



March 2018

Dear Parent(s)/Guardian(s),

Preston Center of Compassion wants to thank you for registering your child at our 2018 Summer Recreational Program. We look forward to seeing your child this summer.

First and foremost, no child will be admitted each morning to our Summer Recreation Program without an **ID Card**. This ID card will be needed to drop off your child EACH DAY and for picking up your child in the afternoon, the following paragraph is very important because it explains that at pick up, only one ID card for each family is needed.

This year, each FAMILY in the program will be provided with 2 camper ID cards that you will have to show in order to drop off and pick up your child. Please note, if you have multiple children in our program, the Check-In/Check-Out is at the same place. In the event that more than one child is enrolled in our program, the adult that drops off child(ren) each morning needs each child's ID card for the child(ren) to enter. However, when a designated adult is **picking up the child(ren) in the afternoon, only ONE ID card per family is needed.**

**These ID card(s) will be distributed only after receipt of the following NINE forms below, highlighted in YELLOW.** These forms are also located on our website under the heading Summer Program-Registration Packet.

Enclosed you will find all the following documents that need to be returned to us ASAP:

- Medical and Emergency Forms. Pages 1 & 2 are to be completed by you and Page 3 is to be completed by your licensed health provider. Also, please submit an updated SIGNED and STAMPED 2018 Immunization Record from your DOCTOR. Please return these three pages **(pp. 1-3)**, with a Signed Immunization Record.
- Student Academic Profile Sheet and Summer Recreation Program Objectives/Behavior Guideline Form to assist us in providing educational components as well as our Program Objectives and Guidelines. Both the Academic Profile and Objective/Guidelines pages must be returned. **(pp. 4-5)**
- Maritime Waterfront Activities Authorization Release Form. Please return this page **(p. 6)**.
- Media Authorization Release Form. Please return this page **(p. 7)**.
- Dismissal Consent Form which is used to allow for alternate people to be designated to pick up your child in addition to yourself. Please return this page **(p. 8)**.
- An Iris Alert Information Form that must be signed and returned by each parent which will allow us to communicate to each parent by text, email, and phone call(s) to remind participants of special days in the summer (e.g., Carnival, DJ, Rock Wall climbing, etc.), as well as, to remind parents and participants of special events and theme days and to communicate for other reasons. **(p.9)**

Also you will find:

- Parent Information Fact Sheet to assist you and your child in making the transition to this Summer Program a great success.
- Save the Date Invitation to our Great Event!

Please complete the forms, **pages 1 thru 9**, and return ASAP, but no later than Monday, May 14th, 2018.

Upon completing and mailing these nine forms to PCC. It is important to note that we ask that you do not hand deliver these nine forms to PCC or Preston High School. **THESE FORMS MUST BE MAILED to:**

**Preston Center of Compassion, 2780 Schurz Ave, Bronx, NY 10465, Att: PCC Summer Rec Documents.**

Upon receipt of these COMPLETED forms, then and only then, each parent will receive their child(ren)'s TWO ID cards.

If you have any questions, please don't hesitate to contact us at (718) 892-8977.

Sincerely,

Sr. Patricia Warner, RDC, MA  
Executive Director

(Cover)

**Camper Medical Form**

Mail this form to the address below:

The information on this form is not part of the camper Acceptance process, but is gathered to assist us in identifying appropriate care. Health history (first two pages) must be filled out by parents/guardians. Page 3 to be completed by Physician.

**Preston Center of Compassion  
2780 Schurz Avenue  
Bronx, New York 10465**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender  Male  Female  
Last First

Home Address: \_\_\_\_\_  
Street Address City State Zip

Custodial Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(if different from above) Street Address City State Zip

Second Parent/Guardian/Emergency Contact: \_\_\_\_\_ Cell Phone : \_\_\_\_\_  
(Please circle one)

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

If above not available in an emergency, notify:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Insurance Information**

Is the participant covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name: \_\_\_\_\_ Group # \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian Authorization**

This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities as noted. I give permission to the camp to arrange any related transportation for this camper.

My child has my permission to participate in all camp activities in the Preston Center of Compassion Summer Recreational Program. In case of emergency, I grant permission for my child to be given medical treatment as prescribed by PCC medical staff, physician or hospital.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above with the understanding that parents will be notified ASAP. A copy of this form may accompany the camper on trips.

I also understand that medications will not be administered by PCC personnel except for the epi-pen and asthma inhaler/pumps.

Signature of Custodial Parent/Guardian: \_\_\_\_\_

Printed Name of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Health History** - The following information must be filled in by the parent/guardian.

**Allergies** List all Known

Medication allergies (list)	Describe reaction and management of the reaction
_____	_____
_____	_____
_____	_____

Food allergies (list)	
_____	_____
_____	_____
_____	_____

Other allergies (list)	
_____	_____
_____	_____

**List Medication(s) that are dispensed at home: (PCC will only administer epi-pens & asthma Inhaler/Pumps)**

Med #1 _____	Dosage: _____
Med #2 _____	Dosage: _____
Med #3 _____	Dosage: _____

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary). Is there anything you feel we should know about your child's health?

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

**This health history is correct and complete as far as I know.**

Signature of Custodial Parent/Guardian : \_\_\_\_\_

Printed name of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**This page must be completed by a licensed health care provider.**  
**(Please attach proof of a CURRENT medical exam & Immunization History.)**

**Please note that no child may participate in the Summer Recreational Program without a completed physical.**

Date of Medical examination: \_\_\_\_\_ (Exam must be within past 12 months of camp attendance.)

This child is able to participate in all camp program activities.  YES  NO

This child has the following restrictions on camp activities:

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

This child is up to date on all Immunizations:  YES  NO

**Please attach a SIGNED copy BY DOCTOR of a CURRENT Immunization Record.**

**This child is on the following Medication(s) that will be dispensed at home:**

Med #1 \_\_\_\_\_ Reason: \_\_\_\_\_

Dosage: \_\_\_\_\_ Means of Administering \_\_\_\_\_

Hours \_\_\_\_\_ Possible Side Effects and Adverse Reactions: \_\_\_\_\_

Med #2 \_\_\_\_\_ Reason: \_\_\_\_\_

Dosage: \_\_\_\_\_ Means of Administering \_\_\_\_\_

Hours \_\_\_\_\_ Possible Side Effects and Adverse Reactions: \_\_\_\_\_

**Name of Health Care Provider (please print):**

\_\_\_\_\_  
**Title:** \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

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

**MD STAMP Required in box below**

\_\_\_\_\_



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**Summer Recreational Program**

**Student Academic Profile Sheet**

**Child's Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**What school does your child attend?** \_\_\_\_\_

**Does your child have an IEP?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**What educational setting is your child in?**

- a. General education classroom \_\_\_\_\_
- b. General education classroom with push-in services \_\_\_\_\_
- c. Inclusion classroom (large student population with two teachers) \_\_\_\_\_
- d. Self-contained classroom (small group with one teacher, one teacher assistant) \_\_\_\_\_

What is the ratio of students to staff in this room? \_\_\_\_\_

**Does your child receive support services during the day?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**If so, please describe these services:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is medication administered to your child during the school day?** \_\_\_\_\_ YES \_\_\_\_\_ NO

Med #1 \_\_\_\_\_ Dosage: \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage: \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage: \_\_\_\_\_

**Any other concerns:** \_\_\_\_\_

\_\_\_\_\_



## Summer Recreation Program Objectives/ Behavior Guidelines

### Summer Recreation Program Objectives:

- To provide an exciting summer recreational program experience, in a safe and fun environment, where children can learn new skills and have a great summer.
- To employ staff who are well trained and serve as positive role models for children.
- To provide campers with experiences which develop self-confidence, self-esteem and leadership skills through well planned and enjoyable activities and games.
- To develop an appreciation for our environment by encouraging campers to take an active role in protecting and conserving it.
- To foster an atmosphere of acceptance and approval of the unique talents of each child and to encourage them to feel free to be creative and expressive.
- To encourage our children to explore new activities by exposing them to new, age-appropriate, challenging, and fun experiences.
- To teach and encourage the importance of fairness, teamwork, and cooperation.

**At Preston Center of Compassion SRP** every participant is entitled to feel safe, comfortable and secure. We are committed to ensuring that every child is able to enjoy and benefit from our program. All campers and families must be committed to safety, constructive participation and appropriate behavior, and willing to abide by the guidelines established by our program.

### **As camper I promise that I will adhere to these Behavior Guidelines:**

- I will stay with my group at all times;
- I will listen carefully to rules and instructions and ask questions when I do not understand;
- I will be kind to other children and staff and I will not threaten or bully other campers;
- If I need help I will go to my Head Counselor.

### **As a PCC Summer Recreation parent/guardian I understand that:**

- I am expected to help my child understand and follow these guidelines;
- I will be notified if my child's behavior undermines his or her ability, or the ability of other children, to enjoy, benefit from and participate safely in the program;
- If an issue of behavior arises, I will be expected to collaborate with my child's Head Counselor on a strategy to address the problem;

**\*2018 WE AGREE TO THE TERMS OF THE BEHAVIOR GUIDELINES**

- Please return this page with your other documents.

Parent Signature: \_\_\_\_\_

(Parent/Guardian-PLEASE stop here and read this entire sheet to/with your child and then have your child sign the line below. Please do not sign your child's name, but have your child sign their own name. If you have a 4 or 5 year old child who can't sign their name, please have them put their initials on the line below) :

Child's Signature:\_\_\_\_\_



**Maritime Waterfront Activities Authorization Release**

**Swimming Program**

I, \_\_\_\_\_ allow my child \_\_\_\_\_ to go swimming at *SUNY Maritime College* as part of the PCC Recreational Program. I understand that my child will be driven to/from Maritime College in either a bus or van and will be supervised at all times by PCC staff and Maritime College staff.

*I hereby agree to release, indemnify and hold harmless Preston Center of Compassion from any and all claims, demands, actions or causes of actions, loss, liability, damage or cost arising from this authorization.*

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Maritime Waterfront Program – ages 9 – 13**

I, \_\_\_\_\_ allow my child \_\_\_\_\_ to participate in the *Water Front Activities Program at SUNY Maritime College*.

This will involve kayaking, environmental marine biology and seine (using nets to explore marine life). I understand that my child will be driven to/from Maritime College in either a bus or van and will be supervised at all times by PCC staff and Maritime College staff. Space is limited, and 15 students will be chosen each week by a lottery system.

*I hereby agree to release, indemnify and hold harmless Preston Center of Compassion from any and all claims, demands, actions or causes of actions, loss, liability, damage or cost arising from this authorization.*

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Media Authorization Release

### Photo/Name and Video Program

I, \_\_\_\_\_ allow my child \_\_\_\_\_ to have her/his picture taken, video taken and name released as part of promoting PCC Summer Recreational Program. I further allow my child to participate in the *Video Journal Film Class*.

**Parent/Guardian Signature:** \_\_\_\_\_

*I hereby grant to PCC the right to edit, reproduce, use and reuse images for any and all purposes including, but not limited to, advertising, promotion and display; and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media not yet in existence including, but not limited to, video, print, television, internet, and podcasts.*

*I forever grant, assign, and transfer to PCC any right, title and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my child/children by PCC. I hereby agree to release, indemnify and hold harmless PCC from any and all claims, demands, actions or causes of actions, loss, liability, damage or cost arising from this authorization.*

**Date:** \_\_\_\_\_





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# Summer Recreational Program

## Dismissal Consent Form

This form will serve as an authorization for any adult whom you designate to pick up your child from PCC Summer Recreational Program.

Please list your name (as #1) and all other authorized adults to whom you give permission as #2, #3, #4, and #5.

This year, each FAMILY in the program will be provided with 2 camper ID cards that you will have to show in order to drop off and pick up your child. Please note, if you have multiple children in our program, the Check-In/Check-Out is at the same place. In the event that more than one child is enrolled in our program, the adult that drops off child(ren) each morning needs each child's ID card for the child(ren) to enter. However, when a designated adult is picking up the child(ren) in the afternoon, only ONE ID card per family is needed.

Participants will be released only to persons you authorize. **The person picking up your child(ren) must present the camper ID CARD AND PHOTO ID** (such as a driver's license) to the staff and be listed below. If plans change and someone not listed on this form needs to pick-up your child, call the Camp Office to advise us and send **WRITTEN PERMISSION** with the person picking up your child.

Child's Name: \_\_\_\_\_ will be picked up at PCC Summer Recreational Program by (please print the name of any Parent/Guardian or adult, authorized to pick up the child at the end of his/her day or any given time they leave).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Summer Recreational Program

### IRIS ALERT INFORMATION

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

**Parent/Guardian's Home Phone #** \_\_\_\_\_

**Parent /Guardian's Cell Phone #1** \_\_\_\_\_

Do you wish to receive texts at this number?  YES  NO (Check one)

**Parent/Guardian's work or cell phone #2** \_\_\_\_\_

Do you wish to receive texts at this number?  YES  NO (Check one)

Email #1 \_\_\_\_\_

Email #2 \_\_\_\_\_

Parent/Guardian Name(s)

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

Signature of Parent/Guardian \_\_\_\_\_



## Summer Recreational Program

### Parent Information Fact Sheet

#### **Parent Drop Off/Pick Up**

All parents are directed to the registration desk for drop off each morning at backyard registration canopy tent or, in case of rain, backyard porch.

#### **Cell Phones/Digital/Electronic Devices**

We request that your child refrain from bringing cell phones, watches, digital devices, toys, etc. to camp. PCC and its employees are not responsible for any lost/stolen/misplaced items of this nature.

#### **Bathing Suits, Sunscreen, and Footwear**

Please provide sunscreen in a labeled clear bag for the duration of your child's stay at camp and keep it in the camper's backpack for the duration of their time here at PCC. Parents should apply sunscreen to their child prior to arrival. If planning to swim, participants should wear a bathing suit to PCC and bring a towel on **Fridays**, regardless of the weather or schedule. We ask that children 8 years of age and under have a **spare change of clothes in their backpack daily** for any possible accidents which may occur (especially if a parent/guardian is not available to come and change their child within 15 minutes). If kayaking, each participant should wear or bring their swimsuit on their assigned day along with water shoes and a towel. Please make sure your child has a towel, change of clothes and extra pair of underwear in his/her backpack on any day to Maritime. Lastly, we are quite active on a daily basis and therefore request that our children wear footwear that will allow them to participate fully in all of our programs. Flip flops and sandals are not appropriate for this setting. **Sneakers are really the most practical and we strongly encourage all participants to wear sneakers** or something comparable each day. We respectfully request that children not wear any jewelry at the pool. We suggest that it is left at home. PCC and its employees are not responsible for any jewelry that may be lost/stolen/misplaced etc.

#### **Parent/Staff Communication**

- All messages to the directors/staff should be in writing and given to a staff member at the registration desk with Director's name.
- Please contact our camp office at (718)-892-8977 during the day if you have any questions regarding your camper. We will pass the message to one of the directors, and we will get back to you by the end of the day.
- If you wish to speak with the PCC Summer Recreation Director, please leave a daytime phone number at the registration desk in the Camp Director's Message Notebook. The director will return your call as soon as possible. Parents will be contacted immediately if your child has an injury or illness during camp. Remember to include all contact numbers with your medical forms.
- If you are planning to pick up your child during the camp day, please notify us as soon as possible. Please send a note or place a phone call to our office with the date and time you are planning to pick up your camper so that we may have your child ready. No child will be released to anyone without the camper ID card and written parental permission. All campers must be signed out by a parent or designated adult as listed on p.8, Dismissal Consent Form
- This year, we are continuing with our **ID CARDS** which will be needed BOTH at DROP OFF and DISMISSAL. The ID Card reflects the child's camp program hours, before/after care, and time of dismissal. Your child will only be released to the person(s) authorized on the Dismissal Consent Form; that adult must present the camper ID card at dismissal. Personal photo ID is also required. (NYS Driver's License is preferred.)
- We want every camper safe and secure while at the pool. Children should not bring valuables to camp, but especially to the pool or Maritime Program. **PCC and its staff is not responsible for valuables that are misplaced/lost or stolen.** The pool depths range from 4 - 12 feet. Therefore, we are requiring all campers to wear a Personal Flotation Device (which can be purchased at most sporting goods stores: Modell's, Sports Authority and Costco) until they have passed the swim test this year at the pool. The PCC director will administer the swim test each Friday. "Swimmies" are not permitted and make sure the swim vest/flotation device is the correct size and **labeled with child's name.** Children cannot share Personal Flotation Devices and will not be permitted to the pool without one. Please note that there will be no exceptions and campers will not even be allowed to get on the bus to the pool if they are less than 52 inches tall without a Personal Flotation Device. There will be 3 lifeguards each week at the pool, as well as our Camp Director(s) and many of our PCC Summer Recreation Staff.

# Save the Date

## Thursday, August 2, 2018

6:30 - 10:30 PM

Join us for an evening of good food, music and fun to benefit PCC



# Preston Center

## OF COMPASSION

Where hearts connect and lives are transformed

*Outdoor Reception overlooking the East River on the Preston Campus, 2780 Schurz Ave, Bronx, NY 10465*

**Please come join us for an evening of good food and fun to benefit PCC, sponsored in part by**



**BRONX**

**Watch for a formal invitation to follow**

**Campers' Parents: Bring a Table of 10 to the Dinner and Receive 10 Free Yankee Tickets!**

### Summer Fundraiser

## 1st Prize: \$5,000

For the last three years, A PCC Summer Recreational Parent has earned 7 free weeks of camp for their child as a result of selling Raffle Tickets! Please see below for the offer!

**Other Prizes to Follow!!**

### Help us reach our goal

Raffle tickets are \$25 each and help the Preston Center of Compassion Summer Recreational Program, to offer free snacks, early registration discounts, as well as defraying the annual increase in the cost of running the camp.

Our camp rates have not increased this year!

We are asking that each parent consider coming to our PCC Fundraiser Dinner on Thursday, August 2nd, 2018 (see below).

**For any parent who would like their child to receive up to  
7 FREE WEEKS to PCC 2019 Summer Recreational Program!**

Special incentives for campers and parents!

**Sell 20 Tickets receive one week of camp FREE!**

**Sell 40 Tickets receive two weeks of camp FREE!**

**Sell 60 Tickets receive three weeks of camp FREE!**

**Sell 80 Tickets receive four weeks of camp FREE!**

**Sell 100 Tickets receive seven weeks of camp FREE!**

Raffle will be held on Thursday, August 2, 2018, 6:30 - 10:30 PM,

in the same backyard as the PCC Summer Recreational Program! Winner need not be present.

**Special offer for campers' parents:**

**Bring a Table of 10 to the Dinner and Receive 10 Free Yankee Tickets!**