

NEW CITY KIDS SUMMER CAMP APPLICATION
4 WEEK PROGRAM: JULY 10, 2017 – JULY 14, 2017 & JULY 24, 2017-AUGUST 4, 2017
OPTIONAL SLEEP AWAY CAMP: JULY 16, 2017 – JULY 21, 2017

*Due with \$50 deposit (counted toward Week 1 cost) and proof of income.

Child's Name: _____ Gender (circle): M or F Age: _____

Date of Birth: ____/____/____ Grade in Sept. 2017: _____ School: _____

Child's Address (street, apt. #, city, state and zip code):

Mother/Guardian Name: _____

Mother's Address (if different than child's): _____

Cell ph.#: _____ Home ph.#: _____ Work ph.#: _____

Work name and address: _____

Email: _____

Father/Guardian Name: _____

Father's Address (if different than child's): _____

Cell ph.#: _____ Home ph.#: _____ Work ph.#: _____

Work name and address: _____

Email: _____

Emergency Contacts:

Name:	Relationship to child:	Cell ph.#:
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1. _____

2. _____

Persons Authorized to pick up child **in addition** to parents/guardians:

Walking permission: My child is allowed to walk home (circle): Yes No

Medical Information:

Child's Doctor: _____ Ph.#: _____

Doctor's Address: _____

Allergies (including food): _____

Medications child takes: _____

Health issues/activity restrictions: _____

Please check the boxes that apply:

- My child is in good physical health and can participate in normal program activities.
- My child's immunization records are up-to-date and are on file with the child's school.

- Do you currently receive Urban League assistance (circle): Yes No

**Please bring any relevant Urban League paperwork with this application

Weeks of Camp: I am committing to having my child attend at least 3 of the 4 weeks of summer camp programming. *Please note that Week 2 programming (July 10th-14th) is a stand-alone day camp for 1st-4th grade students and 5th-8th grades will resume programming on July 24th.*

Initial to agree: _____

(Optional) Extended Day Program:

We are offering an additional Extended Day component to our summer camp. It will take place every day from 3 PM to 5:30 PM. It will include snack for the children and an additional class. This program is on a first-come, first-served basis, and **will cost an additional \$50 a week.**

- I would like to enroll my child into the optional extended day program. I understand there is limited availability in this program, and my child is not guaranteed a spot in the extended day.

I understand that my child must be picked up every day by 5:30 PM. After repeated failure to do so I will incur a \$10 late fee for every 20 minutes that I am late to pick up my child. My repeated failure to pick up my child on time may result in the removal of child from the Extended Day portion of the camp.

Initial to agree: _____

(Optional) Inspire Sports Camp:

This year, we are partnering with Inspire Sports Camp, a sleep away sports camp in upstate New York. It will take place Sunday, July 16th through Friday, July 21st. **Please fill out the attached form if interested.** The program is on a first-come, first-served basis and **will cost \$100 for the week. Scholarships are available!**

Parent/Guardian Permission

Drop off and pick up

I give my child permission to attend New City Kids Summer Camp, Mondays-Fridays, July 10th - July 14th and July 21st - August 4th. I understand that transportation is not provided and that children are to arrive no earlier than 8:30am and to be picked up at 3:00pm. I understand that my child will not be released to anyone other than the persons listed as authorized to pick up. For every 20 minutes that a child is in New City Kids' care after dismissal, a \$10 late fee will be charged.

Field Trips

I understand that one day per week, children will attend a field trip. Parents will be notified with the details on each trip during the week. I understand that my signature on this permission slip allows my child to attend field trips. **Should I choose not to allow my child to attend a field trip, I will inform New City Kids staff and keep my child home on that day.**

Photos

New City Kids staff occasionally takes pictures/videos of its programs and children. I give New City Kids permission to use these photographs or videos in its website or promotional materials such as brochures and flyers. **If this is unacceptable, please submit a written letter stating your wishes for your child's photograph/video not to be used.**

Cost

The weekly rate for Summer Camp is \$50 per child either in cash or money order. **Payment is due for Week 1 at the time of registration, for Week 3 on July 17th, and for Week 4 on July 24th.** Late fees will be added to payments made after the due date. **Any payment later than 1 week will result in removal from our programming, and the spot will be given to a child on the waiting list.** If your child is enrolled in the Extended Day Program, there will be an additional cost of \$50 per week. If your child is enrolled in the Inspire Sports Camp program, the Week 2 cost will be \$100.

Behavior Expectations/Discipline Policy: We have a warm and loving environment at New City Kids and expect children to be respectful to staff and peers. In order to maintain a safe environment, we use the following discipline policy. The consequences for misbehavior are:

1. First incident - Verbal warning from teen or adult staff.*
2. Second incident - Time out in foyer, while meeting with adult staff to discuss the problem.*
3. Third incident - Time out in foyer, accompanied by a call home to parent or guardian.
4. Fourth incident - Suspension for a period of days to be decided by the Director.
5. Continued incidents - Removal from program.

*If the incident is serious enough, a staff member may proceed directly to Step 3 &/or 4 (particularly if the child's behavior endangers him/herself or others).

I have read the behavior expectations and the discipline policy and agree to these expectations.

Parent/Guardian Signature: _____

Medical authorization:

In the event that I cannot be reached during an emergency situation, I authorize New City Kids staff to make emergency medical decisions on my behalf.

Parent/Guardian Signature: _____ Date: _____

New City Kids is a private non-profit organization which is supported by the generous donations of individual donors and foundations. New City Kids is required to provide the following information in order to satisfy our funding requirements. Thank you for your assistance!

Please circle the answer that best represents your family structure:

- Is your family's Head of Household? Male Female
- Is your family's Head of Household handicapped? Yes No
- Is your family's Head of Household a Veteran? Yes No
- Are you married? Yes No
- Are you eligible for the free lunch program? Yes No
- Is this the first time your child has participated in Summer Camp? Yes No

Income Breakdown

Number of Household Members (Include yourself): _____

What is your annual household income (Include yourself): _____

*If you are paid hourly, please fill out below:

\$ _____/Hour Estimated number of hours per week: _____

Please check all that apply:

Child's Race		
	Hispanic/Latino	Non Hispanic/Latino
White		
Asian/Pacific Islander		
Black/African American		
Native Hawaiian/Other Pacific Islander		
Asian & White		
Am. Indian/Alaskan Native & White		
Am Indian/Alaskan Native & Black/African American		
Other Multi-Racial		



OFFICE USE ONLY

Date Received: _____
F - P - N A: _____

2017 CAMPER REGISTRATION FORM

Sleep Away Camp: Sunday July 16th – Friday July 21st

Fill out the information below, use check marks where appropriate.

I. Camper Information

Camper's Name _____
Nickname Used _____ Male _____ Female _____
Age _____ Date of Birth (month/date/year) ____/____/____ Grade Next Yr: 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8 ____
Camper's Home Address _____ Apt. # _____
City _____ State _____ Zip _____
Home Phone # _____ Family's Email Address _____

II. Group Information

Group Name _____ New City Kids _____

III. Parent or Guardian Information

Parent/ Guardian's Names _____
Are both parents living? _____ Is camper living with both parents? _____
If separated or divorced, to whom does camp correspondence go? _____
Father's Business or Profession _____
Father's Cell Phone # _____ Father's Work Phone # _____
Mother's Business or Profession _____
Mother's Cell Phone # _____ Mother's Work Phone # _____
Additional Contact Name _____ Cell Phone # _____
Additional Contact Relationship to Camper _____

What do you most desire that your camper get out of camp? _____

IV. Medical History Information

Doctor's Name _____ Doctor's Phone # _____
Insurance Carrier _____ Policy # _____

Conditions/ Restrictions: List and discuss any physical, psychological, medical conditions that might impact your child's participation in camp activities, including recent or current illness/injury restrictions, limitations, or special dietary requirements. _____

Allergies: Does your child have any allergies? No ____ Yes ____

If yes, please explain _____
_____Medications: Please list ALL medications currently used. Inhalers and Epi Pen information must be included

V. Immunization Records

Attach immunization records which include dates and immunizations against the following:

- DTP/DTaP - Diphtheria - Tetanus - Pertussis
- MMR - Measles - Mumps - Rubella
- Td/DT - Tetanus - Diphtheria
- HB - Hepatitis B
- OPV/ IPV - Polio
- Varicella - Chicken Pox
- Hib - Haemophilus influenza type b

****Registration will not be processed if camper's immunization records are not included****

VI. Camper Preferences

Camp Term: (Sports: (please pick one)
Term III: Sunday, July 16 th - Friday, July 21 st <input checked="" type="checkbox"/>	Boys: Basketball <input type="checkbox"/> Soccer <input type="checkbox"/> Football <input type="checkbox"/>
	Girls: Basketball <input type="checkbox"/> Soccer <input type="checkbox"/> Dance <input type="checkbox"/>

VII. Conditions Of Registration

I approve the application above and the conditions listed below. I have written any necessary and pertinent information concerning our family and our camper. In case of illness I hereby give permission for medical care by physician and/or hospital chosen by Camp Director/Doctor/Nurse. I give permission, in the event of an emergency, for first aid to be administered to my child, and should it be necessary, for emergency medical treatment, which may include transportation by ambulance to the nearest hospital. I understand that every effort will be made to contact parent/guardian in case of emergency. I consent to the use of photos or video clips of my child for use in the camp book, camp movie, camp website or other promotional materials.

Signature of Parent or Guardian _____ Date _____

Inspire Sports Camps 2017 Registration Policies & Information

A. ATTENDANCE

- 1) Campers must be entering grades 3-8).
- 2) Inspire Sports Camps is not a conducive environment for group members who are pregnant or have disabilities which require individualized care and/or extreme changes in camp procedures. Such disabilities include but are not limited to: Down syndrome, autism, sickle cell anemia, persons requiring use of a wheel chair or those with severe cognitive delays. Persons with such medical situations are prohibited from attending Inspire Sports Camps.
- 3) Only those campers/ ISC Eagles who are approved by the ISC Registration department may attend.
- 4) No camper may attend Inspire Sports Camps more than once per summer.

B. PAYMENTS/ CHARGES

- 1) Tuition charges must be paid to New City Kids by cash or money order.
- 2) Please note that tuition fees are NOT tax deductible.
- 3) Tuition Price: \$100 (Must be received on or before July 10th, 2017)
- 4) Scholarships are available.

C. INSURANCE

It is the parent/ guardian's responsibility to make sure that each camper is covered by private or group insurance.

INSPIRE *Sports Camps* Summer Food Service Program

****The BACK of the Following Page (Attachment 10)**

MUST be completed and returned with ISC Camper Registration**

Dear ISC Camp Family,

Inspire Sports Camps is participating in the Summer Food Service Program. Meals will be provided to all eligible children free of charge. (To be eligible to receive free meals at a camp, children must meet the income guidelines for reduced price meals in the National School Lunch Program). Children who are part of households that receive food stamps or benefits under the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) are automatically eligible to receive free meals. The following 2016-2017 income eligibility standards will be used for determining eligibility for free meals:

Household Size	Income Eligibility Guidelines				
	Year	Month	Twice per Month	Every Two Weeks	Weekly
1	\$21,978	\$1,832	\$ 916	\$ 848	\$ 423
2	\$29,637	\$2,470	\$1,235	\$1,140	\$ 570
3	\$37,296	\$3,108	\$1,554	\$1,435	\$ 718
4	\$44,955	\$3,747	\$1,874	\$1,730	\$ 865
5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012
6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160
7	\$67,931	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
For each additional family member, add	\$ 7,666	\$ 642	\$ 321	\$ 296	\$ 148

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

- Eligibility has been established for the site(s) listed. No further documentation is required.
- Please fill out and return an "Application for Free and Reduced Price School Meals/Milk."

Persons interested in receiving more information should contact:

Inspire Sports Camps, P.O. Box 1050, Maywood, NJ 07607, 201-472-0203

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

(Signature of Authorized Representative)

02/01/2017

(Date)

**INCOME ELIGIBILITY FORM
FOR THE
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: Name of Sponsor

If you need help, call phone number of Sponsor

Follow these instructions, if your household gets SNAP (Food Stamps) TANF or FDIIR:

- Part 1:** List participant's name and a SNAP (Food Stamp), TANF or FDIIR case number.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is NOT required.
Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

- Part 1:** Enter the child's name
Part 2: Please contact us at phone number of Sponsor
Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDIIR case number in Part 1.
Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.
Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each participant's name.
Part 2: Skip this part.
Part 3: Follow these instructions to report total household income from last month.
Column A-Name: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
Column B-Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.
 In box 1, list the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).
 In box 2, list the amount each person got last month from welfare, child support, alimony.
 In box 3, list Social Security, pensions, and retirement.
 In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
Column C-Check if no income: If the person does not have any income, check the box.
Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.
Part 5: Answer this question if you choose to.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_flow_chart.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-6962. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
 (2) fax: (202) 690-7442; or
 (3) email: program.intake@usda.gov
 This institution is an equal opportunity provider.

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names (First, Middle Initial, Last)	SNAP (Food Stamp), TANF or FDIIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child

Foster children eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact [name of Sponsor] at [phone number]. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP (Food Stamp), TANF or FDIIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children)	B. Gross Income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				C. Check if NO Income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All Other Income	
1.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
2.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
3.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
4.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
5.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
6.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
7.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
8.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
9.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
10.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
11.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
12.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of Social Security Number: _____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity	Mark one or more racial identities
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year

Household size: _____

Categorical Eligibility: ___ Date Withdrawn: ___ Eligibility: Free ___ Reduced ___ Denied ___

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____