*PLEASE KEEP THIS FOR YOUR RECORDS*

**Orientation Dates & Times:**
Please make sure to check ☒ the same Date and as on page 2 for the Summer Camp 2022 Orientation:

*(Parent Manual will be handed out at Parent Orientation)*

<table>
<thead>
<tr>
<th>Orientation Location: 145 Parsells Avenue  Rochester, NY 14609</th>
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</thead>
<tbody>
<tr>
<td>☐ Monday June 27, 2022-5:30 PM</td>
</tr>
<tr>
<td>☐ Tuesday June 28, 2022-5:30 PM</td>
</tr>
<tr>
<td>☐ Wednesday June 29, 2022-5:30 PM</td>
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</tbody>
</table>

**Summer Camp Dates for youth entering K-8th Grade:**
July 5, 2022 through August 12, 2022

**Summer Camp Hours of Operation:**
8:30AM to 3:30PM
Mondays through Fridays

**Summer Camp Location/Application drop off site by 4PM on June 10, 2022 & Contact Information:**
Community Summer Learning Center
The Community Place of Greater Rochester
145 Parsells Avenue
585-288-0021 or 585-953-4597
Fax: 288-8662 attn: Summer Camp
Email: summercamp@communityplace.org
Camp Manager: Roslyn Mosley

You will be notified by E-MAIL of acceptance into the camp.
Summer Camp Check List/Cheat Sheet

Did you remember to clearly fill out?

☐ Selected a referral source – How did you hear about the program?
☐ Pickup & drop off
☐ Parent orientation selected date
☐ Children’s shirt size, please pick 1 size
☐ E-Mail address (for acceptance notification)
☐ RCSD Student ID # (Can be found on report card or call the School Secretary)
☐ Emergency contacts/pick up authorizations – include EVERYONE that may pick up child
☐ Health care provider name & number
☐ Health insurance company name and policy number
☐ Special health concerns/restrictions
☐ Allergies Section
☐ Medications: Name and Dosage
☐ Emergency Contact Information Required for emergency contact binder
☐ Completed Hippa Form
☐ Participatory release signatures
☐ Both parent & youth signed and date youth plan
☐ Complete immunization and physical records from child(ren) doctor’s office

***IF YOU DO NOT SUBMIT AN UPDATED PHYSICAL FORM, YOU WILL NEED TO PROVIDE PROOF SHOWING THAT AN APPOINTMENT IS SCHEDULED BEFORE YOUR APPLICATION WILL BE ACCEPTED. ***

NO CHILD CAN ATTEND SUMMER CAMP WITHOUT AN UP-TO-DATE PHYSICAL
[Within 1 year of the final day of camp – (August 12, 2021 – August 12, 2022)]
Child’s Name: ___________________________________________

Community Summer Learning Center
Registration Application Summer 2022
(Entering K-8th grade)

Child’s Grade for the 2022/2023 School Year: ________________
Past Camper with CPGR: Y/N ______ If Yes What Year: __________

Important Notes:

Applications with up to date Physical and Immunization Records from Doctor’s office are due by June 10, 2022 at 4PM on a first come first served basis for 70 youth participants. Applications turned in does not mean automatic acceptance.

Incomplete applications will not be accepted and please print clearly.

There will be a Mandatory Parent Orientation prior to the start of the summer camp program.

Return applications, physical and immunization records to The Community Place of Greater Rochester Located at 145 Parsells Avenue.

One Application per Child.

***For any campers requiring medications (listed on medical forms from a doctor), MUST bring all listed medications to Parent Orientation. If camper does not require it during camp hours, please provide doctor note stating this***

Office Use Only:

| Date Received: | Received By: | Date Entered: | Entered By: |

Page 2 of 9
Child’s Name: ________________________________

<table>
<thead>
<tr>
<th>How Did You Hear About Us? (Please Check):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Rochester Housing Authority</td>
</tr>
<tr>
<td>☐ School #53</td>
</tr>
<tr>
<td>☐ Other: ____________</td>
</tr>
</tbody>
</table>

Please Check One (1) Mandatory Orientation Date you will be attending:
Orientation Location: 145 Parsells Avenue Rochester, New York 14609

☐ Monday June 27, 2022 – 5:30 PM
☐ Tuesday June 28, 2022 – 5:30 PM
☐ Wednesday June 29, 2022 – 5:30 PM

Note: Your child will not be able to attend camp until an orientation has been completed

How will your child(ren) get to and from camp each day? Bus Space is limited!

**NOTE:** Please check both a morning pick-up and afternoon drop-off location

<table>
<thead>
<tr>
<th>Morning Pick-Up Location</th>
<th>Afternoon Drop-Off Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Bus @Danforth Towers (West Ave)</td>
<td>☐ Bus @Danforth Towers (West Ave)</td>
</tr>
<tr>
<td>☐ Drop Off at camp site (Parsells Ave)</td>
<td>☐ Pick-Up at camp site (Parsells Ave)</td>
</tr>
<tr>
<td>☐ Walker (home to camp site)</td>
<td>☐ Walker (camp site to home)</td>
</tr>
</tbody>
</table>

What Size Shirt Does Your Child Wear?

**PLEASE CHECK ONE (1) SHIRT SIZE for your Camper Participating**

Child Size: ☐ X-Small ☐ Small ☐ Medium ☐ Large
Adult Size: ☐ Small ☐ Medium ☐ Large ☐ X-Large
The Youth Plan is a service plan for youth engaged in The Community Place of Greater Rochester’s Community Summer Learning Center (CSLC). The goal of CSLC is to prepare youth for college, work, and life by age 21 through innovative and engaging summer enrichment projects, activities, workshops and field trips. CSLC focuses on the following core components of youth development and enrichment:

1. Academic Enrichment (Literacy & STEM)
2. College and Career Exploration
3. Civic Engagement and Community Service Learning
4. Health and Physical Fitness
5. Social and Emotional Development
6. Leadership and Character Development
7. Artistic and Cultural Development

Youth participants agree to:
- Actively participate in scheduled activities at least 4 days per week.
- Work towards successfully implementing and achieving Youth Behavioral Guidelines of program.
- Come to program with a positive attitude and have fun.

CPGR Staff agrees to:
- Create a welcoming, friendly, safe and youth-centered environment for youth participants and their families.
- Deliver quality program incorporating core components of youth development and enrichment activities.
- Provide age appropriate activities, use evidence based curriculums and include youth voice/choice in program offerings.
- Interact with youth establishing rapport and making appropriate referrals for wrap around services as needed.
- Contact parent/guardian about their child’s successes in program and if challenges arise.

Parent/Guardian agrees to:
- Support all staff, partners, and volunteers involved with helping youth become successful.
- Serve as an active participant in programming by attending events, conversations with staff, satisfaction surveys, reading newsletters and etc.
- Communicate with Community Summer Learning Center staff regarding program absences, changes in contact information, health concerns and behavior concerns.
- Provide honest feedback regarding the Community Summer Learning Center to facilitate the continuous improvement of the program to meet the needs and exceed the expectations of families.

All Parties to agree by Signature:

<table>
<thead>
<tr>
<th>Youth Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Staff Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Street Address</td>
<td>City</td>
</tr>
<tr>
<td>----------------</td>
<td>------</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Race/Ethnicity</td>
</tr>
<tr>
<td>School</td>
<td>Grade</td>
</tr>
<tr>
<td>Parent/Guardian Name</td>
<td>Relationship to Child</td>
</tr>
<tr>
<td>Street Address</td>
<td>City</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>Employer</td>
<td>E-mail Address</td>
</tr>
<tr>
<td>Parent/Guardian Name</td>
<td>Relationship to Child</td>
</tr>
<tr>
<td>Street Address</td>
<td>City</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>Employer</td>
<td>E-mail Address</td>
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</tbody>
</table>

So we can identify families, if you are registering siblings please list their names and their grade 2021/2022

*One Application Per Child*
Privacy Notice – Acknowledgement of Receipt

New federal regulations require The Community Place of Greater Rochester, Inc. (CPGR) to send a Privacy Notice to everyone who receives services from CPGR. These regulations are known as the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

The HIPPA Privacy rule does not change the way you receive services from CPGR. It does not change the privacy rights you have had under New York State Mental Hygiene law. The HIPPA privacy rule requires CPGR to take some additional steps to make sure you are aware of your privacy rights.

By signing this acknowledgement form, I am confirming that:

- I have received a copy of CPGR’s Privacy Notice.
- I understand that I can contact people listed in the Privacy notice to get more information about my privacy rights at CPGR.

Participant name (please print): __________________________________________________________

Parent/Guardian name: _________________________________________________________________

Parent/Guardian Signature: _____________________ Date________________________

In the event the participant and/or his/her guardian is unable to comprehend the notice:

Address of contact person: _____________________________________________________________

Signature of Contact Person: _____________________ Date________________________

Relationship to consumer: ____________________________________________________________
Child’s Name: ______________________________________

All Combined Releases: Please read carefully and sign accordingly.

1. SCHOOL RELEASE: The Community Place of Greater Rochester is working with parents and schools to monitor and improve school attendance rates and grades as well as to foster greater commitment to education among youth program participants from Kindergarten to 8th grade. In order for us to accomplish these goals, we need your permission to both obtain from and give information to your child’s school. I agree to let the Community Place of Greater Rochester, Inc. (CPGR) obtain and/or give information to (enter child’s school) ________________ (child’s school) about __________________________________________ (child’s name)
   
   I have read and support the information above and by signing below I give my permission for the release of information.

   _____________________________________________________________
   Parent/Guardian Signature
   ____________________________
   Date

2. IMAGE RELEASE: I give permission for my child to be photographed and videotaped for promotional purposes while participating in this program. All images will be captured on equipment owned by Community Place. Images and video will not be taken and/or stored on devices owned by individual staff members.

   _____________________________________________________________
   Parent/Guardian Signature
   ____________________________
   Date

3. PROGRAM TRANSPORTATION: I give the Community Place of Greater Rochester, Inc. permission to transport my child for all scheduled field trips and program outings.

   _____________________________________________________________
   Parent/Guardian Signature
   ____________________________
   Date

4. PERMISSION TO PARTICIPATE IN PROGRAM EVALUATION: The Community Place of Greater Rochester is committed to providing the best possible program for youth and families and making sure that the program is effective in preparing youth for employment, life and college. We will be using various methods to evaluate program success, including parent/youth surveys, focus groups, assessment tools, etc. All information will be kept strictly confidential. I give my child permission to participate in Program Evaluation activities.

   _____________________________________________________________
   Parent/Guardian Signature
   ____________________________
   Date

5. MEDICAL RELEASE: I give permission that my child, may be given first aid and emergency treatment by a child care provider of the Community Place of Greater Rochester, Inc.’s Community Summer Learning Center. This includes minor first aid, sunscreen, antihistamine and antibiotic cream.

   _____________________________________________________________
   Parent/Guardian Signature
   ____________________________
   Date

6. PROGRAM RELEASE: I give my permission for my child to participate in the Community Place of Greater Rochester’s Community Summer Learning Center.

   _____________________________________________________________
   Parent/Guardian Signature
   ____________________________
   Date
Child’s Name: ________________________________

<table>
<thead>
<tr>
<th>Child Health Information</th>
<th></th>
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<tbody>
<tr>
<td>Child’s Physician (Name):</td>
<td></td>
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<tr>
<td>Phone Number:</td>
<td>( )</td>
</tr>
<tr>
<td>Special Health Problems: □ Yes □ No (Ex. ADD, ADHD, Emotional, Psychological) If Yes, please specify.</td>
<td></td>
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<tr>
<td>Allergies (Food, Drug, Environmental): □ Yes □ No If Yes, please specify.</td>
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<tr>
<td>Regular Medications? □ Yes □ No</td>
<td></td>
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<tr>
<td>If Yes, please specify.</td>
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<tr>
<td>Medications given at home:</td>
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<tr>
<td>Medications given at school:</td>
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<tr>
<td>Important information we should know about your child...</td>
<td></td>
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<tr>
<td>Who does your child live with and what is their relationship to him/her?</td>
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<tr>
<td>What techniques of discipline do you find most effective?</td>
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<td>If you could describe your child in one phrase, what would it be?</td>
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<thead>
<tr>
<th>Child’s Medical Insurance Coverage</th>
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<tbody>
<tr>
<td>Insurance Company/Medicaid Provider</td>
<td>Member Policy Number</td>
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<tr>
<td>Preferred Hospital</td>
<td>Dentist Name and Number</td>
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<thead>
<tr>
<th>Family Income Information</th>
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<tbody>
<tr>
<td>□ $0-9,999</td>
<td>□ $35,000-$44,999</td>
</tr>
<tr>
<td>□ $10,000-14,999</td>
<td>□ $45,000-$74,999</td>
</tr>
<tr>
<td>□ $15,000-24,999</td>
<td>□ $75,000 +</td>
</tr>
<tr>
<td>□ $25,000-34,999</td>
<td>□ No Income</td>
</tr>
</tbody>
</table>
**Emergency Contact Information (Required for Emergency Binder)**

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>CONTACT NAME</th>
<th>TELEPHONE NUMBER DURING CAMP</th>
<th>OTHER TELEPHONE NUMBER</th>
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**PICK UP/ EMERGENCY CONTACT DATA**

**CHILD’S FULL NAME:**

**SEX:**
- [ ] Male
- [ ] Female

**CHILD’S HOME ADDRESS:**

**DATE OF BIRTH:**

**NAME OF PERSON APPLYING FOR CHILD:**
- [ ] Parent
- [ ] Guardian
- [ ] Caretaker
- [ ] Relative
- [ ] Other

**HOME TELEPHONE NUMBER:**

**DAYTIME TELEPHONE NUMBER:**

**ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD’S):**

---

**AGREEMENTS**

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

* I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision.  
  - [ ] Yes  
  - [ ] No

* In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on pg. 7) necessary for the proper health and well-being of my child.  
  - [ ] Yes  
  - [ ] No

* I have provided information on my child’s special needs (Allergies, Diet, Disabilities, and/or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency.  
  - [ ] Yes  
  - [ ] No

* I agree to review and update this information whenever a change occurs.  
  - [ ] Yes  
  - [ ] No

**SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE**

**DATE:**