Dear Parent or Guardian:

Buffalo Public Schools, Say Yes Buffalo, the City of Buffalo, and Erie County are offering a free, six-week Summer Camp from July 8 – August 16, 2024, 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 2023-2024 school year. Also, students must be five years old by July 8, 2024.

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

**There are three ways to submit your application:** 1) Apply online at [www.sayyesbuffalo.org/summer](http://www.sayyesbuffalo.org/summer), 2) Complete the attached paper application and deliver/mail it to the site of your choosing, or 3) Complete the attached paper application and deliver/mail it to Say Yes Buffalo, 1166 Jefferson Ave, Suite A, Buffalo, NY 14208.

Applications are due no later than June 18, 2024. Enrollment is on a first-come, first-serve basis, and space is limited. The online application is highly encouraged.

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 site’s 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) 253-1631.

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

Sincerely,

Dr. Tonja Williams                David Rust  
Superintendent                  Executive Director  
Buffalo Public Schools          Say Yes Buffalo
+ EXTENDED HOURS
AVAILABLE

ADDITIONAL PAPERWORK
REQUIRED AT SITE
(before first day of attendance)

**African American Cultural Center**
350 Masten Ave, 14209
8:00am-3:00pm
Contact: Leah Daniels
LeahD@aaccbuffalo.org
716-884-2013

**Antioch Summer Camp**
1327 Fillmore Ave, 14211
8:00am-12:00pm
Contact: JoAnna Wingo
716-895-0198
joannawingo@gmail.com

**The Belle Center**
104 Maryland St, 14201
8:00am-3:00pm
Contact: JoAnna Wingo
716-895-0198
joannawingo@gmail.com

**BestSelf Building Brighter Futures at Renovation**
567 Hertel Ave, 14207
8:30am-3:30pm
Contact: Regina Cooper
716-458-2075
bbfprograms@bestselfwny.org
Submit applications at 768 Delaware Ave, Buffalo 14209
Capaz de comunicarse en español

**BestSelf Building Brighter Futures at Greater Faith Bible Tabernacle**
391 Edison Ave, 14215
8:30am-3:30pm
Contact: Regina Cooper
716-458-2075
bbfprograms@bestselfwny.org
Submit applications at 768 Delaware Ave, Buffalo 14209
Capaz de comunicarse en español

**BestSelf Building Brighter Futures at Coldspring**
107 Verplanck St, 14208
8:30am-3:30pm
Contact: Regina Cooper
716-458-2075
bbfprograms@bestselfwny.org
Submit applications at 768 Delaware Ave, Buffalo 14209
Can communicate in Spanish
Capaz de comunicarse en español

**Boys & Girls Clubs of Buffalo Butler Mitchell Clubhouse**
370 Massachusetts Ave, 14213
8:00am-3:00pm
Contact: Robin Roese
716-884-4964
roese@bgcbuffalo.org

**Boys & Girls Clubs of Buffalo Masten Clubhouse**
397 Northland Ave, 14208
8:00am-3:00pm
Contact: Charmesa Brown
716-882-2716
cbrown@bgcbuffalo.org

**Boys & Girls Clubs of the Northtowns Black Rock Club**
16 Peter St, 14207
9:00am-1:00pm
Contact: Rose Roa-Higgins
716-578-4342
roa@bgcnt.net

**Buffalo All-Star Extreme**
638 Michigan Ave, 14203
8:00am-3:00pm
Contact: Ayanna Williams
716-617-8582
Buffaloallstarextreme@gmail.com

**CAOWNY at Edward Saunders Community Center**
2777 Bailey Ave, 14215
8:30am-3:30pm
Contact: Gabrielle Epperson
716-846-4409
ejpennor@caOWNY.org

**CAOWNY at JFK Community Center**
114 Hickory St, 14204
8:30am-3:30pm
Contact: Shalaya James
716-480-5154
sjames@caOWNY.org

**Community Health Center of Buffalo**
35 Benwood Ave, 14215
9:00am-4:00pm
Contact: Temothy Peart
716-280-7075
info@chcb.net

**Crecent Camp at Johnnie B. Wiley**
1100 Jefferson Ave, 14208
9:00am-4:00pm
Contact: Nissa Azeem
716-308-8041
crecentcampbuffalo@gmail.com

**Delavan Grider Community Center**
877 East Delavan Ave, 14215
8:00am-3:00pm
Contact: Candace Moppins
716-896-7021
metrocdcc87@yahoo.com

**El Batey Puerto Rican Center**
175 Rano St, 14207
8:30am-12:30pm
Contact: Beatrix Flores
716-348-0156
beatrix21flores@gmail.com
Specializes in serving Spanish-speaking families
Capaz de comunicarse en español

**Galactic Tribe at SUNY Buffalo State**
1300 Elmwood Ave, 14213
South Wing Bldg
9:00am-4:00pm
Contact: DJ Grant
(716) 398-0711
dj@theagalactictribe.org

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

**King Urban Life Center**
938 Genesee St, 14211
8:00am-12:00pm
Contact: Cheryl Williams-Manney
716-895-2050
cwmanney@kingurbanlifecenter.org
Capaz de comunicarse en español

**Lt. Col. Matt Urban Center at Broadway**
1081 Broadway St, 14212
9:00am-1:00pm
Contact: Danyel Sease
716-704-5647
dsease@urbanctr.org

**Lt. Col. Matt Urban Center at TJ Dulski Community Center**
129 Lewis St, 14206
9:00am-1:00pm
Contact: Danyel Sease
716-704-5647
dsease@urbanctr.org

**Mount Moriah Baptist Church**
409 Northampton St, 14208
9:00am-3:00pm
Contact: Jeffrey C. Chambers
716-864-8162
jchambers1125@gmail.com

**Parker Academy**
49 Indian Church Rd, 14208
8:30am-3:30pm
Contact: Jamie Parker
716-847-6555
firstshilohmail@gmail.com

**Police Athletic League of Buffalo at Alamo AME**
224 Northland Ave, 14208
8:00am-3:00pm
Contact: Ronnie Morrison
716-308-2606
rmorrison@buffalony.gov
Submit applications at 65 Niagara Sq, 21st Floor, 14202
Capaz de comunicarse en español

**Police Athletic League of Buffalo at Martha Mitchell Community Center**
175 Oakmont St, 14215
8:00am-3:00pm
Contact: Alonzo Wallace
(716) 220-5350
alonzowallace5@gmail.com
Submit applications at 65 Niagara Sq, 21st Floor, 14202

**Resource Council of WNY**
1525 Michigan Ave, 14209
8:30am-3:30pm
Contact: Racheal Tarapacki
716-783-8259
rtarapacki@resourcecouncilwny.org
Submit applications at 347 E Ferry St, 14208

**Somali Bantu Summer Camp**
50 Rees St, 14213
8:00am-3:00pm
Contact: Ibrahim Iftin
443-527-2096
sbcob1@gmail.com
Submit applications at 161 Vermont St, 14213
Specializes in serving immigrants and refugees from East Africa
Waxaa loogu hadli kara af-soomaali.
Able to communicate in Maai Maal and Kizigua

**STEAM Discovery Camp**
15 Pine St, 14204
8:00am-3:00pm
Contact: Byron Trice
716-563-9863
truway@roadrunner.com

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

**Westminster Presbyterian Church**
724 Delaware Ave, 14209
8:00am-3:00pm
Contact: Leeya Bundy
lbundy@wedibuffalo.org
(716) 292-1321
Contact: Rev. Jonathan Staples
8:00am-3:00pm
8:00am-3:00pm
175 Oakmont St, 14215
Capaz de comunicarse en español

**YWCA of Western New York**
1005 Grant St, 14207
8:30am-3:30pm
Contact: Cherise Carson
716-852-6120
carson@ywca-wny.org

FOR MORE INFORMATION VISIT
www.SayYesBuffalo.org/summer
OR CALL/TEXT 716-253-1631

CAPACITIES ARE MODIFIED FOR THE SAFETY AND WELL-BEING OF OUR YOUTH.
WE ARE FOLLOWING THE GUIDELINES OF THE CENTER FOR DISEASE CONTROL AND PREVENTION.
FOR MORE INFORMATION VISIT
www.sayyesbuffalo.org/summer
Say Yes Summer Camp Enrollment Form

SITE CHOICES – FIRST: ___________________________________________________________
SECOND: _________________________________________________________________ THIRD: _________________________________________________________________

If my site choice(s) are full, I’d like to (check one):
☐ Place my child on the waitlist of 1st choice
☐ Place my child on the general waitlist for all sites

I would like my confirmation letter (check one):
☐ Mailed to: _______________________________________________________________
☐ Emailed to: _____________________________________________________________

STUDENT/HOUSEHOLD INFORMATION
Student Name: __________________________ School: _______ Grade in 2023-24 (PK-6): ________
Address: _______________________________ Date of Birth: ________ Student ID #: ____________
Student Gender: ☐ Girl ☐ Boy ☐ non-binary ☐ Prefer not to say ☐ Transgender ☐ Not Listed: ____________
Student’s preferred language: ____________
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/CAREGIVER INFORMATION
Name: _______________________
Honorific: ☐ Miss ☐ Mrs. ☐ Ms. ☐ Mr. ☐ Mx. ☐ Prefer not to say ☐ Not listed: ______
Relationship to child: ____________ Preferred Language: ____________
Home Number: ________________ Cell Number: _____________ Work Number: ______________
Email Address: ________________________________ (required)

Disclaimer: If a second parent is listed below, Say Yes and the site partner will be authorized to communicate with them regarding the student, including all application details.
Name: _______________________
Honorific: ☐ Miss ☐ Mrs. ☐ Ms. ☐ Mr. ☐ Mx. ☐ Prefer not to say ☐ Not listed: ______
Relationship to child: ____________ Preferred Language: ____________
Home Number: ________________ Cell Number: _____________ Work Number: ______________
_________ I approve pictures, video recording, etc. to be taken of my child at summer camp, and to be (Initial) used in marketing efforts and publications, including social media.

Household size: ____ Household income (inc. public benefits): $_______ per ☐ Year ☐ Month ☐ Week
Say Yes Summer Camp Enrollment Form

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 (Initial) home each day at the end of camp.  _____ I will pick up my child from camp daily. (Initial)

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, 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, 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, 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, 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
Child’s Name: ___________________________________________ Date of Birth: ___________________ Gender: __________________
Family Physician Name: ___________________________________________ Phone: __________________
Dentist/Orthodontist Name: ___________________________________________ Phone: __________________

SECTION II – INSURANCE INFORMATION
Is the child covered by family medical/hospital insurance?  ☐ Yes  ☐ No
If yes, Insurance Carrier: ________________________________ Group #: __________________________ Policy #: _______________________
Policy Holder’s Name: _______________________________________ Relationship to participant: ________________________________

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

disease

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)
☐ Hay Fever __________________________________________________ (type of reaction)
☐ Poison Ivy/Oak __________________________________________________ (type of reaction)
☐ Bees/Insects ___________________________________________________ (type of reaction)
☐ Penicillin ______________________________________________________ (type of reaction)
☐ Food ________________________________________________________ (type of reaction)
☐ Other allergies __________________________________________________ (type of reaction)

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>
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</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, _____________________________________________, Buffalo Public Schools, and if applicable, my child’s charter school _____________________________________ 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>
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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 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: Leah Rush, Say Yes Buffalo, 1166 Jefferson Ave. Suite A, Buffalo, NY 14208.

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:
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

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<th>Signature</th>
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