



May 2020,

Dear Parent(s)/Guardian(s),

Preston Center of Compassion wants to thank you for registering your child at our 2020 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 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 5 & 7 are to be completed by you and Page 8 is to be completed by your licensed health provider. Also, please submit an updated SIGNED and STAMPED 2020 Immunization Record from your DOCTOR. Please return these pages 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. 9-10)
- **Maritime Waterfront Activities Authorization Release Form.** Please return this page (p. 11).
- **Media Authorization Release Form.** Please return this page (p. 12).
- **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. 13).

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 2 thru 14, and return ASAP, but no later than Monday, May 11, 2020.


Upon completing these forms, you can provide them to us by one of the following options:

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

Drop off at:
Preston main campus outside mailbox - which is located in the front
entrance door of mansion (see signage). This is an unmanned
mailbox - there is no staff for intake.

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

Seven-Week Program from June 30, 2020 to August 14, 2020

For girls and boys starting at age 4 years up to 15 years

Minimum grade Pre-K / Maximum grade 8

While we understand that New York State is on "Pause", we are planning for our Summer Recreational Program to begin as scheduled on June 30, 2020.

Please be assured that our first priority is your children's health and safety and that we are prepared to comply with all recommendations set forth by the state and federal government to keep your children healthy.

If for any reason we cancel the Summer Recreational Program or are required to limit the number of participants, those affected will be given a full refund of all monies paid.

If we do proceed with the program, our normal refund policy will remain in place. Please note that there is a nonrefundable REGISTRATION FEE of \$100 per child due with TUITION PAYMENT at the time of registration.

Select ONE Program option:

- | | | |
|--------------------------|-------------------------|------------|
| <input type="checkbox"/> | 3 Week Camp Option | \$700.00 |
| <input type="checkbox"/> | 4 Week Camp Option | \$925.00 |
| <input type="checkbox"/> | 5 Week Camp Option | \$1,150.00 |
| <input type="checkbox"/> | 6 Week Camp Option | \$1,375.00 |
| <input type="checkbox"/> | Full 7 Week Camp Option | \$1,600.00 |

Select the weeks you would like to enroll your child:

- | | | | | |
|--------------------------|--------|-------------------------|----|-------------------------|
| <input type="checkbox"/> | Week 1 | June 30 th | To | July 3 rd |
| <input type="checkbox"/> | Week 2 | July 6 th | To | July 10 th |
| <input type="checkbox"/> | Week 3 | July 13 th | To | July 17 th |
| <input type="checkbox"/> | Week 4 | July 20 th | To | July 24 th |
| <input type="checkbox"/> | Week 5 | July 27 th | To | July 31 st |
| <input type="checkbox"/> | Week 6 | August 3 rd | To | August 7 th |
| <input type="checkbox"/> | Week 7 | August 10 th | To | August 14 th |

Extended hours (mark ONE check box for your choice):

- | | | |
|--------------------------|---------------------------------|-----------|
| <input type="checkbox"/> | Early Drop Off (8 am – 9 am) | \$25/week |
| <input type="checkbox"/> | Late Pick Up (3 pm – 6 pm) | \$60/week |
| <input type="checkbox"/> | Full Extended Day (8 am – 6 pm) | \$75/week |

PARTICIPANT INFORMATION

First name _____ Last name _____

Date of Birth _____ Gender FEMALE MALE

Home Address _____ Home Phone _____

T-Shirt Size (check one):

- Youth S (6 - 8) Adult S
 Youth M (10 - 12) Adult M
 Youth L (14 - 16) Adult L
 Adult XL

How did you hear about us? (check one)

- Returning camper Facebook
 Brochure from school Brochure in mail
 Word of mouth Other

FIRST PARENT/GUARDIAN

First name _____ Last name _____

Relationship to child:

- Mother Legal Guardian
 Father Other

Custodial? Yes No

Have you had COVID-19? Yes No

Have you been exposed to COVID-19? Yes No

Cell phone _____ Home phone _____

IRIS Alert: Do you wish to receive texts regarding the Summer Recreational Program to the cell phone number provided? Yes No

Work phone _____ Primary Address _____

Email address _____

SECOND PARENT/GUARDIAN

First name _____ Last name _____

Relationship to child:

- Mother Legal Guardian
 Father Other

Custodial? Yes No

Have you had COVID-19? Yes No

Have you been exposed to COVID-19? Yes No

Cell phone _____ Home phone _____

IRIS Alert: Do you wish to receive texts regarding the Summer Recreational Program to the cell phone number provided? Yes No

Work phone _____ Primary Address _____

Email address _____

Authorized to pick up child *Do you authorize this person to pick up your child on your behalf?* Yes No

If above are not available in an emergency, please provide additional contact(s) below.

FIRST EMERGENCY CONTACT

First name: _____ Last name: _____

Primary phone: _____ Email address: _____

Relationship to child: Parent Relative Friend
 Legal Guardian Caregiver Other

Do you authorize this person to pick up your child on your behalf? Yes No

SECOND EMERGENCY CONTACT

First name: _____ Last name: _____

Primary phone: _____ Email address: _____

Relationship to child: Parent Relative Friend
 Legal Guardian Caregiver Other

Do you authorize this person to pick up your child on your behalf? Yes No

THIRD EMERGENCY CONTACT

First name: _____ Last name: _____

Primary phone: _____ Email address: _____

Relationship to child: Parent Relative Friend
 Legal Guardian Caregiver Other

Do you authorize this person to pick up your child on your behalf? Yes No

PRIMARY CARE PHYSICIAN

Name: _____ Phone: _____

Insurance

This information is not part of the acceptance process but is gathered to assist us in identifying appropriate care.

Carrier name _____ Group number _____

Subscriber name _____ Insurance phone number _____

MEDICATIONS

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

Med #1	Medication name	
	Diagnosis/reason for use	
	Physician	
	Dosage and time instructions	

Med #2	Medication name	
	Diagnosis/reason for use	
	Physician	
	Dosage and time instructions	

Med #3	Medication name	
	Diagnosis/reason for use	
	Physician	
	Dosage and time instructions	

Med #4	Medication name	
	Diagnosis/reason for use	
	Physician	
	Dosage and time instructions	

Med #5	Medication name	
	Diagnosis/reason for use	
	Physician	
	Dosage and time instructions	

MEDICAL CONCERNS AND COMMENTS

Select "Yes" or "No". If "Yes" is selected for any of the below, please provide details.

Diagnosed Allergies: Has participant ever been diagnosed with allergies by a health care provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide further details here		
Epi-pen: Does participant carry an epinephrine auto-injector (Epi-Pen)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide further details here		
Life-Threatening Allergies Does participant have a life-threatening allergy to food, latex, medicines, foods, pollen, insect bites or stinging insects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide further details here		
Allergies - Other Is there any general allergy information about the participant that should be shared?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide further details here		
Asthma: Has participant ever been told by their health care provider they have asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide further details here		
Chronic Medical Conditions: Does participant have any ongoing medical conditions like asthma, seizures, sickle cell trait or disease, anemia, diabetes, infections or other?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide further details here		
Physical Limitations: Does participant have any physical limitations or restrictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide further details here		
Other: Is there any general health/medical information that should be shared?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide further details here		
Dietary Issues: Does participant have a special diet or have to avoid certain types of foods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide further details here		
Has the participant had COVID19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the participant been exposed to COVID19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Requests – Other: Are there any special requests regarding participation in this program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide further details here		

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:

Participant Medical Form

The information on this form is not part of the participant acceptance process, but is gathered to assist us in identifying appropriate care.

Mail this form to the address below:

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

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.

Child's Name: _____ Date of Birth: _____

Date of medical examination: _____

(Exam must be within past 12 months of summer recreational program 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

Has this patient or their parent(s)/guardian(s) had COVID19? YES NO

Has this patient or their parent(s)/guardian(s) been exposed to COVID19? YES NO

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

Name of Health Care Provider _____ Title: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

MD STAMP Required in box below

STUDENT ACADEMIC PROFILE FORM

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.

*2020 I AGREE TO THE TERMS OF THE BEHAVIOR GUIDELINES

- Please return this page with your other documents.

Parent/Guardian Signature: _____

Date: _____

MARITIME WATERFRONT ACTIVITIES AUTHORIZATION RELEASE

Swimming Program – ages 5-13

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*.

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.

Parent/Guardian Signature: _____

Date: _____

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: _____

PAYMENT AND REFUND INFORMATION

Please calculate the total due as follows:

Program Tuition for ____ week program from page 2:	\$ _____
Extended Day option cost/week x _____ weeks: (Early drop off, late pick up or full extended day)	\$ _____
Non-refundable Registration Fee:	\$ 100.00 _____
Total Due:	_____

Mail this completed packet along with the Participant Medical Form (page 7) signed by a physician and CURRENT Immunization Record along with your check to:

Preston Center of Compassion
2780 Schurz Ave
Bronx, NY 10465

If you prefer, you can drop off your payment and forms at the Preston main campus outside mailbox - which is located in the front entrance door of mansion (see signage). This is an unmanned mailbox - there is no staff for intake.

Refund Instructions

If for any reason we cancel the Summer Recreational Program or are required to limit the number of participants, those affected will be given a full refund of all monies paid. If we do proceed with the program, our normal refund policy will remain in place.

Refund Policy:

Refunds are subject to a \$50 administrative fee. This is separate from the \$100 non-refundable Registration Fee. Refunds will be made BEFORE the program starts on the following schedule:

- Cancellations before May 15th: 100% of total payment minus \$150
- Cancellations between May 15th and June 29th: 50% of total payment minus \$150

NO REFUNDS WILL BE MADE ONCE CAMP BEGINS.

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 program. **Our camp rates have not increased this year!** We are asking that each parent consider coming to our PCC Fundraiser Dinner on Thursday, August 6th, 2020.



Save the Date
Thursday, August 6, 2020
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



OUTBACK
STEAKHOUSE®
BRONX

Watch for a formal invitation to follow
Campers' Parents: Bring a Table of 10 to the Dinner and Receive 10 Free Yankee Tickets!

For any parent who would like their child to receive up to **7 FREE WEEKS** to PCC 2021 Summer Recreational Program!

<p>Special incentives for campers and parents! Sell 20 Tickets receive one week of camp FREE! Sell 40 Tickets receive two week of camp FREE! Sell 60 Tickets receive three week of camp FREE! Sell 80 Tickets receive four week of camp FREE! Sell 100 Tickets receive seven week of camp FREE!</p>

Raffle will be held on Thursday, August 6, 2020, 6:30 – 10:30 PM, in the same backyard as the PCC Summer Recreational Program!
Winner need not be present.

Special offer for camper's parents:

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