



Beacon Community Center, Inc.
 23 West Center Street
 Beacon, NY 12508
 Phone: 845-831-6180
 Fax: 845-831-6190
CREATIVE ARTS SUMMER CAMP
JULY 6-AUGUST 21 8am-6pm
REGISTRATION FORM

Child's Name: _____ D.O.B.: _____ Age: _____
 Home Address: _____ Home Phone _____
 _____ Gender (circle): Male Female
 Email Address: _____

Ethnicity (circle all that apply): African-American Caucasian Asian/Pacific Islander
 Hispanic Native American Other _____

Parent/Guardian Information

Person completing application _____	Relationship to applicant _____
Mother/Guardian Name _____	Father/Guardian Name _____
Day Time Phone _____	Day Time Phone _____
Employer _____	Employer _____
Email Address _____	Email Address _____

Emergency Contact Information (Name of someone besides yourself and/or spouse that may be contacted in the event of an emergency):

Name _____ First Phone # _____ Second Phone # _____
 Name _____ First Phone # _____ Second Phone # _____

Academic Information: Grade: _____

Counselor & Teacher: _____ GPA: _____

Academic Strengths & Needs: _____

Child's Name: _____

PROGRAM DATES AND FEES

July 6 until August 21, 2009 9am to 5pm

Day Camp Ages 5-12 \$175/week

\$175/week covers cost of most materials, two daily snacks that are healthy and nut free. Siblings receive a discount of \$20/week. There is an additional charge of \$10/day for early drop off (8-9am) and \$10/day for late pick up(after 5pm).

\$75 deposit + \$25 nonrefundable registration fee is due with application to hold your spot. The space will not be held without the deposit. Once your registration fee + deposit is received, 50% of the payment is due on May 15th. The full payment is due by June 12, 2009. The \$25 registration fee is NON REFUNDABLE. The \$75 deposit will be applied to your camp balance. Swim Lessons will be an additional \$30/week for two days/week of swimming instruction.

My child will attend camp for:

Session 1	July 6-July 10	_____	Session 5	August 3- August 7	_____
Session 2	July 13-July 17	_____	Session 6	August 10- August 14	_____
Session 3	July 20-July 24	_____	Session 7	August 17-August 21	_____
Session 4	July 27-July31	_____			

Total Payment Enclosed: _____ Checks payable to Beacon Community Center

Scholarship Information

DO NOT let finances be a barrier to your child's participation. Full & partial scholarships are available on a limited basis. If you would like to receive information about our scholarship program, you will need to fill out our Campership Application, Questionnaire and provide proof of income (social security Number and 2008 tax records).

BCC Camp Agreement with Parents and Campers:

I have studied the fees and schedules and understand the contents thereof. Enclosed is a \$75 deposit and nonrefundable deposit of \$25 for administrative and processing expenses. I agree to pay the balance of fees by June 15, 2009 knowing that failure to do so may automatically cancel this application. I understand that no refund is made for absences, dismissal or voluntary withdrawal. No refund on balance of fees will be granted except in the

case of verified illness. The Camp reserves the right to dismiss, at its sole discretion (generally for gross behavioral violations), any camper, in which no refund will be made. If fees are not paid in full by Parent or Camper, Parent shall be liable for all costs of collection, including attorney fees. I am aware of the schedule of activities and allow my child to participate. I authorize the applicant to participate in all planned camp activities including out of camp trips under the camp auspices. I acknowledge there are natural hazards associated with camp and outdoor activities. I understand the camp fees do not include health and accident insurance and I will be responsible for any and all charges incurred for prompt medical attention. I hereby release The Beacon Community Center, The City of Beacon, the State of New York, its agents and employees from all claims of liability and for any damages or injuries which may be sustained while my child is at camp. I authorize the physician or nurse selected by the Camp to render whatever treatment he/she may deem necessary in case of an emergency. Accurate and up to date medical forms must be submitted by June 1, 2009. Camp reserves the right to refuse campers without a medical form on file.

I have read the above BCC Camp Agreement with Parent & Campers

Signature

Date

FREE Teen Program (Counselor in Training) Ages 13-18

Mondays-Fridays 9am-5pm

9am-12pm: assisting counselors, artists and instructors as Counselors in Training (CITs)

1pm-5pm: Planned activities include, theater, young people leadership group, fashion design, poetry and spoken word, environmental education, dance, drum workshops, daily swims and more.

Young People at the Helm July 15, 16, 17

3 day sail on the Hudson River Clearwater Sloop and camping out priority will go to teens who have been in the full 7 week program.

The FREE Teen Program is funded in part by NYS Office of Children and Family Services and DC Youth Bureau.

My teen will attend camp for:

Session 1	July 6-July 10	_____	Session 5	August 3- August 7	_____
Session 2	July 13-July 17	_____	Session 6	August 10- August 14	_____
Session 3	July 20-July 24	_____	Session 7	August 17-August 21	_____
Session 4	July 27-July31	_____			

PERMISSIONS

Indicate your permission for each category.

Permission to Consume Food: Each day, we provide two (2) snacks-Summer Program/one (1) snack- After School Program. Occasionally, an activity will include additional food such as cooking or Fun Fridays. *(All participants are required to complete the enclosed CACFP form regardless of income.)*

I **DO / DO NOT** give permission for my child to eat food provided by Beacon Community Center Summer program.

My child has the following food/drink allergy:

Signature

Date

Child's Name: _____

Pick Up Information: Your child will not be released to anyone not listed below. Until we are familiar with names and faces of authorized pick-ups, we will ask for your designated person to provide us with identification. **If there are custody issues that we need to be concerned with, please provide us with a copy of your court documents for our files** (all matters will be kept confidential).

The following person/people are authorized to pick up my child:

- | | |
|----------|---------------------|
| 1. _____ | Relationship: _____ |
| 2. _____ | Relationship: _____ |
| 3. _____ | Relationship: _____ |
| 4. _____ | Relationship: _____ |

I **DO / DO NOT** give my child permission to walk home from Beacon Community Center Summer Program.

Signature

Date

Permission for Child's Name/Photograph to be released to the Press

Occasionally, BCC staff and press organizations, such as Beacon Free Press, will do stories and/or take pictures of program participants. These stories/photographs benefit both the program and the participants by building community awareness and instilling pride in the participants and may be used in BCC publications, websites, annual reports and other documents. Indicate your *Press Release* preference below.

I **DO / DO NOT** give permission for my child to have their name and/or photo released to the press.

Signature

Date

Permission to Transport

On occasion, there may be the need to transport your child (field trips, special projects, etc.). All transportation is provided by licensed staff and insured vehicles.

I **DO / DO NOT** give permission to BCC's staff to provide transportation as needed for my child.

Signature

Date

Permission to obtain CACFP documentation from school: The BCC participates in the Child & Adult Care Food Program through the New York State Department of Health. If you have completed an income verification form through the Beacon City School District, we can use those documents for this after school program. If you have not completed these documents, they are included in this application packet.

I **DO / DO NOT** give Beacon City School District permission to provide the Beacon Community Center with a copy of my CACFP Income Eligibility documents for this school year.

Signature

Date

Informed Consent Regarding Release of Information

The purpose of this document is to allow you to make an informed decision about communication of information regarding participants in the after school program with the Beacon Community Center.

General Communication with Parents: We will provide you with general feedback about your child's participation. Please indicate and initial below if you would like specific information about your child's participation such as activity attendance, games etc.

Initials: _____

Confidentiality of Information: We respect you and your child's rights to confidentiality within the limits of the law. Many of our projects are funded by private agencies or foundations which may periodically ask for general data about participants such as age, race, gender, and academic improvement. We will release only general data and **will not** release any specific information (name, address, etc.) about you or your child's services without your consent. The exception would be if we receive a court order to release your records.

Mandated Reporting: We and program collaborators are mandated reporters which requires us to breach confidentiality in cases of suspected child abuse, suspected dependent, adult, and/or elder abuse, and in cases of danger to self or others. We will inform parents/legal guardians and all mandated reporting agencies when a child or youth is determined or suspected of being in danger.

Records: You have the right to a copy of your child's records or summary of record, however, the original records remain the property of the Beacon Community Center.

Signature

Date

I have read the informed consent regarding release of information. I understand the contents and have discussed any questions/concerns with BCC staff.

Signature

Date

Child's Name: _____

PERSONAL HEALTH & MEDICAL RECORDS

A copy of your child's up-to-date immunizations MUST be provided before enrollment can be completed.

IDENTIFICATION - To be filled out by parent or guardian. Please print in ink.

Name _____ Date of birth _____ Age _____ Sex _____

Name or Parent or Guardian _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

Business Address _____ City _____ State _____ Zip _____

If person above is not available in the event of an emergency, notify

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of personal physician _____ Phone _____

Personal health/Accident Insurance carrier _____ Policy No. _____

I give permission for full participation in the BCC Summer/After School Program, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission for BCC to contact the appropriate medical and/or dental practitioner. I also give permission to the licensed health-care practitioner selected by the staff member in charge to secure proper treatment, including hospitalization, anesthesia, surgery, and/or injections of medication for my child.

Date _____ Signature of Parent/Guardian _____

GENERAL INFORMATION - Check all items that apply, past or present, to your child's health history. Explain "YES" answers.

ADHD/ADD	() Yes () No	Heart Trouble	() Yes () No
Asthma	() Yes () No	Kidney Disease	() Yes () No
Cancer/Leukemia	() Yes () No	High Blood Pressure	() Yes () No
Convulsions/seizures	() Yes () No	Hemophilia	() Yes () No
Diabetes	() Yes () No	Other: _____	() Yes () No

Please list ALL medications taken in the 30 days prior to registering for program.

List any physical or medical conditions that may affect or limit full participation in our program:

List equipment needed such as braces, glasses, contact lenses, etc.

IMMUNIZATION (*Give date of last inoculation- a copy of current immunization record MUST be attached.*)

Tetanus toxoid _____ Mumps _____ Measles _____

Diphtheria _____ Rubella _____ Hepatitis B _____

Pertussis _____ Polio _____ Varicella _____

Haemophilus influenza type b _____

BCC Ground Rules

To be signed by both student and parent.

1. Stay in designated areas.
2. Respect self, others, and the surroundings.
3. Sign in and out of program.
4. Refrain from inappropriate language, slurs, or insults.
5. No weapons of any kind.
6. No drugs or paraphernalia (including matches and lighters).
7. Clean up after yourself and as a group.
8. No gang affiliated talk, behavior, or tagging.
9. Request permission for supplies and return them proper location.
10. No fighting, wrestling, or horseplay. Physical or verbal violence will not be tolerated and will result in immediate parental contact.
11. No walkmans, video games or stereos without permission of program supervisor.
12. In our program, you have a choice of scheduled activities. You will participate fully in these programs daily. Failure to participate will result in a family conference. Continued failure to participate will result in removal from the program.
13. No smoking on BCC and/or University Settlement Campus.
14. When a staff member or volunteer asks a reasonable request, your compliance is expected.
15. HAVE FUN!!!!

Disciplinary Policy

I understand that breaking the above rules may result in disciplinary action including verbal and written warnings, parental contact, suspension and expulsion from the program. _____

Initials

Sick Policy

If a child has had a fever or been sick within a 24-hour period, do not send him/her to the program as we do not want to jeopardize the health of the other children and staff. _____

Initials

I have read and understood the above and discussed any questions I may have with BCC staff.

Signature of Parent/Legal Guardian

Date

Signature of Child

Date

Signature of BCC Staff

Date

Child's Name: _____

Program Expectations Survey

This is a brief survey to measure and evaluate your child's summer camp expectations. Please answer the questions below as honestly as possible. The answers are for BCC use only.

1. Has your child ever attended Summer Camp? _____

1a. If so, what did you/your child like/dislike about the experience?

2. Has your child ever attended BCC Summer Program? _____

2a. If so, what did you/your child like/dislike about the experience?

3. What are you most excited about experiencing at BCC Creative Arts Camp?

Is there anything else you or your child would like to add:

Draw a picture of your camp experience:

Campership Application
One Application per child

Child's Name: _____

If your child has a current Food Stamp or AFDC case number,
attach copy of documentation (Free Lunch Form).

Food Stamp/AFDC Case Number for Child: _____

If you do not have a Food Stamp or AFDC Number, you must list everyone in you household (including yourself). List gross income (before deductions) received by each person by source last month, along with 2008 tax return.

Name of person in Household	Wages	P.A./Support	Pension/S.S.	Other
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____

TOTAL IN HOUSEHOLD: _____ TOTAL MONTHLY INCOME: _____

I certify that the above information is true and correct and all income is reported.

Signature of Parent/Legal Guardian: _____ Date: _____

Social Security Number of Parent/Guardian: _____

All information on this application is for BCC use only and kept confidential.

Child's Name: _____



Position: Counselor in Training

Overview: The mission of the Beacon Community Center to provide high quality, inclusive, year round educational, cultural and recreational programming to improve the lives of individuals and families of all ages in Beacon and surrounding communities. The BCC Creative Arts Camp honors the creative abilities of children and provides outlets for them to express their thoughts, ideas and feelings about their world and their place in it. In our program, children are immersed in activities that spark imagination, creativity, and tap into their natural capabilities. With art, dance, environmental and music workshops campers gain experiences in a variety of art forms giving the opportunity to try something new and develop existing talents. The Administration and Staff strive to nurture and cultivate the creative abilities in each child fostering respect, understanding and a celebration of unique talents and abilities. The camp will be held on the University Settlement Campus in Beacon, New York. The camp season is July 6 to August 21 plus at least (but not limited to) 3 days of staff training prior to the beginning of the program.

Minimum Qualifications

- Youth age 13-18 currently enrolled in school.

Responsibilities

- Assist Counselors
- Manage respective program area
- Help plan activities
- Work directly with program participants
- Sign in and out daily
- Help set up and/or break down rooms for different activities
- Keep program areas neat and orderly
- Perform duties which are determined necessary for the safety of the participants

Personal Attributes

- Willing to learn a high standard of professionalism, strong work ethic and foster responsibility
- Energetic, creative, hardworking
- Nature enthusiasts
- Leadership qualities

**Free Teen Counselor in Training program is funded in part by:
NYS OCFS and Dutchess County Youth Bureau**