

CHILD'S NAME: _____



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)

Orientation Location: 145 Parsells Avenue Rochester, NY 14609

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

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.

Child's Name: _____



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: _____



The
**COMMUNITY
PLACE** of GREATER
ROCHESTER, INC.



**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:
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Child's Name: _____

How Did You Hear About Us? (Please Check):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Rochester Housing Authority | <input type="checkbox"/> PathStone |
| <input type="checkbox"/> School #53 | |
| <input type="checkbox"/> Community Place of Greater Rochester | <input type="checkbox"/> Other: _____ |

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*

Morning Pick-Up Location

- Bus @Danforth Towers (West Ave)
 Drop Off at camp site (Parsells Ave)
 Walker (home to camp site)

Afternoon Drop-Off Location

- Bus @Danforth Towers (West Ave)
 Pick-Up at camp site (Parsells Ave)
 Walker (camp site to home)

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

Child's Name: _____



Community Summer Learning Center Youth Plan

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:

Youth Signature

Date

Parent Signature

Date

Staff Signature

Date

Child's Name: _____

Street Address		City	Zip Code
Date of Birth	Race/Ethnicity		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
School	Grade	RCSD ID # (Required - Found on Report Card)	
Parent/Guardian Name		Relationship to Child	
Street Address		City	Zip Code
Home Phone	Cell Phone	Work Phone	
Employer		E-mail Address	
Parent/Guardian Name		Relationship to Child	
Street Address		City	Zip Code
Home Phone ()	Cell Phone ()	Work Phone ()	
Employer		E-mail Address	
So we can identify families, if you are registering siblings please list their names and their grade 2021/2022 *One Application Per Child*			
Name:		Grade:	
Relationship:			
Name:		Grade:	
Relationship:			
Name:		Grade:	
Relationship:			
Name:		Grade:	
Relationship:			
Name:		Grade:	
Relationship:			

Child's Name: _____



The COMMUNITY PLACE of GREATER ROCHESTER, INC.

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 (HIPAA).

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: _____

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

Child's Name: _____

Emergency Contact Information (Required for Emergency Binder)

PICK UP/ EMERGENCY CONTACT DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CAMP	OTHER TELEPHONE NUMBER

<p>The Community Place of Greater Rochester, Inc. The Community Learning Center Roslyn Mosley 145 Parsells Avenue, Rochester, NY 14609 585-288-0021 X. 182 (office) (585) 953-4597 (Cell)</p>	CHILD'S FULL NAME:		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
	CHILD'S HOME ADDRESS:		DATE OF BIRTH:
	NAME OF PERSON APPLYING FOR CHILD:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other	HOME TELEPHONE NUMBER: DAYTIME TELEPHONE NUMBER:
	ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):		
	<p>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.</p> <p>* 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. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* 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. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* 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. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* I agree to review and update this information whenever a change occurs. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
	SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE		DATE: