

# Say Yes Virtual Summer Camp Enrollment Form

FIRST CHOICE FOR SITE: \_\_\_\_\_

SECOND CHOICE FOR SITE: \_\_\_\_\_

|  |   |
|--|---|
| If my first choice is full, I would like to:<br><input type="checkbox"/> Have my child put on the waiting list<br><input type="checkbox"/> Enroll my child in my second choice | I would like my confirmation letter (check one):<br><input type="checkbox"/> Mailed to: _____<br><input type="checkbox"/> Emailed to: _____ |
|--|---|

## STUDENT/HOUSEHOLD INFORMATION

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade in 2019-20 (PK-6): \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Gender: \_\_\_\_\_ Student's preferred language: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Which of the following does your child have access to at home? (check all that apply)

- Computer/laptop     Tablet     Smart phone     Internet/wifi     None of these

Does your child have: Individualized Education Program?  Yes  No    504 Plan?  Yes  No

Does student have a history of any of the following? (check all that apply)

- Chronic illness     Joint problems     Recent injury/illness     Complex trauma  
 Asthma     Seizures/convulsions     ADHD     Other: \_\_\_\_\_  
 Head injury     Heart defect/disease     Serious Emotional Disturbance    \_\_\_\_\_

Please explain any items checked above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical activities to limit in virtual camp: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any dietary restrictions (allergies or otherwise)?     Yes     No

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

\_\_\_\_\_  
\_\_\_\_\_

Please describe any relevant 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.).

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

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How does your child prefer to communicate?

- Speaks clearly                       Speaks but may be difficult to understand                       Gestures  
 Uses sign language                       Uses communication board                       Other: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Preferred Language: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Will this person be available to support/assist the child during program?    Yes    No    Sometimes

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Preferred Language: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Will this person be available to support/assist the child during program?    Yes    No    Sometimes

\_\_\_\_\_ I approve pictures, video recording, etc. to be taken of my child at Virtual Summer Camp, and to  
(Initial) be used in marketing efforts and publications, including social media.

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Email: \_\_\_\_\_

My child has permission to engage in all Virtual Summer 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 and activity limitations. I understand participation in Virtual Summer Camp involves certain inherent risks of injury, despite all safety precautions taken by camp staff. **Given the virtual nature of camp, I understand I am ultimately responsible for the supervision of my child and for my child's health and safety.** Therefore, as the guardian I will assume all risks, injury or illness, for my child that may occur during the participation in virtual camp activities. 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: \_\_\_\_\_

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

By signing this form, I, \_\_\_\_\_ hereby authorize Say Yes Buffalo/  
Parent/guardian name

Child & Family Services, \_\_\_\_\_, Buffalo Public Schools, and if applicable,  
Organization coordinating summer camp site

my child's charter school \_\_\_\_\_ to exchange academic records pertaining to  
Charter school name (write "N/A" if not applicable)

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 Virtual 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 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:

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| Signature | Date Signed |
|-----------|-------------|
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