

BUFFALO STUDENTS & PARENTS, REGISTER FOR FREE SUMMER CAMPS!

JULY 12 - AUGUST 20, 2021 **MONDAY – FRIDAY**
7 hours/day and 4 hours/day sites available.
See site listings for specifics.



ACTIVITIES WILL INCLUDE:

- Academic support and enrichment including physical activity, social emotional supports, visual and performing arts!
- Free breakfast and lunch will be provided (plus snack at full-day sites)

THREE OPTIONS TO REGISTER:

- 1) Apply online at www.sayyesbuffalo.org/summer2021
- 2) Download an application at www.sayyesbuffalo.org/summer2021 and submit it to the site of your choosing
- 3) Contact the site of your choosing directly to obtain an application

DEADLINE TO REGISTER IS FRIDAY, JUNE 25, 2021.

STUDENT ELIGIBILITY:

- Student must be in PK - 6th grade during the 2020-2021 school year
- Student must be at least 5 years old by July 12, 2021
- Student must be a Buffalo Public Schools student, attending either a district or charter school

All summer locations listed on back

PLEASE NOTE: Space is limited and slots will be given on a first-come, first-served basis. There is NO cost for students to participate in the Say Yes portion of camp. If a site offers an extended day, fees may apply for the additional hours. Contact sites directly to inquire.

مخيم صيفي مجاني! للحصول على استمارة التقديم وللمساعدة في استكماله ، اتصل بمرکز Hope Refugee Drop-in على الرقم 716-881-0539 يرجى الاطلاع أثناء لمعرفة المواقع القادرة على التواصل باللغة العربية.

အခမဲ့ခွေရာသီစခန်း! လျှောက်လွှာရယူရန်နှင့်လျှောက်လွှာဖြည့်ရန်အကူညီလိုပါက Hope Refugee Drop-in Center သို့ (716)881-0539 သို့ ဆက်သွယ်ပါ။ မြန်မာလိုဆက်သွယ်ရနိုင်သည့် စခန်းများအတွက် ကျေးဇူးပြု၍ အောက်တွင်ကြည့်ပါ။

တိုက်ခါတိအလိကလီ. ဒ်သီးကဟ်းနီလ်ဟ်ပတ်ထီဒ်ဒီးနီးနီဘ်တါမေးလောကယုလ်အဂီ. ဆဲးကုို (Hope Refugee Drop-in Center) ဝဲ (၇၁၆) ၈၈၁-၀၅၃၉ တက့ာ်. ဝဲသးစူက့ာ်ဘ်တါလီလ်လ်တဟ်လဲဆဲးကုိုလီသးလောကညီကုိုသုဆဂီနီတက့ာ်.

श्री समर क्याम्प ! एउटा आवेदन (एप्लिकेशन) प्राप्त गर्न र बसलाई पूरा गर्न मद्दतको लागि, होप रेफ्यूजी ड्रप-इन सेन्टर (Hope Refugee Drop-in Center) (७१६) ८८१ -०५३९ मा सम्पर्क गर्नुहोस्। कृपया नेपालीमा सञ्चार गर्न सकिने साइटहरूका लागि तल हेर्नुहोस्।

Kaamka Xagaaga oo bilaash ah! si aad u hesho codsiga iyo caawimaada buuxinta warqada codsiga, la xiriiir Xarunta Qaxootiga Laga Caawiyo ee (Hope Refugee Drop-in Center) ka wac (716) 881-0539. Fadlan hoos ka eeg goobaha loogu hadli karo af-soomaaliga.

¡Campamento de verano gratuito! Para obtener una solicitud y ayuda para completarla, contacte al Hope Refugee Drop-in Center al (716) 881-0539. Por favor, vea abajo los sitios que pueden comunicarse en español.

Kuhudhuria kambi kwa majira ya joto bila malipo! Kupata formu ya maombi na msada wa kuyijaza, wasiliyana na Hope Drop-in Center kwa namba 716 881-0539. Tafadhali soma hapa chini vituo ambavyo vina uwezo wa kuwasiliana kwa Kiswahili.



* Capaz de comunicarse en español
 < ဆေးကျိုးလိာ်သးလးကညီကျိာ်သ့
 # မြန်မာလိုဆက်သွယ်နိုင်ပါသည်။
 ✕ قادر على التواصل باللغة العربية
 \$ Waxaa loogu hadli kara af-soomaali
 @ Able to communicate in French, Karenni, and Hausa
 ^ Able to communicate in Kizigua (Chizigula), May May, and Swahili

+ EXTENDED HOURS AVAILABLE

ASAP Educational Program +
 406 Sycamore St., 14204
 8:30 am - 12:30 pm
 Contact: Pastor Zandra Lewis:
 (716) 842-2809
 asap716@gmail.com

The Belle Center * +
 104 Maryland Street, 14201
 8:00 am - 3:00 pm
 Contact: Victor Montes:
 (716) 845-0485
 vmontes@thebellecenter.org

BestSelf at Building Brighter Futures at Renovation Church * <
 567 Hertel Ave, 14207
 8:30 am - 3:30 pm
 Contact: Regina Cooper:
 (716) 458-2075
 bbfpprograms@bestselfwny.org

BestSelf at Building Brighter Futures at Machnica Community Center * <
 1799 Clinton St, 14206
 8:30 am - 3:30 pm
 Contact: Regina Cooper:
 (716) 458-2075
 bbfpprograms@bestselfwny.org

Boys & Girls Club of Buffalo at Babcock Clubhouse * +
 282 Babcock Street, 14210
 8:00 am - 3:00 pm
 Contact: Julie Hernandez
 (716) 825-1016
 jhernandez@bgcbbuffalo.org

Boys & Girls Club of Buffalo at Butler Mitchell Clubhouse * +
 370 Massachusetts Ave, 14213
 8:00 am - 3:00 pm
 Contact: Julie Hernandez
 (716) 825-1016
 jhernandez@bgcbbuffalo.org

Boys & Girls Club of Buffalo at John F. Beecher Clubhouse * +
 180 10th St, 14201
 8:00 am - 12:00 pm
 Contact: Julie Hernandez
 (716) 825-1016
 jhernandez@bgcbbuffalo.org

William C Baird Clubhouse * +
 2061 Bailey Ave, 14211
 8:00 am - 3:00 pm
 Contact: Julie Hernandez
 (716) 825-1016
 jhernandez@bgcbbuffalo.org

Boys & Girls Club of Buffalo at Masten Clubhouse * +
 397 Northland Ave, 14208
 8:00 am - 3:00 pm
 Contact: Julie Hernandez
 (716) 825-1016
 jhernandez@bgcbbuffalo.org

Boys & Girls Club of the Northtowns at Town Clubhouse +
 54 Riverdale Ave., 14207
 8:00 am - 12:00 pm
 Contact: Christine Martin
 (716) 873-9842
 cmartin@bgcnet.net

Buffalo String Works * < #
 113 Lafayette Ave, 14213
 9:00 am - 4:00 pm
 Contact: Richard Manuel
 (716) 579-4401,
 richard@buffalostringworks.org

Calvary Baptist Church
 1184 Genesee St, 14211
 9:00 am - 1:00 pm
 Contact: Ida Gibson
 (716) 895-3642
 calvarysummer@gmail.com

CAO at Edward Saunders Unity Center +
 2777 Bailey Avenue, 14215
 8:00 am - 3:00 pm
 Contact: Gabrielle Epperson
 (716) 846-4409
 gepperson@caowny.org

CAO at Pratt Willert Community Center +
 422 Pratt Street, 14204
 8:00 am - 3:00 pm
 Contact: Nafeesah Habeeb
 (716) 430-1073
 nhabeeb@caowny.org

Community Schools at Elim Christian Fellowship *
 70 Chalmers Ave, 14214
 8:00 am - 3:00 pm
 Contact: Jerrica DeLaney
 (716) 392-2252
 jdelaney@sayyesbuffalo.org

Delavan Grider Community Center
 877 East Delavan Avenue, 14215
 8:00am - 12:00 pm
 Contact: Candace Moppins
 (716) 896-7021
 metrocdc877@yahoo.com

Delaware Family YMCA +
 2564 Delaware Ave, 14216
 8:30 am - 12:30 pm
 Contact: Melissa Stitt
 (716) 875-1283
 mstitt@ymcabn.org

First Shiloh Baptist Church
 15 Pine Street, 14204
 8:30 am - 3:30 pm
 Contact: Reverend Staples
 (716) 847-6555
 firstshilohmail@gmail.com

Gloria J. Parks Community Center
 3242 Main St, 14214
 8:00am - 3:00 pm
 Contact: Shae Herron
 (716) 832-1010; ext. 209,
 s.herron@udcda.org

King Urban Life Center * +
 938 Genesee St., 14211
 8:30 am - 12:30 pm
 Contact: Cheryl Williams-
 Manney: (716) 895-2050
 cwmanney@kingurbanlifecenter.org

Lt. Col. Matt Urban Center at TJ Dulski Community Center +
 129 Lewis St., 14206
 8:30 am - 12:30 pm
 Contact: Danyel Sease
 (716) 387-1006
 dsease@urbanctr.org

Lt. Col. Matt Urban Center at Polonia Hall (Hope Center)
 385 Paderewski Dr, 14212
 8:30 am - 12:30 pm
 Contact: Justin Larke
 (716) 387-0787
 Jlarke@urbanctr.org

Lt. Col. Matt Urban Center on Broadway
 1081 Broadway St., 14212
 8:30 am - 12:30 pm
 Contact: Laura Crump
 (716) 893-7222
 lcrump@urbanctr.org

Parker Academy * +
 49 Indian Church Road, 14210
 8:00 am - 3:00 pm
 Contact: Jamie Parker
 (716) 821-7704
 parkeracademy1@gmail.com

Parker Academy at Assembly of Christian Churches Inc. *
 213 Ontario St, 14207
 9:00 am - 1:00 pm
 Contact: Jamie Parker
 (716) 821-7704
 parkeracademy1@gmail.com

Police Athletic League of Buffalo at Johnnie B. Wiley Site * +
 1100 Jefferson Ave, 14208
 8:00 am - 3:00 pm
 Contact: Nekia Kemp:
 (716) 851-4615
 policeathleticleague@city-buffalo.com

Police Athletic League of Buffalo at Martha Mitchell Community Center Site
 175 Oakmont Ave, 14215
 8:30 am - 3:00 pm
 Contact: Tara Craig:
 (716) 837-7954
 policeathleticleague@city-buffalo.com

Somali Bantu Community Organization \$ ^ +
 50 Rees St., 14213
 8:30 am - 3:30 pm (extended hours available)
 Contact: Ibrahim Iftin
 (443) 527-2096,
 bcob1@gmail.com

Tru Way Community Center Inc. +
 2056 Genesee St., 14215
 8:00 am - 3:00 pm
 Contact: Byron Trice
 (716) 563-9863
 truway@roadrunner.com

YWCA of Western New York * ✕ +
 1005 Grant St., 14207
 8:30 am - 3:30 pm
 Contact: Sandie McCoull
 (716) 852-6120
 education@ywca-wny.org

Westminster Economic Development Initiative Inc. ENERGY Program # @ +
 724 Delaware Ave, 14209
 8:30 am - 12:30 pm
 Contact: Donna Glasgow
 (716) 449-6193
 dglasgow@wedibuffalo.org

West Side Community Services * ✕ +
 161 Vermont St., 14213
 8:00 am - 12:00 pm
 Contact: Kayleigh Brandstetter
 (716) 884-6616
 education@wscsbuffalo.org

Say Yes Summer Camp Enrollment Form

FIRST CHOICE FOR SITE: _____

SECOND CHOICE FOR SITE: _____

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 2020-21 (PK-6): _____

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

Student Gender: _____ Student's preferred language: _____ T-shirt size: _____

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

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship: _____ Preferred Language: _____

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

Email Address: _____

Name: _____ Relationship: _____ Preferred Language: _____

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

Email Address: _____

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

EMERGENCY CONTACT

Name: _____ Relationship: _____ Preferred Language: _____

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

Email Address: _____

Name: _____ Relationship: _____ Preferred Language: _____

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

Email Address: _____

DISMISSAL

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

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 Buffalo, 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: _____

**Assumption of the Risk and Waiver of Liability Relating to
Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. Say Yes Buffalo has put in place health and safety protocols to reduce the spread of COVID-19; however, Say Yes Buffalo **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending a Say Yes Buffalo Summer Camp site could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Say Yes Buffalo Summer Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Say Yes Buffalo Summer Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, program participants and their families, employees, volunteers, directors, officers, agents and other representatives of Say Yes Buffalo, Child & Family Services, Buffalo Public School District, Buffalo Board of Education, partnering organizations operating camp sites, and their respective subsidiaries or affiliates.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Say Yes Buffalo Summer Camp or participation in Say Yes Buffalo Summer Camp programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Say Yes Buffalo, Child & Family Services, Buffalo Public School District, Buffalo Board of Education, partnering organizations operating camp sites, their respective subsidiaries or affiliates, or other respective management, agents, employees, directors, officers and other representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Say Yes Buffalo, Child & Family Services, Buffalo Public School District, Buffalo Board of Education, partnering organizations operating camp sites, their respective subsidiaries or affiliates, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Say Yes Buffalo Summer Camp program.

Signature of Parent/Guardian

Date

Name of Parent/Guardian

Name(s) of child(ren)

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 _____ Poison Ivy/Oak _____
(type of reaction) (type of reaction)
- Bees/Insects _____ Penicillin _____
(type of reaction) (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 site staff to apply sunscreen and/or bug spray. If "yes", I will send such to camp with my child. Yes No N/A

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: _____

Say Yes Buffalo Summer Camp

Supplemental Student Information

Please describe any vision, hearing, mobility, healthcare and/or behavioral needs your child may have.

What motivators (e.g., toys, activities, foods) will be strong reinforcers for your child?

Please list any triggers that might agitate your child (e.g., loud noises, large groups, etc.).

What is the best way to assist your child if he/she gets overwhelmed or upset?

How does your child prefer to communicate?

- | | |
|--|---|
| <input type="checkbox"/> Speaks clearly | <input type="checkbox"/> Uses a communication board |
| <input type="checkbox"/> Uses sign language | <input type="checkbox"/> Gestures |
| <input type="checkbox"/> Speaks but may be difficult to understand | <input type="checkbox"/> Other: _____ |

Does your child have a caseworker? Yes No

If "yes," please provide:

Caseworker name: _____ Organization: _____

Email address: _____ Phone number: _____

With whom does your child live?

What are your child's favorite activities?

Please list any of your child's dislikes or fears of which we should be aware.

How well does your child follow directions?

- Extremely well Fairly well Not too well Poorly

Please explain:

Has your child previously attended a summer camp? Yes No

If yes, was it a positive experience? Yes No

Please explain:

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, _____, Buffalo
Organization coordinating summer camp site

Public Schools, and if applicable, my child's charter school _____
Charter school name (write "N/A" if not applicable)

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, and if applicable, my child's charter school 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 must be mailed to the following: Dan Cross-Viola, Say Yes Buffalo, 712 Main Street, 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