



# BITS 'N PIECES 2024

## 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 School**

**Students entering 1<sup>st</sup> -5<sup>th</sup> grade**

**July 1-August 9, 2024**

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

**Full Fee: \$1,072.00**

**Scholarship: \$645.00**

**Extended day from (5:00 - 5:30 pm) an additional \$33.00/per week**

### **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) Copy of Federal 1040 Tax Form 2023 (if you are applying for scholarship)
- 4) Check/Money Order made out to the City of White Plains or Completed Credit Card Authorization form.

**Completed registration forms will be accepted by Drop Box Only  
located in the front entrance of the Youth Bureau:**

**The White Plains Youth Bureau**

**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., Ph.D.  
EXECUTIVE DIRECTOR

ELIZABETH ALMONTE, MBA  
DEPUTY DIRECTOR

## BITS 'N PIECES TUTORIAL SUMMER CAMP 2024

JULY 1ST-AUGUST 9TH, 2024

### 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 2024 (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"/> 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: \_\_\_\_\_

**THE CITY OF WHITE PLAINS YOUTH BUREAU  
BITS 'N PIECES TUTORIAL SUMMER CAMP**



**SUMMER CAMP SWIMMING PERMISSION FORM**

I give permission for my child to participate in all recreational and instructional swimming activities as well as other water related recreational activities at Bits N' Pieces Summer Camp.

Camper's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE CITY OF WHITE PLAINS YOUTH BUREAU  
BITS 'N PIECES TUTORIAL SUMMER CAMP**



**SUNSCREEN PERMISSION FORM**

I consent to have my child carry and use sunscreen they will bring to camp, and I affirm that the sunscreen is FDA-approved for over-the-counter use to avoid overexposure to the sun.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



City Of White Plains Community Development



**COMMUNITY DEVELOPMENT PROGRAM  
(CDBG) INTAKE FORM**

**2024-2025**

**Agency: WHITE PLAINS YOUTH BUREAU**

**Program: Bits N' Pieces Summer Enrichment Camp**

**National Objective: LMI**

**Section A. Contact Information**

Full Name of Person that will Receive Services: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Telephone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Home Telephone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Work Telephone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Birthdate (mo./day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section B. Household information**

Number of persons in household: \_\_\_\_\_

How many of the persons in the household are:

Female head of household:     YES     NO

**Section C. Race and Ethnicity**

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

Hispanic

Non-Hispanic

**Whether you have chosen Hispanic or Non-Hispanic, you must still check one race category below.**

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

White

Black/African

Asian

American Indian/Alaska Native & White

Asian & White

American Indian/Alaskan Native & Black/African American

Black/African American & White

American Indian/Alaska Native

Native Hawaiian/Other Pacific Islander



**Section D. Income**

**\*Statement of Income from employers is insufficient unless accompanied by a payroll statement.**

All applicants must include income verification Federal Income Tax Form 1040.

If Federal Income Tax has not been filed, please include any of the following household income records to determine eligibility:

- Section 8 Statement
- Federal W2 Form
- Unemployment Insurance Benefit Statement
- SSI/SSA/SSD Statement
- Federal W4 Form

You are required to attach a copy of your 2023 Federal Income Tax Form 1040.

Total household income: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

**OFFICE USE ONLY:**

**INCOME CATEGORY:**

- Extremely Low 0-30% AMI
- Low 31%-50% AMI
- Moderate 51%-80% AMI
- Non-Low/ Moderate 81%-100% AMI

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

Client intake forms are filed in the following location:

**Income Verification & Certification**

Please Circle the appropriate income category:

2023 Maximum Income Guidelines

Income Limits	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
80%	\$82,250	\$94,000	\$105,750	\$117,450	\$126,850	\$136,250
60%	\$61,700	\$70,500	\$79,300	\$88,100	\$95,150	\$102,200
50%	\$51,400	\$58,750	\$66,100	\$73,400	\$79,300	\$85,150

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

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

**White Plains Youth Bureau**  
**BITS N' PIECES 2024 SUMMER CAMP ONLY**  
**Credit Card Authorization Form**  
**CAMPAMENTO BITS N' PIECES**  
**Formulario de Autorización de Tarjeta de Crédito**



PLEASE PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO US.

All information will remain confidential. ◊ POR FAVOR IMPRIMIR Y COMPLETER ESTA AUTORIZACIÓN Y DEVOLVERNOSLA.

Toda la información se mantendrá confidencial.

Cardholder Name: \_\_\_\_\_  
Titular de la tarjeta

Billing Address: \_\_\_\_\_  
Dirección

Credit Card Type:      \_\_\_ Visa      \_\_\_ Mastercard      \_\_\_ Discover      \_\_\_ AMEX

Card # \_\_\_\_\_  
# de tarjeta

Expiration Date: \_\_\_\_\_  
Fecha de vencimiento

Amount to Charge:      \$ \_\_\_\_\_ (USD)  
Cantidad a cobrar

I authorize the City of White Plains to charge the agreed amount listed above to my debit/credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. ◊ Yo autorizo a la ciudad de White Plains a que cobre el monto acordado a la tarjeta provista. Acepto pagar esta cantidad de acuerdo al arreglo bancario.

Print Name / Escribir nombre \_\_\_\_\_

Signed / Firma: \_\_\_\_\_

Dated / Fecha: \_\_\_\_\_

Once signed, return to / Una vez firmado, devolver a:

White Plains Youth Bureau  
11 Amherst Place  
White Plains, NY 10601