income Tax Return

**Income verification may include a review of household income records including any of the following:**

Section 8 Statement	Federal W2 Form	Unemployment Insurance Benefit Statement	Federal Income Tax - FEDERAL FORM FILED
SSI/SSA/SSD Statement	Federal W4 Form	<b>** Statement of Income (SEE BELOW)</b>	

**\*\* Statement of Income from employers is NOT sufficient unless accompanied by payroll statement.**

**Please note:** Agency must maintain Income Verification documentation in client file along with Client Intake Form and Submit copy with claim vouchers.

*Client intake forms are on file at the following location: White Plains Youth Bureau*

## Income Verification & Certification

- 1) You are required to attach a copy of your **Federal Income Tax Form 1040/Year 2018**
- 2) If you did not file an income tax form in the previous year, you must attach **W2 forms from all current employers of all employed household members.**
- 3) **Income Verification and Certification** - This is to verify that your annual household income (last year) is less than: **PLEASE CIRCLE THE APPROPRIATE INCOME**

### 2018 Family Maximum Income

Income Limits	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
<b>80%</b>	\$65,600	\$ 74,950	\$ 84,300	\$93,650	\$101,200	\$108,700
<b>60%</b>	\$49,200	\$ 56,200	\$ 63,200	\$ 70,250	\$ 75,900	\$ 81,500
<b>50%</b>	\$41,000	\$ 46,850	\$ 52,700	\$ 58,550	\$ 63,250	\$ 67,950

The total number of persons residing in my household is \_\_\_\_\_.

Parent/Guardian signature \_\_\_\_\_ Print name \_\_\_\_\_

Income verified by \_\_\_\_\_ Date \_\_\_\_\_