



**Broome County  
Urban League**

*Empowering Communities.  
Changing Lives.*

**SUMMER ENRICHMENT PROGRAM**  
**APPLICATION AND DOCUMENT**  
**CHECK LIST**

*Please check off circles to confirm that this information is complete. Children may not attend program until **ALL** the required documents are provided.*

- OPWDD children need a NOTICE OF DECISION (N.O.D.)
- OPWDD children need a FSS application
- General Information Forms, name, address, email, phone number etc.
- BCUL Transportation and Field Trip Permission Form
- Medical Emergency Slip for the Broome County Urban League
- Transportation, Liability, Indemnification, and Disclosure Agreement
- Media Permission Form
- CDBG Forms

**REQUIRED DOCUMENTS**

*The following documents must be submitted for each child.*

- Proof of Household Income (required by CDBG Grant)
- Proof of Residency (required by CDBG Grant)
- Copy of Child's Birth Certificate
- Child's Current Physical (needs to be updated every year)
- Child's Current Immunizations

**PAYMENTS**

*The amount due for BCUL Summer Camp 2020 is \$700.00 total.*

- A \$100.00 NON-REFUNDABLE Deposit **MUST** be turned in with a completed application in order to save a spot for your child
- Payment arrangements can be made for remaining balance with understanding that total amount due **MUST** be received by July 1<sup>st</sup>, 2020

Contact Program Director, Rebecca Porter at [rshporter@bcul.org](mailto:rshporter@bcul.org) or 607-217-7891  
With any Questions.

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P.O. Box 1608, Binghamton, New York 13902  
Phone: (607) 723-7303 • Fax: (607) 723-5827  
[www.bcul.org](http://www.bcul.org)





## Summer Enrichment Program Application

Child's Name: \_\_\_\_\_  
LAST FIRST

Date of Birth: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone: Home (607) \_\_\_\_\_ Work (607) \_\_\_\_\_ Cell Phone (607) \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
LAST FIRST

Email: \_\_\_\_\_

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

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**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)**

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



**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.**

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**Does your child have any behavior difficulties: Yes No**

**If Yes, please complete the following:**

| <b>Behavior</b> | <b>What Works</b> | <b>What Doesn't Work</b> |
|-----------------|-------------------|--------------------------|
|                 |                   |                          |
|                 |                   |                          |
|                 |                   |                          |

**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 Enrichment Program will be held for 7 weeks during the summer. Program hours are as follows:

Monday -Friday from 8:00am -5:00pm starting Monday July 6th , 2020 to Friday, August 21st, 2020.

The cost for the Summer Enrichment Program is \$700.00 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 July 1st, 2020.

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 the agency van, First Student, Bernie Bus Service 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.

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

\_\_\_\_\_  
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





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***Broome County Urban League Children's Programs***



***MEDIA PERMISSION FORM***

Name of Child: \_\_\_\_\_

We take many photos during our Programs and use the photos for our own advertising (Website, Facebook, Brochures, etc). Additionally, the media at times will come and do news segments on our programs. Many times they take pictures and/or ask for comments from program participants.

This form is for you to give permission for, or exclude, your child to be interviewed, having their picture taken for printed news, or from being filmed for television news. If you do not mind if your child is interviewed or photographed please complete line #1. If you do NOT want your child to be interviewed or to have his/her picture taken by media reporters, please complete line #2 and sign the bottom of this form.

LINE #1:

I, \_\_\_\_\_ allow my child's comments and photographs to be used in agency advertisements, and media coverage.

LINE #2:

I, \_\_\_\_\_ request that my child's comments and photographs to be excluded from agency advertisements, and media coverage.

If in the future you decide to change your responses for Media Coverage and Agency Advertisements, you may do so by requesting and completing another Media Permission form.

My signature indicates that I have read and understand the content of this permission form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If you have any questions or concerns regarding this permission form, please address them to  
Rebecca Porter, Youth & Family Services Director.

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