



# Bryan's Summer Enrichment Program 2021

3922-24 Church Avenue Brooklyn, New York 11203. Phone: (718) 282-6944 Fax: (718) 282-8074

## SECTION A: Identification & Contact Information

*PLEASE PRINT ALL INFORMATION*

Child #1 Name: \_\_\_\_\_

Child #2 Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  M  F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  M  F

Grade/School in September '21: \_\_\_\_\_

Grade/School in September '21: \_\_\_\_\_

Allergies:  Yes  No If yes, please describe: \_\_\_\_\_

Allergies:  Yes  No If yes, please describe: \_\_\_\_\_

Medication  Yes  No Type/Reason: \_\_\_\_\_

Medication  Yes  No Type/Reason: \_\_\_\_\_

Is this camper limited from any activity?  Yes  No

Is this camper limited from any activity?  Yes  No

If yes, please explain: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child/ren have an IEP (Individual Education Plan)?  Yes  No

**If yes, please attach a copy.**

Parent/Guardian #1: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Day Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Day Phone #: \_\_\_\_\_

## SECTION B: Enrichment Program Duration of Stay & Amusement Park Trips

Please CHECK each week your child will attend the program.

**Week 1:** 7/6-7/9

**Week 5:** 8/2-8/6

**Week 2:** 7/12-7/16

**Week 6:** 8/9-8/13

**Week 3:** 7/19-7/23

**Week 7:** 8/16-8/20

**Week 4:** 7/26-7/30

**Week 8:** 8/23-8/27

Please Check & Specify - which trip you will attend with your child. A chaperone is required for all children.

**Splash Down - July 21, 2021** Cost \$80 per person Qty: \_\_\_\_\_

**Sesame Place - August 11<sup>th</sup>, 2021** Cost \$80 per person Qty: \_\_\_\_\_

**Dorney Park - August 18, 2021 (tentative)** Cost \$80 per person Qty: \_\_\_\_\_

### Fees UNTIL

4/30/21

Registration:

\$100

Weeks 1-8

Contact the office for the current weekly rate

Fees include camp gear, enrichment program, activities, in-house trips, care from 7am-6pm, and meals.

Additional fees for Amusement Park

Trips are NOT included in fees

Please Flip Page





# Bryan's Summer Enrichment Program 2021

## Permission for my child/children to leave camp property by themselves at the end of the day

I, (print full name) \_\_\_\_\_ hereby give my child/children

1. \_\_\_\_\_ 2. \_\_\_\_\_

Permission to leave his/her group and leave Bryan's Enrichment Program property at dismissal. I release Bryan's Enrichment Program of all liability as it related to my child(ren) once they leave the facility.

**SECTION C: Payment Info.** ~ Choose your payment method below: (Please Note: There's a 3% charge for all cards.)

Private Pay     ACD Voucher     1199 Approved Member     MTA Approved Member     Other \_\_\_\_\_

1199 PROGRAM or MTA, complete information below. Member's Name \_\_\_\_\_

Member ID#: \_\_\_\_\_ Employer: \_\_\_\_\_

**Were you approved for transportation through the 1199 program?**  Yes  No If yes, please complete the following:

Preferred Pickup and Drop off Times: (Morning) \_\_\_\_\_ (Afternoon) \_\_\_\_\_

Pick Up Address: (Street) \_\_\_\_\_ (Apt) \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Drop Off Address: (Street) \_\_\_\_\_ (Apt) \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

A complete application must be submitted with a deposit which includes the registration fee plus 50% of your Summer Enrichment fee. This deposit is refundable until **April 30<sup>th</sup>, 2021** (minus the registration fee). All balances are due on or before **April 30<sup>th</sup>, 2021**. Students who register or pay balances as of May 1st, 2021 must pay the increased rates and are accommodated if space is available. An updated physical examination must be submitted before the first day of the care.

## **SECTION D: PARENT/LEGAL AGREEMENT**

By "agreeing", I represent and understand that I am the/a parent or legal guardian of the child(ren) being enrolled. The child being enrolled is healthy and capable of participating in all Bryan's Summer Enrichment Program (BEC) activities. I will provide the program with a completed and signed medical form prior to my child's first day of attendance. An approved medical exam must be done within a year of my child's first day of attendance. I agree that no medications will be administered by BEC, unless provided to BEC by an authorized parent and/or legal guardian. Additionally, any medications must be accompanied by written and explicit instructions from said parent/guardian and may require physician authorization as well. In case of a medical emergency, I authorize BEC to transport my child for emergency medical treatment and to be hospitalized if deemed necessary.

By "agreeing", I understand that part of the enrichment experience involves activities, programs and interactions that may be new to my child and may come with certain risks and uncertainties beyond what my child may be used to at home. I am aware of these risks and I am assuming responsibility for them on behalf of my child(ren). I realize that no environment is risk free, and so I have or will instruct my child on the importance of abiding by the rules and I agree that he or she is familiar with these rules and will obey them.

By "agreeing", I represent and understand BEC reserves the right to suspend and/or expel any student. Refunds are the sole discretion of BEC. Behaviors such as profanity, disrespect for others, damaging property, inappropriate sexual or unsafe behavior are sufficient grounds for suspension or expulsion.

By "agreeing", I hereby allow my child(ren) to participate in the following summer enrichment activities including but not limited classroom instructions, virtual trips, neighborhood parks, soccer, basketball, STEM, dancing, performing arts. Permission is also given for my child(ren) to be photographed while participating enrichment activities and permits its usage for newsletters, brochures, and fliers.

By "agreeing", I represent and understand that the information I have provided is true and accurate & I agree to the terms & conditions of the parent agreement.

**We further attest that all the facts relating to the student's physical condition, experience and age are true and accurate.**

**Signature of Parent I/Guardian I:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent II/Guardian II:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Bryan's Summer Enrichment Program 2021

A summer well spent is an integral part of a child's growth and development. Therefore, this summer at Bryan's, we will offer a Summer Enrichment Program OPPOSED to our usual Summer Camp session. Children's days will be filled with engaging academic lessons in the morning and fun-filled afternoons with various activities and onsite trips. Our students will receive a well-balanced summer experience which will enable them to rejuvenate their minds, return to the normalcy of in-person environments as well as get the opportunity to socialize and interact with their peers. This past year was an unprecedented time for our children, thus, we strongly believed that it is important to make programming changes to boost our student's academic, social, and emotional development.

BEC's exciting activities include: Computer classes, STEM activities, Dancing, Onsite & Virtual trips, Outdoor play, Neighborhood park visits and walks, Scavenger Hunts, Arts & Crafts, and more. This summer, our students will be challenged to consider what they have learned in the classroom and our teachers will be available to provide additional instruction and support. We have a dynamic team who are committed to providing a quality education and overall great summer experience for our students.



**BEC'S Summer of Enrichment Program will run from July 6<sup>th</sup>, 2021 to August 27<sup>th</sup>, 2021!** We are accepting students who are entering Kindergarten through 8<sup>th</sup> grade for the academic school year 2021-2022. All children ages 2 through 4 are welcome to enroll in regular preschool at BEC.

Finally, we will host (2) socially distanced Amusement Park Trips for families who are interested in getting out of Brooklyn for a few days this summer. Other than these three trips, there will be no traveling on yellow or chartered buses this summer to off-site trips.

**Registration for the entire program will include:** Two T-Shirts, Water Bottle, and an Academic Grade Specific Workbook.

## **Required Application Materials for Summer Enrichment Program:**

- A Covid-19 PCR Test 14 Days prior to your child's start date for camp
- Updated Physical Examination Form
- Lunch Form

We cannot guarantee every child a slot in our Summer Enrichment Program due to limited group sizes due to COVID-19. Grade specific groups will be closed once capacity has been reached.

If you have any additional questions, please feel free to call us at 718-282-6944 or email us at [info@bryanseducationalcenter.com](mailto:info@bryanseducationalcenter.com)

**DAY CARE CENTER ENROLLMENT FORM**

Center Name: **BRYAN'S EDUCATIONAL CENTER**

Child's Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Parent/Guardian Address and Phone, if different \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

Second person to notify \_\_\_\_\_ Phone \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

**TIME MEALS SERVED**

Breakfast \_\_\_\_\_ am to \_\_\_\_\_ am Lunch \_\_\_\_\_ am/pm and \_\_\_\_\_ pm Afternoon Snack \_\_\_\_\_ pm to \_\_\_\_\_ pm

If your child is in care during these times, he/she will receive the meal or snack that is being served.

What days will your child usually be at the center? M\_\_\_\_ Tu\_\_\_\_ W\_\_\_\_ Th\_\_\_\_ F\_\_\_\_ Sat\_\_\_\_ Su\_\_\_\_

What hours will your child usually be at the center? Arrive \_\_\_\_\_  am  pm

Depart \_\_\_\_\_  am  pm

Signature of a parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



**After 1 year of care**

Is all the information above still correct? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what has changed? \_\_\_\_\_

Signature of a parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

See INSTRUCTIONS on reverse.

**CHILD CARE CENTER NAME** \_\_\_\_\_

Print the name of the child(ren) enrolled in this child care center

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**DIRECTIONS**

**Complete SECTION A if anyone in your household**

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

**SECTION A**

SNAP Case # \_\_\_\_\_

TANF # \_\_\_\_\_

FDPIR # \_\_\_\_\_

Names of Foster Children \_\_\_\_\_  
\_\_\_\_\_

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>FOR SPONSOR USE ONLY</b>
CACFP Agreement # _____
Total Number of Household Members _____ <small>(INCLUDING FOSTER CHILDREN, IF APPLICABLE)</small>
Total Household Income \$ _____
Free _____ Reduced _____ Paid _____
Date of Determination _____
Signature of Center Staff _____

**Complete SECTION B if no one in your household** participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

**SECTION B**

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER 

--	--	--	--

DATE \_\_\_\_\_

USDA is an equal opportunity provider and employer.

**HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS**  
(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM \_\_\_\_\_

\_\_\_\_\_ / / \_\_\_\_\_ M  F   
CHILD'S LAST NAME FIRST NAME BIRTHDATE SEX

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment: Father (Guardian) \_\_\_\_\_ Phone: \_\_\_\_\_

Mother (Guardian) \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

If Parent, Guardian are not available in an emergency, notify:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

or 2. \_\_\_\_\_ Phone: \_\_\_\_\_

**Important:** Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:  
Yes  No  (If yes, state type of exposure: \_\_\_\_\_)

**HEALTH HISTORY:** (Check box if child has had afflictions, give appropriate dates)

**Allergies**

- |  |   |
|--|---|
| <input type="checkbox"/> Rheumatic Fever _____ | <input type="checkbox"/> Hay Fever _____        |
| <input type="checkbox"/> Seizures _____        | <input type="checkbox"/> Poison Ivy, etc. _____ |
| <input type="checkbox"/> Diabetes _____        | <input type="checkbox"/> Insect Stings _____    |
| <input type="checkbox"/> Asthma _____          | <input type="checkbox"/> Penicillin _____       |
| <input type="checkbox"/> Chicken Pox _____     | <input type="checkbox"/> Other Drugs _____      |
|  | <input type="checkbox"/> Food _____             |

Other Past Illnesses \_\_\_\_\_

Operations or Serious Injuries (Dates) \_\_\_\_\_

Hospitalization (Dates) \_\_\_\_\_

Chronic or Recurring Illness \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_

**Conditions that require activity to be restricted?** \_\_\_\_\_

Permission for all program activities unless otherwise noted by Dr. \_\_\_\_\_

**Appliance worn (glasses, contacts, etc.)** \_\_\_\_\_

**Medication taken** \_\_\_\_\_

Suggestion from Parent/Guardian \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

*I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.*

Relationship \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Tel.# \_\_\_\_\_

## PHYSICAL EXAMINATION

(To be filled out by Physician – please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center programs.

---

**IMMUNIZATION HISTORY** – This is a record of dates of basic immunization and most recent booster doses.

DTaP, DTP, DT, Td	Date _____	Date _____	Date _____	Date _____	Date _____
Polio	Date _____	Date _____	Date _____	Date _____	Date _____
MMR	Date _____	Date _____	Date _____		
Hemophilus Influenzae type b (Hib)		Date _____	Date _____	Date _____	Date _____
Hepatitis B	Date _____	Date _____	Date _____	Date _____	
Varicella	Date _____	Date _____			
Pneumococcal Conjugate (PCV)	Date _____	Date _____	Date _____	Date _____	Date _____
Other _____	Date _____	Other _____	Date _____	Other _____	Date _____

---

**MEDICAL EXAMINATION** – To be filled out by licensed physician.

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

Code: S = Satisfactory

X = Not Satisfactory (Explain)

0 = Not Examined

General Appearance \_\_\_\_\_

Genitalia \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Posture & Spine \_\_\_\_\_ Throat - Tonsils \_\_\_\_\_

Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_ Feet \_\_\_\_\_ Lungs \_\_\_\_\_ Skin \_\_\_\_\_

Hgb. Test (Date) \_\_\_\_\_ Urinalysis (Date) \_\_\_\_\_

Eyes \_\_\_\_\_ Vision \_\_\_\_\_ w/Glasses \_\_\_\_\_ Extremities \_\_\_\_\_ Heart \_\_\_\_\_

Ears \_\_\_\_\_ Hearing \_\_\_\_\_

Neurological Findings \_\_\_\_\_

Describe Abnormal Findings and/or Handicapping Conditions \_\_\_\_\_

Allergy: (Please specify) \_\_\_\_\_

Recommendations and restrictions while in camp:

Special Diet \_\_\_\_\_

Special Medicine (dose, route of administration, when should it be administered) \_\_\_\_\_

Is parent/guardian sending special medicine? \_\_\_\_\_

Activity Restrictions \_\_\_\_\_

Swimming \_\_\_\_\_ Diving \_\_\_\_\_

General Appraisal: \_\_\_\_\_

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

\_\_\_\_\_  
M.D.

EXAMINING PHYSICIAN (SIGNATURE)

\_\_\_\_\_  
PHYSICIAN'S NAME (PLEASE PRINT)

Telephone \_\_\_\_\_ Address \_\_\_\_\_

Date of Examination \_\_\_\_\_

ZIP CODE