



Summer Enrichment Program Application

Child's Name: _____
LAST FIRST

Parent/Guardian's Name: _____
LAST FIRST

Address: _____
STREET CITY STATE ZIP

Phone: Home (607) _____ Work (607) _____ Cell Phone (607) _____

Date of Birth: _____ **Ethnicity (optional):** _____

Do you have available transportation: Yes No

If no, do you live within 10 miles of the Urban League office: Yes No

If yes, can you pay \$20/ Month for transportation: Yes No

Please List Persons Able to Sign Your Child Out from the Program:

_____	Name	_____	Phone Number
_____	Name	_____	Phone Number
_____	Name	_____	Phone Number

Please list all known allergies and all known medical conditions, (Environmental, food and animal, drug and stings):

Parent/Guardian Signature Date

Program Coordinator Signature Date

43-45 Carroll Street, Binghamton, New York 13901
Phone: (607) 723-7303 • Fax: (607) 723-5827
www.bcul.org





Please Answer the Following:

Camp Shirts

During Every Field Trip that is off site, the children will all be required to wear a Camp Shirt, below please indicate the size your child would need:

Camp Shirt Size:

- Youth Small: (Fits children’s sizes 4-6)
- Youth Medium: (Fits children sizes 6-8)
- Youth Large: (Fits children sizes 10-12)
- Youth X Large (Fits children sizes 14-16)
- Adult Small: (Fits children sizes 18-20)
 - Adult Medium
 - Adult Large
 - Adult XL
 - Adult XXL

Swimming Information

Swimming is something that we will do regularly through-out the Summer program, it is the responsibility of the parent/guardian to provide proper swimming attire, towel and sunscreen for each child. Please indicate the pool area your child is most comfortable swimming in during our pool days, (If your child does not wish to swim, we will be providing alternative play options)

My child can swim in:	<input type="checkbox"/> in the baby pool	<input type="checkbox"/> in 3’ to 4’ pool	<input type="checkbox"/> in the deep end of pool	<input type="checkbox"/> off the diving board
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Additional Information

We would like to get to know your child as best as possible. Please provide any information to us that would help us serve your child’s needs.

Does your child have any behavior difficulties: Yes No

If Yes, please complete the following:

Behavior	What Works	What Doesn’t Work

Does your child have any Diagnosed Mental Health Conditions (ADHD, Bipolar, etc.)? Yes No

If yes, please provide diagnosis given: _____

Does your child take medications: Yes No

If yes, please provide name: _____ dosage: _____

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Summer Program Information

We will be working hard to provide your child/ren with:

- A safe and supervised place to spend time during the day.
- An environment where they will participate in daily activities while learning valuable skills such as: leadership, social and emotional, organization, time management and problem solving. All these skills will help them build good character traits and are life skills they can use beyond the program.
- An area to get creative! We will be spending time on a variety of Arts! Arts and Crafts, Theatre and Dramatic Play, Writing Poetry and Journaling, Aerobics, Gymnastics and Dance are just a few examples. We will be working on all areas of talents that will lead up to our end of the summer Annual Talent show! (You will not want to miss this!!)
- We will be providing weekly field trips off site as well as having special guests come on site for fun and learning activities.

Program Description

Program Start and End Dates:

The Summer Program will be held Monday -Friday from 8:00am -5:00pm starting Monday July 8th, 2019 to Friday, August 23rd, 2019.

The cost for the Summer Enrichment Program is \$400.00 per child. A non-refundable down payment of \$100.00 is due with the return of a complete application to hold your child's spot. The remainder of the amount due is to be paid by the first day of Summer Program.

Daily Schedule:

The program schedules many daily activities, field trips, and swimming. The program serves breakfast and lunch and one afternoon snack each day – with the exception of Friday when we go on field trips and a bag lunch may be required. The Program Director, Program Coordinator/Assistant, hired staff, and volunteers facilitate the program.

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Eligibility & Required Information

- Child must be at least 5 years old
- For OPWDD Eligible children between 5 to 21 years old
- For OPWDD Eligible children - Notice of Decision copy must be provided
- A Summer Program Application
- Family must provide documentation in reference to their household income.
- Parent/Guardian must provide copy of child’s Birth Certificate
- Parent/Guardian must provide copy of child’s current Immunizations
- Parent/Guardian must provide copy of child’s physical (child must have had physical within 12 months of start of Summer Program)
- Parent/Guardian must provide copy of Proof of Residence (Rent Receipt, Utility Bill, Lease/Rental Agreement)
- Liability, Indemnification, and Disclosure Agreement Form
- Travel Permission Form
- Media Permission Form
- Field Trip Permission Form

I, the undersigned, have read and understood the General Information Guidelines of the Broome County Urban League Summer Program and agree to participate under the rules as outlined in this document.

Family Signature

Date

Program Director/ Assistant Signature

Date



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BROOME COUNTY URBAN LEAGUE SUMMER PROGRAM
TRANSPORTATION & FIELD TRIP PERMISSION FORM

The BCUL Summer Program uses their agency van / First Student/ and or Shaffer bussing for any and all transportation needs including, but not limited to, Swimming, local educational trips, and any field trips arranged throughout the course of the program. By signing this form, you are consenting to allow your child to be transported and/or attend **ALL** of the field trips. **If there is any particular field trip that you WOULD NOT LIKE your child to take part in, it is your responsibility to notify the Program Director AND make alternate arrangements for your child that day.**

I, _____ give permission for my child,
(Parent/Guardian Name – Please Print)

_____ to be transported by agency
(Child’s Name – Please Print)

Van and/ First Student/ Shaffer bussing to take part in the BCUL Summer Program, Swimming, and any and all field trips. I understand that transportation by agency van is done by means of program staff. I further understand that should I have any questions or concerns regarding any of the scheduled trips I will address my concerns to the Program Director. I also understand that should my child exhibit any unsafe behaviors during any transportation, it could mean my child’s removal from any or all transportations.

Parent/Guardian (Please Print)

Parent Guardian Signature

Date

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MEDICAL EMERGENCY SLIP

I, _____ give the staff of Broome County Urban
Parent/Guardian Name (Please Print)

League permission to transport my child,

_____ during his/her enrollment in the
Child's Name (Please Print)

Summer Program. If neither I nor the emergency contacts listed can be reached and
my child must be transported either by agency vehicle or ambulance to a hospital, I
would prefer my child be brought to: _____

Name of Hospital Preference

Parent/Guardian (Please Print)

Parent Guardian Signature

Date

In Case of Emergency, please list the names and contact numbers of persons we may call:

Name

Telephone Number

Name

Telephone Number

Name

Telephone Number

Name

Telephone Number

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BCUL SUMMER PROGRAM

TRANSPORTATION LIABILITY, INDEMNIFICATION AND DISCLOSURE AGREEMENT

In consideration of the transportation services provided by the Broome County Urban League Family Support Summer Program, I (we), my representatives, heirs, and assigns:

- A. Release the Broome County Urban League, its Board, its Family Support Services Committee, and employees from any loss or damage and liability from damage to property or personal injuries (including injuries resulting from death) arising out of or in connection with the transportation services provided by the Broome County Urban League.
- B. Shall indemnify, defend and save harmless the Broome County Urban League, its Board, its Family Support Services Committee, and employees from any loss, damage, and liability for damages to personal property or from personal injuries (including personal injuries resulting in death) arising out of or in connection with the transportation services provided by the Broome County Urban League.
- C. Release the Broome County Urban League, its Board, its Family Support Services Committee, and employees from any loss or damage, and liability for damages to property or personal injuries (including injuries resulting from death) arising out of or in connection with the transportation services provided by outside vendors.
- D. Shall indemnify, defend and save harmless the Broome County Urban League, its Board, its Family Support Services Committee, and employees from any loss, damage, and liability for damages to personal property or from personal injuries (including personal injuries resulting in death) arising out of or in connection with the transportation services provided by these outside vendors.
- E. Releases the Broome County Urban League from financial responsibility for travel arrangements made by family members or other unauthorized persons.

NOTICE: THIS IS A RELEASE OF LIABILITY, IDEMNIFICATION, AND DISCLOSURE AGREEMENT INVOLVING IMPORTANT LEGAL RIGHTS. PLEASE READ BEFORE SIGNING.

Parent/Guardian (Please Print)

Program Director (Please Print)

Parent Guardian Signature

Program Director Signature

Date

Date

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LIABILITY, IDEMNIFICATION AND DISCLOSURE AGREEMENT

In consideration of the BCUL Summer Program and it’s Family Support Services by the Broome County Urban League and other valuable consideration, I (we) my representatives, heirs and assigns:

- B. Release the Broome County Urban League, its Board, and employees from any loss or damage and liability from damage to property or personal injuries (including injuries resulting from death) arising out of or in connection with participation in the BCUL Summer Program and/or Family Support Services Program offered through BCUL and/or OPWDD and sponsored by the Broome County Urban League.
- F. Shall indemnify, defend and save harmless the Broome County Urban League, its Board, and employees from any loss, damage, and liability for damages to personal property or from personal injuries (including personal injuries resulting in death) arising out of or in connection with participation in the BCUL Summer Program and/or Family Support Services Program offered through BCUL and/or OPWDD and sponsored by the Broome County Urban League.
- G. It is the responsibility of the family receiving Summer Program Services to ensure that they are adequately insured in case of accident or negligence resulting in injury or untoward circumstances to the student receiving services.
- H. **For Horseback Riding at STABLE MOVEMENTS: Although every effort will be made to avoid accident or injury, NO LIABILITY can be accepted by any of the organizations concerned including STABLE MOVEMENTS its officers, trustees, agents, employees, each and every one of its members and associates, and the property owners upon whose land the Horseback riding sessions are conducted.”**
- I. **“I request and provide consent for my child listed below to participate in sessions that will include: Horse Grooming, How to Tack a Horse, How to Lead a Horse, and Basic Riding Lessons and/or any treatment that may include hippo-therapy, and I have discussed this with my child’s doctor as appropriate. I understand that no liability can be accepted by any of the organizations concerned with this therapy or any sessions provided, including STABLE MOVEMENTS.**

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STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

BCUL STAFF SIGNATURE

DATE

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CDBG FUNDED PUBLIC SERVICE PROGRAM

Name of Applicant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

ETHNICITY (select only one):

_____ Hispanic or Latino _____ Not Hispanic or Latino

RACE (select one or more):

_____ American Indian or Alaska Native _____ Asian
_____ Black or African American _____ White
_____ Native Hawaiian or Other Pacific Islander

Is applicant and/or any household member an employee for the City of Binghamton: ___ Yes ___ No

Female Head of Household: ___ Yes ___ No No. of family members currently employed: _____

Family Income (please circle):

No. of family members living in household	Level 1	Level 2	Level 3
1	Up to \$13,750	\$13,751 - \$22,900	\$22,901 - \$36,600
2	Up to \$15,930	\$15,931 - \$26,150	\$26,151 - \$41,800
3	Up to \$20,090	\$20,091 - \$29,400	\$29,401 - \$47,050
4	Up to \$24,250	\$24,251 - \$32,650	\$32,651 - \$52,250
5	Up to \$28,410	\$28,411 - \$35,300	\$35,301 - \$56,450
6	Up to \$32,570	\$32,571 - \$37,900	\$37,901 - \$60,650
7	Up to \$36,730	\$36,731 - \$40,500	\$40,501 - \$64,800
8+	Up to \$40,890	\$40,891 - \$43,100	\$43,101 - \$69,000

In order to be considered eligible for the CDBG program, applicants must provide current proof of residency and income for all currently employed family members living in the household. Listed below are acceptable forms of documentation.

Acceptable Documentation for Residency

Cable Bill
Phone Bill
Utility Bill
Driver's License
Sheriff's Identification Card

Acceptable Documentation for Income

Unemployment Payment
Social Services Budget
Pay Stub
W-2 Form
Social Security Income Form

If you are unable to provide current proof of residency and income, please explain why.

I understand that all information provided herein meets the eligibility requirements for the CDBG program and will be used for HUD reporting purposes only. By signing below, I declare that the above information is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____