Dear Parent or Guardian:

Buffalo Public Schools, Say Yes Buffalo, the City of Buffalo, and Erie County are offering a free 6-week Summer Camp from July 11 – August 19, 2022, Monday – Friday. Please see the back of this letter for site locations, hours, and contact information. To be eligible, students must be a Buffalo Public Schools student in grades PK-6, enrolled at a district or charter school during the 2021-2022 school year. Also, students must be 5 years old by July 11, 2022.

Summer camp activities will include reading, writing, math, and recreational activities. Healthy meals will be served daily. Transportation to and from camp will not be provided.

There are two ways to enroll your child in Summer Camp: 1) Complete an application online at www.sayyesbuffalo.org/summer, or 2) Complete the attached paper application and drop it off at a Parent Center location:

Bennett Parent Center
2885 Main St
Mon & Wed 2-7:30pm
Tues & Thurs 12-4pm
Fri 10am-2pm

East Parent Center
820 Northampton St
Mon & Wed 12-4pm
Tues & Thurs 2-7:30pm
Fri 10am-2pm

Lafayette Parent Center
370 Lafayette Ave
Mon & Wed 2-7:30pm
Tues & Thurs 12-4pm
Fri 10am-2pm

South Park Parent Center
150 Southside Pkwy
Mon & Wed 12-4pm
Tues & Thurs 2-7:30pm
Fri 10am-2pm

Applications are due June 24, 2022. However, enrollment is on a first come, first served basis, and space is limited, so please submit your application as soon as possible.

Once enrolled, attendance for Summer Camp is very important. If your child has more than 5 unexcused absences, your child may lose their Summer Camp slot and be placed on the waiting list.

If you have any site-specific questions, please contact the camp site directly (contact information is on the back of this letter). For general questions, please call or text Say Yes Buffalo at 716-253-1513.

We look forward to having a fun and engaging summer with you and your child!

Sincerely,

Dr. Tonja Williams
Superintendent
Buffalo Public Schools

David Rust
Executive Director
Say Yes Buffalo
Antioch Baptist Church
1327 Fillmore Ave, 14211
8:00am-12:00pm
Contact: JoAnna Wingo
716-895-0198
joannawingo@gmail.com
Contact: JoAnna Wingo
1327 Fillmore Ave, 14211
8:00am-12:00pm
Contact: JoAnna Wingo
716-895-0198
joannawingo@gmail.com

BestSelf’s Building Brighter Futures at Renovation
567 Hertel Ave, 14207
Contact: Regina Cooper
716-458-2075
bbfprograms@bestselfwny.org
Capaz de comunicarse en español.

BestSelf’s Building Brighter Futures at St Philip’s
15 Fernhill Ave, 14215
8:30am-12:30pm
Contact: Regina Cooper
716-458-2075
bbfprograms@bestselfwny.org
Capaz de comunicarse en español.

Boys & Girls Clubs of Buffalo Masten Clubhouse
397 Northland Ave, 14208
8:00am-3:00pm
Contact: Charmesa Brown
716-882-2716
cbrown@bgcbuffalo.org
BWART at Martha Mitchell
175 Oakmont Ave, 14215
8:00am-3:00pm
Contact: Tara Craig
934-444-5392
craigtara716@gmail.com
BWART at Royal Church
1335 Clinton St, 14206
8:00am-3:00pm
Contact: Tara Craig
934-444-5392
craigtara716@gmail.com

CAAQNY @Edward Saunders Unity Center
2777 Bailey Ave, 14215
8:30am-3:30pm
Contact: Gabrielle Epperson
716-846-4409
gpepperon@caaqny.org
CAAQNY @Pratt Willert Community Center
422 Pratt St, 14204
8:30am-3:30pm
Contact: Shaheehah Ali
716-430-1073
sAli@caaqny.org

Delavan Grider Community Center
877 East Delavan Ave, 14215
8:00am-3:00pm
Contact: Candace Moppins
716-896-7021
metrocc877@yahoo.com
Delaware Family YMCA
2564 Delaware Ave, 14216
8:30am-12:30pm
Contact: Melissa Stitt
716-875-1283
msstitt@ymca-bn.org

El Batey Puerto Rican Center
175 Rano St, 14207
8:00am-3:00pm
Contact: Beatriz Flores
716-348-0156
elbateyprcenter@gmail.com
Capaz de comunicarse en español.
Friends Inc. @ Dorothy J Collier Community Center
118 East Utica St, 14209
9:00am-1:00pm
Contact: Jetaun Jones
716-882-0602
friendsincdccc@gmail.com

Gloria J. Parks Community Center
3242 Main St, 14214
8:00am-3:00pm
Contact: Michael Derr
716-832-1010
m.derr@udcda.org

King Urban Life Center
938 Genesee St, 14211
8:30am-12:30pm
Contact: Cheryl Williams-Manney
716-895-2050
cwmanney@kingurbanlifecenter.org
Capaz de comunicarse en español.

Lt. Col. Matt Urban Center at TJ Dulski Community Center
129 Lewis St, 14212
8:30am-12:30pm
Contact: Justin Larke
716-893-7222
Jlarke@urbanctr.org

Mount Moriah Missionary Baptist Church
400 Northampton St, 14208
8:30am-3:30pm
Contact: Jeffrey C Chambless
716-864-8162
jchambless1125@gmail.com

Parker Academy
49 Indian Church Rd, 14210
8:00am-3:00pm
Contact: Jamie Parker
716-821-7704
parkacademy1@gmail.com
Capaz de comunicarse en español.

Police Athletic League of Buffalo - Hennepin Community Center
24 Ludington St, 14206
8:00am-3:00pm
Contact: Oumar Adam
716-308-2606
buffalopalinc@gmail.com
Submit applications at 65 Niagara Sq, 21st Floor, 14202
Capaz de comunicarse en español. Capable de comunicar en francés.

Resource Council
347 East Ferry St, 14208
8:30am-3:30pm
Contact: Racheal Tarapacki
716-783-8259
rtarapacki@rcwny.org

Somali Bantu Community Organization of WNY Inc
50 Rees St, 14213
8:00am-3:00pm
Contact: Ibrahim Iftin
443-527-2096
sbcob1@gmail.com
Submit applications at 161 Vermont St, 14213
Waxaa loogu hadli kara afsoomaali. Waliwo na uwezo wa kuwasiliyana kwa Kiswahili. Able to communicate in Maay Maay, and Chizigula (Kizigua).

The Belle Center
104 Maryland St, 14201
8:00am-12:00pm
Contact: Victor Montes
716-845-0485
vmontes@thebellecenter.org
Capaz de comunicarse en español.

Tru-Way Community Center
2056 Genesee St, 14211
8:00am-3:00pm
Contact: Byron Trice
716-563-9863
truway@roadrunner.com

YWCA of Western New York
1005 Grant St, 14207
8:30am-3:30pm
Contact: Sandie McCoulf
716-852-6120
smccoulf@ywca-wny.org

PLEASE NOTE: Space is limited and slots will be given on a first-come, first-served basis. There is NO cost for students to participate in the Say Yes portion of camp. If a site offers an extended day, fees may apply for the additional hours. Contact sites directly to inquire.

www.SayYesBuffalo.org/summer
Say Yes Summer Camp Enrollment Form

SITE CHOICES – FIRST: ____________________________________________________________

SECOND: ___________________________________________ THIRD: ____________________

If my 1st choice is full, I’d like to (check one):
☐ Have my child put on the waiting list
☐ Be enrolled at my 2nd or 3rd choice

I would like my confirmation letter (check one):
☐ Mailed to: _________________________________
☐ Emailed to: _______________________________

STUDENT/HOUSEHOLD INFORMATION

Student Name: __________________________ School: _______ Grade in 2021-22 (PK-6): _______
Address: __________________________________ Date of Birth: __________ Student ID #: __________
Student Gender: __________ Student’s preferred language: __________ T-shirt size: __________

Does student have:  Individualized Education Program? ☐ Yes ☐ No  504 Plan? ☐ Yes ☐ No

Please list any other children you plan to enroll in camp: ___________________________________

PARENT/GUARDIAN INFORMATION

Name: _______________________ Relationship: __________ Preferred Language: _____________
Home Number: ________________ Cell Number: _______________ Work Number: _____________
Email Address: __________________________

Name: _______________________ Relationship: __________ Preferred Language: _____________
Home Number: ________________ Cell Number: _______________ Work Number: _____________
Email Address: __________________________

Household size: _______ Household income: __________ per ☐ Year ☐ Month ☐ Week

I approve pictures, video recording, etc. to be taken of my child at summer camp, and to be
used in marketing efforts and publications, including social media.

EMERGENCY CONTACT

Name: _______________________ Relationship: __________ Preferred Language: _____________
Home Number: ________________ Cell Number: _______________ Work Number: _____________
Email Address: __________________________

Name: _______________________ Relationship: __________ Preferred Language: _____________
Home Number: ________________ Cell Number: _______________ Work Number: _____________
Email Address: __________________________

DISMISSAL

My child will be dismissed to walk home each day at the end of camp.  I will pick up my child from camp daily. I understand
local authorities may be called if I fail to do so.

The following are the ONLY other individuals authorized to pick up my child from camp (must present photo ID).

Name: __________________________ Relationship: __________ Phone: __________
Name: __________________________ Relationship: __________ Phone: __________

I understand participation in camp involves certain inherent risks of injury, despite all safety precautions taken by camp staff. Therefore, as the
guardian I will assume all risks, injury or illness, for my child that may occur during the participation in camp activities. I certify that my child is
fully covered by medical insurance and/or that I am financially responsible for costs associated with any medical/dental treatment as deemed
necessary by camp staff and/or medical professionals. I agree to hold harmless Say Yes Buffalo, Child & Family Services, Buffalo Public
School District, Buffalo Board of Education, partnering organizations operating camp sites, their respective subsidiaries or affiliates, or their
respective management, agents, employees, directors, officers, and other representatives in the event of injury to my child. I do further release,
absolve, indemnify, and hold harmless the same parties against any claim of injury or death to my child in connection with any and all camp
activities. I HAVE READ AND I UNDERSTAND THIS AGREEMENT AND VOLUNTARILY SIGN THIS INDEMNITY AGREEMENT.

Parent/Guardian Printed Name: _______________________________________________________
Parent/Guardian Signature: ____________________________________ Date: _________________
Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Say Yes Buffalo has put in place health and safety protocols to reduce the spread of COVID-19; however, Say Yes Buffalo cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending a Say Yes Buffalo Summer Camp site could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Say Yes Buffalo Summer Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Say Yes Buffalo Summer Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, program participants and their families, employees, volunteers, directors, officers, agents and other representatives of Say Yes Buffalo, Child & Family Services, Buffalo Public School District, Buffalo Board of Education, partnering organizations operating camp sites, and their respective subsidiaries or affiliates.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at Say Yes Buffalo Summer Camp or participation in Say Yes Buffalo Summer Camp programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Say Yes Buffalo, Child & Family Services, Buffalo Public School District, Buffalo Board of Education, partnering organizations operating camp sites, their respective subsidiaries or affiliates, or other respective management, agents, employees, directors, officers and other representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Say Yes Buffalo, Child & Family Services, Buffalo Public School District, Buffalo Board of Education, partnering organizations operating camp sites, their respective subsidiaries or affiliates, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Say Yes Buffalo Summer Camp program.

________________________________________________________________________
Signature of Parent/Guardian                     Date

________________________________________________________________________
Name of Parent/Guardian                        Name(s) of child(ren)
Say Yes Summer Camp Health Form

SECTION I – BASIC CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Date of Birth:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Physician Name:</td>
<td></td>
<td>Phone:</td>
</tr>
<tr>
<td>Dentist/Orthodontist Name:</td>
<td></td>
<td>Phone:</td>
</tr>
</tbody>
</table>

SECTION II – INSURANCE INFORMATION

<table>
<thead>
<tr>
<th>Is the child covered by family medical/hospital insurance?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, Insurance Carrier: Group #: Policy #:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Holder’s Name: Relationship to participant:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION III – HEALTH HISTORY

Does the camper have a history of or is prone to any of the following (Please check all that apply).

|-------------------------------------------------|-------|--------|-------------|---------|-------------|---------------|----------------|----------------|-----------------|---------------|----------------|-----------------|----------------|------------------|-----------------|-----------------|-----------------|----------------|-----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|

Please explain any items checked above: _____________________________________________________________

Physical Activities to be limited or restricted at camp: ____________________________________________

SECTION IV – ALLERGIES

Does child have any allergies? Yes No (If yes, please complete below. Attach additional information as needed)

<table>
<thead>
<tr>
<th>Hay Fever</th>
<th>Poison Ivy/Oak</th>
<th>Bees/Insects</th>
<th>Penicillin</th>
<th>Food</th>
<th>Other allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td>(type of reaction)</td>
<td>(type of reaction)</td>
<td>(type of reaction)</td>
<td>(type of reaction)</td>
<td>(type of reaction)</td>
<td></td>
</tr>
</tbody>
</table>

Child requires EPIPEN (check one): No Yes – stored on-site by camp Yes – carried by child
Child requires INHALER (check one): No Yes – stored on-site by camp Yes – carried by child

SECTION V – MEDICATIONS

MEDICATIONS ADMINISTERED AT CAMP? Yes No (If yes, a note is required from the prescribing physician)

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dosage</th>
<th>Time(s) Given</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I give permission for site staff to apply sunscreen and/or bug spray. If “yes”, I will send such to camp with my child. Yes No N/A
I give permission for my child to self-administer his/her INHALER at camp. Yes No N/A
I acknowledge that my child can self-administer his/her EPIPEN as prescribed by a physician. Yes No N/A

SECTION VI – AUTHORIZATION

My child has permission to engage in all camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury. Should my child be a candidate for the Health Home program, I give consent for Say Yes Buffalo staff to contact me with more information.

Parent or Guardian Printed Name: _____________________________________________________________
Parent or Guardian Signature: __________________________________________ Date: _______________
Say Yes Buffalo Summer Camp
Supplemental Student Information

Please describe any vision, hearing, mobility, healthcare and/or behavioral needs your child may have.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What motivators (e.g., toys, activities, foods) will be strong reinforcers for your child?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please list any triggers that might agitate your child (e.g., loud noises, large groups, etc.).
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What is the best way to assist your child if he/she gets overwhelmed or upset?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How does your child prefer to communicate?
☐ Speaks clearly
☐ Uses sign language
☐ Speaks but may be difficult to understand
☐ Uses a communication board
☐ Gestures
☐ Other: ____________________________

Does your child have a caseworker? ☐ Yes ☐ No

If “yes,” please provide:
Caseworker name: ________________________ Organization: ________________________
Email address: _____________________________ Phone number: ________________________
With whom does your child live?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What are your child’s favorite activities?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Please list any of your child’s dislikes or fears of which we should be aware.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

How well does your child follow directions?
☐ Extremely well   ☐ Fairly well   ☐ Not too well   ☐ Poorly

Has your child previously attended a summer camp?  ☐ Yes  ☐ No
If yes, was it a positive experience?  ☐ Yes  ☐ No
Please explain:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Say Yes Buffalo Summer Camp
Release of Information Form (Optional)

By signing this form, I, ___________________________ hereby authorize Say Yes Buffalo/Child & Family Services, ___________________________, Buffalo Organization coordinating summer camp site Public Schools, and if applicable, my child’s charter school ___________________________ Charter school name (write “N/A” if not applicable) to exchange academic and medical records pertaining to my child identified below.

<table>
<thead>
<tr>
<th>Child’s First Name</th>
<th>Child’s Last Name</th>
<th>Child’s Middle Initial</th>
<th>Child’s Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I understand that this form is optional and that I do not need to sign it for my child to attend Summer Camp. If I do not sign this form, Buffalo Public Schools, and if applicable, my child’s charter school will not release any information to the above-named parties. I also understand that Say Yes Buffalo and Child & Family Services may not deny me any services simply because I choose not to sign this authorization. I understand that the information to be released is confidential and protected from sharing. If I choose to sign this authorization, I know that I have the right to cancel my authorization to the release of information in writing at any time, except to the extent that the above-named parties have already used it to exchange records. Written cancellations must be mailed to the following: Dan Cross-Viola, Say Yes Buffalo, 712 Main Street, Buffalo, NY 14202.

My authorization to the exchange of information shall expire one year from the date that I signed below.

Exceptions or limitation to this authorization are as follows:

☐ None

☐ Specify:

_____________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Signature
Date Signed

Revised 6/7/20 – DCV