



Dear Parent or Guardian:

Say Yes Buffalo, Buffalo Public Schools, the City of Buffalo and Erie County are offering a free 6-week Summer Camp from **July 8 - August 16, 2019**, Monday – Friday, 8:00am – 12:00pm. Due to additional philanthropic funding, this year both Buffalo public and charter school students are able to attend. To be eligible, students must be a Buffalo resident and be in grades PreK-6 during the 2018-19 school year.

Summer camp activities will include reading, writing, math, recreational activities, and field trips. Breakfast and lunch will be served every day. Transportation to and from camp will not be provided.

To enroll, please complete the enclosed enrollment packet. You must also include current immunization/shot records for your child. If you do not have a copy, please contact the nurse at your child's school and s/he can help.

Please send this paperwork directly to the camp site you would like your child to attend (locations on the back of this letter) **no later than Friday, June 21, 2019**. Enrollment is on a first come, first serve basis, and space is limited.

Please note, many sites offer a full-day program. Should you wish to enroll in a full-day program, fees and additional paperwork may be required. Please contact the site directly for details.

Attendance for Summer Camp is very important. If your child has more than 5 unexcused absences, your child may lose her/his summer camp slot and be placed on the site's waiting list.

If you have any site-specific questions, please contact the camp site directly (contact information is on the back of this letter). For general questions please call Say Yes Buffalo at 716.247.5310 ext. 218.

We look forward to having an enriching, fun, and engaging summer!!!

Sincerely,

Dr. Kriner Cash
Superintendent
Buffalo Public Schools

David Rust
Executive Director
Say Yes Buffalo

**ALL SUMMER
CAMP LOCATIONS
ARE WITHIN THE
CITY OF BUFFALO**

Please use 716 as area code for all phone numbers listed, unless otherwise noted.

***Camp site that offers extended day program (Additional paperwork and fees may apply for extended day)**

Camp site that might offer an extended day program

Summer camp site that offers half day enrollment only

NORTH BUFFALO

***Gloria J. Parks
Community Center**

3242 Main St, 14214
Shae Herron: 832-1010x209
s.herron@udcda.org

**EAST SIDE OF
BUFFALO**

***Boys & Girls Clubs of Buffalo
at Baird Clubhouse**

2061 Bailey Ave, 14211
Charmesa Brown: 892-5864
cbrown@bgcbbuffalo.org

***Boys & Girls Clubs of Buffalo
at Masten Clubhouse**

397 Northland Ave, 14208
Jamersin Redfern: 882-2716
jredfern@bgcbbuffalo.org

***CAO at Edward Saunders
Unity Center**

2777 Bailey Ave, 14215
Jasmine Westbrook: 846-4409
jwestbrook@caowny.org

***CAO at Pratt Willert
Community Center**

422 Pratt St, 14204
Tasha Shanklin: 430-1073
tshanklin@caowny.org

***Delavan Grider
Community Center**

877 East Delavan Ave, 14215
Michael Brown: 896-7021
Metrocdc877@yahoo.com

***Emmanuel Temple
Church of God**

701 Kensington Ave, 14215
Carolyn E. Manney: 834-8577
wingo14215@aol.com

***First Shiloh Baptist Church**

15 Pine St, 14204
Pastor Jonathan Staples:
847-6555
firstshilohmail@gmail.com

***King Urban Life Center**

938 Genesee St, 14211
Cheryl Williams-Manney:
895-1328
williams-manney@kulc.org

***Police Athletic League at
Johnnie B. Wiley**

1100 Jefferson Ave, 14208
Harvey Miles: 851-4615
policeathleticleague@city-
buffalo.com
(please submit applications to
City Hall, 65 Niagara Sq,
Floor 21)

***Police Athletic League at
Martha Mitchell Center**

175 Oakmont Ave, 14215
Tara Craig: 833-1038
policeathleticleague@city-
buffalo.com
(please submit applications to
City Hall, 65 Niagara Sq,
Floor 21)

***True Community
Development Corporation**

907 East Ferry St, 14211
Shana Taylor: 322-1900
sttruecdc@gmail.com

**Tru-Way Community
Center Inc.**

2056 Genesee St, 14211
Byron Trice: 892-0258
truway@roadrunner.com

William Emslie YMCA

585 William St, 14206
Kamalah Poles: 845-5440
kpoles@ymcabn.org

LOVEJOY

***Lt. Col. Matt Urban Center
at Polonia Hall**

385 Paderewski Dr, 14212
Patricia Melvin Chisim:
893-7222x311
pmelvinchisim@urbanctr.org

***Lt. Col. Matt Urban Center at
TJ Dulski Community Center**

129 Lewis St, 14206
Danyel Sease: 893-7222x403
dsease@urbanctr.org

***Police Athletic League at
Hennepin Community Center**

24 Ludington St, 14206
Harvey Miles: 851-4615
policeathleticleague@city-
buffalo.com
(please submit applications to
City Hall, 65 Niagara Sq,
Floor 21)

**SOUTH BUFFALO /
KAISERTOWN**

***BestSelf at St. Teresa Church**

1974 Seneca St, 14210
Kim Luce: 842-0440x494
kluce@bestselfwny.org

***Boys & Girls Clubs of Buffalo
at Babcock Clubhouse**

282 Babcock St, 14210
Amanda Palmieri: 892-5864
apalmieri@bgcbbuffalo.org

Parker Academy

49 Indian Church Rd, 14210
Jamie Lee Parker:
757-240-0598
parkeracademy1@gmail.com

***Police Athletic League at
Machnica Center**

1799 Clinton Ave, 14206
Harvey Miles: 851-4615
policeathleticleague@city-
buffalo.com
(please submit applications to
City Hall, 65 Niagara Sq,
Floor 21)

**WEST SIDE OF
BUFFALO**

***The Belle Center**

104 Maryland St, 14201
Dana Sapp-Lewis: 845-0485
dslewis@thebellecenter.org

***Boys & Girls Clubs of Buffalo
at Beecher Clubhouse**

180 10th St, 14201
Joe Scarsella: 852-0188
jscarsella@bgcbbuffalo.org

***Boys & Girls Clubs of Buffalo
at Butler Mitchell Clubhouse**

370 Massachusetts Ave, 14213
Rebecca Coccia: 884-4964
rcoccia@bgcbbuffalo.org

**Buffalo State College/
Research Foundation of
SUNY**

1300 Elmwood Ave,
Chase Hall 208
Diantha Watts: 878-4655
wattsdb@buffalostate.edu
(Please submit applications to
PS 45, 141 Hoyt St)

***West Side Community
Services**

161 Vermont St, 14213
Jesi Miller: 884-6616
education@wscsbbuffalo.org

**West Side Community
Services at D'Youville College**

320 Porter Ave, 14201
Jesi Miller: 884-6616
education@wscsbbuffalo.org
(Please submit applications to
161 Vermont St)

**BLACKROCK /
RIVERSIDE**

**BestSelf at Renovation
Church / Wellness Center**

567 Hertel Ave, 14207
Kim Luce: 842-0440x494
kluce@bestselfwny.org

**Boys & Girls Clubs of the
Northtowns at Blackrock
Clubhouse**

435 Amherst St, 14207
David E. Collins: 812-4475
dcollins@bgcnt.net

***Boys & Girls Clubs of the
Northtowns at Town Club**

54 Riverdale Ave, 14207
David E. Collins: 812-4475
dcollins@bgcnt.net

***YWCA WNY**

1005 Grant St, 14207
Sandie McCoulf: 852-6120x110
smccoulf@ywca-wny.org

Say Yes Summer Camp Enrollment Form

SITE LOCATION: _____

If this site is full, I would like to (check one):

- Have my child put on the waiting list
 Be contacted about other sites

I would like my confirmation letter (check one):

- Mailed to: _____
 Emailed to: _____

STUDENT/HOUSEHOLD INFORMATION

Student Name: _____ School: _____ Grade in 2018-19 (PK-6): _____

Address: _____ Date of Birth: _____ Student ID #: _____

Student Gender: _____ Family's preferred language: _____

Does student have: Individualized Education Program? Yes No 504 Plan? Yes No

Is there anything we should know to best serve your child? _____

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship: _____ Preferred Language: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Name: _____ Relationship: _____ Preferred Language: _____

Home Number: _____ Cell Number: _____ Work Number: _____

_____ I approve pictures, video recording, etc. to be taken of my child at summer camp, and to be
(Initial) used in marketing efforts and publications, including social media.

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____ Work Number: _____

DISMISSAL

_____ My child will be dismissed to walk _____ I will pick up my child from camp at dismissal. I will
(Initial) home each day at the end of camp. (Initial) enter the site to sign out my child. I understand local
authorities may be called if I fail to pick up my child.

The following are the ONLY other individuals authorized to pick up my child from camp (must present photo ID).

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I understand participation in camp involves certain inherent risks of injury, despite all safety precautions taken by camp staff. Therefore, as the guardian I will assume all risks, injury or illness, for my child that may occur during the participation in camp activities. I certify that my child is fully covered by medical insurance and/or that I am financially responsible for costs associated with any medical/dental treatment as deemed necessary by camp staff and/or medical professionals. I agree to hold harmless Say Yes to Education, Child & Family Services, Buffalo Public School District, Buffalo Board of Education, partnering organizations operating camp sites, their respective subsidiaries or affiliates, or their respective management, agents, employees, directors, officers and other representatives in the event of injury to my child. I do further release, absolve, indemnify, and hold harmless the same parties against any claim of injury or death to my child in connection with any and all camp activities. **I HAVE READ AND I UNDERSTAND THIS AGREEMENT AND VOLUNTARILY SIGN THIS INDEMNITY AGREEMENT.**

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Say Yes Summer Camp Health Form

SECTION I – BASIC CONTACT INFORMATION

Child's Name: _____ Date of Birth: _____ Gender: _____
 Family Physician Name: _____ Phone: _____
 Dentist/Orthodontist Name: _____ Phone: _____

SECTION II – INSURANCE INFORMATION

Is the child covered by family medical/hospital insurance? Yes No
 If yes, Insurance Carrier: _____ Group #: _____ Policy #: _____
 Policy Holder's Name: _____ Relationship to participant: _____

SECTION III – HEALTH HISTORY

Does the camper have a history of or is prone to any of the following (Please check all that apply).

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 1. Chronic illness | <input type="checkbox"/> 9. Eating Disorder | <input type="checkbox"/> 17. Frequent ear infections | <input type="checkbox"/> 24. Frequent headaches |
| <input type="checkbox"/> 2. Asthma | <input type="checkbox"/> 10. Tuberculosis | <input type="checkbox"/> 18. Seizures or convulsions | <input type="checkbox"/> 25. Diarrhea/constipation |
| <input type="checkbox"/> 3. Chicken Pox | <input type="checkbox"/> 11. Hepatitis | <input type="checkbox"/> 19. Heart defect/disease | <input type="checkbox"/> 26. Frequent stomachaches |
| <input type="checkbox"/> 4. Measles | <input type="checkbox"/> 12. Fractures | <input type="checkbox"/> 20. Mononucleosis (in last year) | <input type="checkbox"/> 27. ADHD |
| <input type="checkbox"/> 5. Mumps | <input type="checkbox"/> 13. Joint problems | <input type="checkbox"/> 21. Dizziness/chest pain | <input type="checkbox"/> 28. Obesity |
| <input type="checkbox"/> 6. Diabetes | <input type="checkbox"/> 14. Corrective lens | <input type="checkbox"/> 22. Bleeding/clotting disorder | <input type="checkbox"/> 29. Serious Emotional Disturbance |
| <input type="checkbox"/> 7. Hypertension | <input type="checkbox"/> 15. Medic Alert ID | <input type="checkbox"/> 23. Recent injury, illness or infectious disease | <input type="checkbox"/> 30. Complex Trauma |
| <input type="checkbox"/> 8. Head Injury | <input type="checkbox"/> 16. Been hospitalized | | <input type="checkbox"/> 31. Other: _____ |

Please explain any items checked above: _____

Physical Activities to be limited or restricted at camp: _____

SECTION IV – ALLERGIES

Does child have any allergies? Yes No (If yes, please complete below. Attach additional information as needed)

- Hay Fever _____ (type of reaction) Poison Ivy/Oak _____ (type of reaction)
 Bees/Insects _____ (type of reaction) Penicillin _____ (type of reaction)
 Food _____ (type of reaction)
 Other allergies _____ (type of reaction)

Child requires EPIPEN (check one): No Yes – stored on-site by camp Yes – carried by child
 Child requires INHALER (check one): No Yes – stored on-site by camp Yes – carried by child

SECTION V – MEDICATIONS

MEDICATIONS ADMINISTERED AT CAMP? Yes No (If yes, a note is required from the prescribing physician)

Medication Name	Dosage	Time(s) Given

I give permission for my child to self-administer his/her INHALER at camp. Yes No N/A
 I acknowledge that my child can self-administer his/her EPIPEN as prescribed by a physician. Yes No N/A

SECTION VI – AUTHORIZATION

My child has permission to engage in all camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury. Should my child be a candidate for the Health Home program, I give consent for Say Yes Buffalo staff to contact me with more information.

Parent or Guardian Printed Name: _____

Parent or Guardian Signature: _____ Date: _____

★ GETTING STARTED ★

MAYOR BYRON W. BROWN'S

READING

★ SUMMER READING CHALLENGE ★

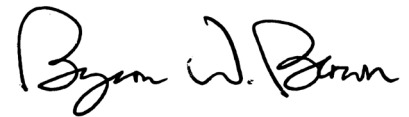
RULES!

DEAR STUDENT,

I invite you to join my Reading Rules! 2019 Kids Summer Reading Challenge. Participation is easy and the rewards are great. Here's what you have to do:

1. Start by completing the attached participation form below and returning it to 2301 City Hall, Buffalo, New York 14202 as soon as possible.
2. Begin reading!!! Kids from Pre-K to eighth grade (PK-8) must read seven (7) books. High school readers (grades 9-12) only have to read four (4) books to successfully complete the program. Students must read books from their appropriate grade level or higher. You may also read two books of your choice, as long as they are approved by a parent or guardian, in place of two titles from the list.
3. Write at least ten sentences on each book that you have read, including who the main characters are, the problems or situations they face, what you would do in these situations, and what you like and do not like about each book. Don't forget to include your name, the title, and the author on the top of each summary and to have your parent or guardian sign the bottom.
4. E-mail SummerReadingChallenge@city-buffalo.com, fax (716) 851-4134 or mail or drop off your summaries to room 2301 in City Hall by August 9, 2019. After you submit your summaries you will receive an invitation to our awards ceremony which will be held at the Buffalo-Niagara Convention Center on August 24, 2019. At the event, you will receive a certificate of achievement, souvenir t-shirt, book bag and a chance to win many great prizes from our sponsors!
5. Get ready for another successful school year as well as your reward for completing my Reading Rules! 2019 Kids Summer Reading Challenge!

HAVE A FUN, SAFE AND PRODUCTIVE SUMMER!



CUT HERE

MAYOR BYRON W. BROWN'S

Reading Rules! 2019 Kids Summer Reading Challenge Participation Form

Reader's Name		T-Shirt Size (please circle one) Youth SM MED LG XL Adult MED LG XL 2XL				
Street Address	City	Zip Code				
School	New Grade Entering	Phone				
Email	Gender (please check one) <input type="radio"/> Male <input type="radio"/> Female	Are you enrolled in Say Yes Summer Camps <input type="radio"/> YES <input type="radio"/> NO				
Parent/Guardian Name	Parent/Guardian Signature					

Mayor Byron W. Brown's 2019 Summer Reading Challenge • 2301 City Hall • 65 Niagara Square, Buffalo, NY 14202
(716) 851-READ (7323) www.buffalony.gov/readingrules email: SummerReadingChallenge@city-buffalo.com

Say Yes Buffalo Summer Camp Release of Information Form (Optional)

By signing this form, I, _____ hereby authorize Say Yes
Parent/guardian name

Buffalo/Child & Family Services, _____ and Buffalo
Organization coordinating summer camp site

Public Schools to exchange academic and medical records pertaining to my child identified

below.

Child's First Name	Child's Last Name	Child's Middle Initial	Child's Date of Birth

I understand that this form is optional and that I do not need to sign it for my child to attend Summer Camp. If I do not sign this form, Buffalo Public Schools will not release any information to the above-named parties. I also understand that Say Yes Buffalo and Child & Family Services may not deny me any services simply because I choose not to sign this authorization. I understand that the information to be released is confidential and protected from sharing. If I choose to sign this authorization, I know that I have the right to cancel my authorization to the release of information in writing at any time, except to the extent that the above-named parties have already used it to exchange records. Written cancellations should be sent to the following: Corporate Compliance Officer, Child & Family Services, 330 Delaware Avenue, Buffalo, NY 14202.

My authorization to the exchange of information shall expire one year from the date that I signed below.

Exceptions or limitation to this authorization are as follows:

None

Specify:

Signature	Date Signed