



STEAM ACADEMY Math Camp



Preparing students to compete in the 21st Century!

REGISTRATION APPLICATION

Summer 2021

(July 6th – August 13th)

The STEAM Academy is a youth development program of the City of White Plains Youth Bureau and is funded by the 21st Century Community Learning Centers Grant.

BASE REQUIREMENTS

????? Rising 6th grade status

Current Physical & Immunization Records (within 12 months)

Proof of Income Eligibility (2 Recent paystubs or first 2 pages of 2020 1020 tax form)

Completed registration forms MUST be submitted in person at:

White Plains Youth Bureau
STEAM Academy Program Office
11 Amherst Place
(914) 422-1378
Monday – Friday
9 am – 5 pm



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

Application Date: _____

THOMAS M. ROACH
MAYOR

FRANK WILLIAMS, JR
EXECUTIVE DIRECTOR

BHAVANA PAHWA, PHD
DEPUTY DIRECTOR

STEAM ACADEMY MATH CAMP 2021

STUDENT INFORMATION

Student's Name _____ Date of Birth ____/____/____

Home address _____ Apt. # _____ Zip _____

Home phone (____) _____ - _____

Ethnicity/Race _____ Sex _____ Age _____

Elementary School:

☐ Church Street ☐ George Washington ☐ Mamaroneck Avenue ☐ Post Road ☐ Ridgeway

PARENT/GUARDIAN INFORMATION

Custody: Mother _____ Father _____ Both _____ Other _____

Mother's First Name: _____

Mother's Last Name _____

Mother's cell phone: (____) _____

Mother's employer: _____

Mother's work number: (____) _____

Mother's email address:

Father's First Name: _____

Father's Last Name _____

Father's cell phone: (____) _____

Father's employer: _____

Father's work number: (____) _____

Father's email address:

EMERGENCY CONTACT INFORMATION

(Person other than parent/guardian required: **please keep registration office updated about changes**).

Name _____	Phone _____
Relationship to child _____	Alt Phone _____
Name _____	Phone _____
Relationship to child _____	Alt Phone _____
Name _____	Phone _____
Relationship to child _____	Alt Phone _____

What is the primary language spoken at home?

____ English ____ Spanish ____ other (Please specify) _____

Please list all White Plains City School District students currently living in your household:

Name	Age	Gr	Gender	School (currently attending)	Relationship to you
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



We will be using the “Band” app as our primary method to communicate all last-minute updates such as program cancellations due to weather or any emergencies. “Band” is a free, safe, and simple messaging tool that will help the Youth Bureau share important updates and reminders. All personal information is kept private. There is NO cost to you for sending or receiving messages.

Do you have a smartphone? Yes _____ No _____

We will need the following to set this up:

Email address Parent/Guardian 1 _____

Cell phone Parent/Guardian 1 _____

Email address Parent/Guardian 2 _____

Cell phone Parent/Guardian 2 _____

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: _____

PHOTO/VIDEO CONSENT

I, _____, parent/guardian of _____, hereby ☐ **DO** ☐ **DO NOT** consent that the White Plains Youth Bureau may photograph/videotape my child and use such photographs/videotape 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 photographs/videotape. I understand that such information could subsequently be used by other media.

I have read and understand the above release

Signature of Parent/Guardian: _____ Date: _____

EDUCATIONAL INFORMATION RELEASE FORM

I, _____, parent/guardian of _____,

☐ **DO** ☐ **DO NOT** give permission for the release of the following information from my child's school to the staff of White Plains Youth Bureau:

- 1st page of The White Plains City School District student information sheet
- Communicate with my child's day-time teacher
- Communicate with school social worker
- Communicate with school psychologist
- Communicate with school officials

As these relate to the student's behavior and academic needs. This information is strictly confidential and will be treated as such by the City of White Plains Youth Bureau in working with my child.

Signature of Parent/Guardian: _____ Date: _____

PARENT ADVISORY COMMITTEE

I, _____, parent/guardian of _____,

☐ **DO** ☐ **DO NOT** want to be considered to be on the Parent Advisory Committee where I would attend monthly meetings and give input on the STEAM Academy Math Camp.

Participation in these meeting is a direct way to better affect your child's experience as well as assist the White Plains Youth Bureau with ongoing program development.

Signature of Parent/Guardian: _____ Date: _____

Youth Bureau STEAM Academy Statement of Policy

The City of White Plains Youth Bureau STEAM Academy is a free grant-based program. Students are invited according to educational and financial need as determined by the 21st Century Communities Learning Center Grant criteria. Students must currently be in fifth grade who are White Plains residents. Students are chosen without regard for gender, race, color, or national origin. In order for your child to start the STEAM Academy Math Camp on Tuesday, July 6th, all forms must be received **prior to the start of the program**.

BUS POLICY: There will be NO bus service during the summer program. Parents/Guardians are responsible for bringing and picking up their child from Eastview Middle School

ATTENDENCE POLICY: **Children and parents will have their temperatures taken and recorded daily upon arrival to the program. Should you or your child register a temperature of 100.4 or above, the child will be sent home. Please do not leave until your child is cleared to enter the building.** Your child is **REQUIRED** to be present every day, for the full time of the enrolled period. Should your child not be able to attend, advanced notice or doctor's note is required.

WITHDRAWAL: A child may be asked to withdraw from the STEAM Academy Math Camp if, in the judgment of the professional staff, he or she is not able to adapt to the reasonable expectations of the program. ***Please see parent handbook.*** Parents agree to inform the program upon registration of any special needs that require modifications in the child's school program. If a child is removed from the STEAM Academy for any reason, it is the responsibility of the parent/guardian to inform their child's school of all new dismissal procedures.

STAFF: The ratio of staff to children will be approximately 1 to 10 in the primary grades. Children will be supervised at all times. Parents, guardians, Youth Bureau and school staff may be informed of a student's attendance, progress and behavior. The STEAM Academy encourages parents and teachers to discuss specific concerns at any time with the Site Coordinator or program administrators of the Youth Bureau.

HEALTH: **Children and parents will be screened and have their temperatures will be taken daily, upon arrival to the program.** If it appears that a child's health may pose a risk to other children, parents will be called and required to immediately pick up their child. ***Our directors may not administer medication of any kind to any child, nor may a child self-administer medication while in our care.*** The only exception to this is the case of emergency medications, including and limited to **asthma rescue inhalers, epi-pens, Benadryl and nebulizers.** All of our licenses have been amended so that we are able to administer these emergency medications, following careful procedures that ***require advance written plans and consents from a parent and child's physician.*** ***If your child may require any of these medications during our program hours, please speak with your Site Coordinator right away and arrange to process the needed forms to arrange for this in advance.*** In any other cases of medical emergency, we rely on the excellent local emergency services to provide urgent care.

In the event of a medical emergency, we will contact the local emergency medical system. We are required to have a copy of the children's current physical & immunization record on file with our program.

FOOD SERVICE ARRANGEMENTS: Lunch and a nutritional snack will be provided by the White Plains Food and Nutrition Service

POLICY OF DISMISSAL:

- All children must be signed out from the program each day by a parent/guardian or a person designated in writing on

the child's registration form, unless you give permission for your child to walk home.

- Only the persons listed on the dismissal form provided in the registration packet will be allowed to pick up a child.
- No child will be permitted to walk home unattended, unless the waiver below is signed by a parent/guardian.

ARRANGEMENTS FOR DISMISSAL

My child _____ is to be **dismissed from the STEAM Program daily** in the following manner:

☐ **SCHOOL PICK UP** by Parent or Guardian:

My child may be released to the following person(s):

Designated person(s) for school pick up must have photo identification.

Name: _____ Contact #: _____

Name: _____ Contact #: _____

Name: _____ Contact #: _____

Name: _____ Contact #: _____

Name: _____ Contact #: _____

☐ **WALK HOME**

Signature of Parent/Guardian: _____ Date: _____

WALK HOME WAIVER

I, _____, parent/guardian of _____,

_____ **DO** _____ **DO NOT** give consent to release my child, at dismissal (3:30pm), to walk home from program.

Signature of Parent/Guardian: _____ Date: _____

DISMISSAL ARRANGEMENTS: If any person is legally barred from having contact with or picking up your child, ***you must notify the STEAM Academy of this in writing and provide legal documentation to that effect.*** Without such valid and supporting documentation, we cannot prevent a parent from seeing or picking up a child.

I have read and agree to these policies.

Signature of parent or legal guardian _____ Date _____

OFFICE USE ONLY

Medical _____ Immunization _____ Report Card _____
ASC _____ Date Application Received _____

Site Coordinator Notified _____

MEDICAL HISTORY
To be completed by parent/guardian

The information you provide below will keep the instructors informed of anything they need to be aware of while conducting online instruction.

Is your 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 (Please list below)	<input type="checkbox"/> German Measles
<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Other Medications		<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Fainting Spells			<input type="checkbox"/> Haemophilus
<input type="checkbox"/> Asthma			<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hay Fever			<input type="checkbox"/> Influenza Type B

List operations or serious injuries with dates: _____

List chronic or recurring illnesses _____

Please list current medications _____

Restrictions on child's participation in activities _____

Any other issue/concern that we should be aware of: _____

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

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

OFFICE USE ONLY

Medical _____ Report Card _____

Date Application Received _____



WPYB
STEAM Academy
Math Camp Summer
2021



Welcome to a new STEAM Academy session!

Parents/guardians, please tell us about your child:

Briefly describe your child's personality: _____

Please list your child's academic strengths: _____

Please list your child's academic areas for growth: _____

Is there anything else that we should know about your child? (family changes, health concerns, special needs, etc.)



science



technology



engineering



arts



mathematics

2020-2021 INCOME ELIGIBILITY GUIDELINES

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 23,606	\$ 1,968	\$ 984	\$ 908	\$ 454
2	\$ 31,894	\$ 2,658	\$ 1,329	\$ 1,227	\$ 614
3	\$ 40,182	\$ 3,349	\$ 1,675	\$ 1,546	\$ 773
4	\$ 48,470	\$ 4,040	\$ 2,020	\$ 1,865	\$ 933
5	\$ 56,758	\$ 4,730	\$ 2,365	\$ 2,183	\$ 1,092
6	\$ 65,046	\$ 5,421	\$ 2,711	\$ 2,502	\$ 1,251
7	\$ 73,334	\$ 6,112	\$ 3,056	\$ 2,821	\$ 1,411
8	\$ 81,622	\$ 6,802	\$ 3,401	\$ 3,140	\$ 1,570
*Each Add'l person add	\$ 8,288	\$ 691	\$ 346	\$ 319	\$ 160

Please attach 2 most recent paystubs or the first two pages of your 1040 tax forms.