COMMUNITY SERVICES CLUSTER

Summer Camp Enrollment Form

Program Director: Ms. Titania Needam (914) 963-6440

Please Email Completed Application to: summercamp@clusterinc.org

FORM OF PAYMENT:	Self Pay ☐	Subsidy ☐	1199 ☐	YPS ☐	Other ☐
Agency Subsidy:	Name of Worker _____		Telephone Number _____		

STUDENT/CAMPER INFORMATION

Student/Camper Name _____			Student Name Preferred _____		
Sex: ☐ M ☐ F	Birth Date _____	Race _____	Ethnicity: Hispanic	Yes ☐	No ☐
Current Grade _____	Current School /Teacher _____		Shirt Size _____		

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1	**Parent/Guardian #2**
Name _____	Name _____
Relationship to Applicant _____	Relationship to Applicant _____
Address _____	Address _____
Home/Cell Phone _____	Home/Cell Phone _____
Employer _____	Employer _____
Address _____	Address _____
Work Phone _____	Work Phone _____
Email Address _____	Email Address

EMERGENCY CONTACTS

Name: _____	Name: _____
Relationship to Applicant: _____	Relationship to Applicant: _____
Address: _____	Address: _____
Home/Cell Phone: _____	Home/Cell Phone: _____
Employer's Phone: _____	Employer's Phone: _____

RELEASE OF STUDENT(S)/CAMPER(S)

I give my child permission to walk home alone at dismissal If you check "Yes", please sign: _____	Yes ☐	No ☐
One of the following individuals or I will pick my child up at designated time:	Time: _____	

Individuals Names (Picture ID Required)	
Name: _____	Home/Cell Phone _____
Name: _____	Home/Cell Phone _____

Do Not Release My Child To The Following Individuals

(Legal Documents Need To Be On File For Individuals That Are Parents To The Student/Camper)

Name: _____	Relationship to Applicant _____
Name: _____	Relationship to Applicant _____

If there are more names that you would like to list, please email the info to Ms. Titania Needam at TNeedam@clusterinc.org. If printing this form, please attach a separate paper.

CAMPER PARTICIPATION PERMISSION

I give my child permission to participate in all activities/trips during Summer Camp

_____ _____

Parent/Guardian Signature Date

FOOD ALLERGIES / RESTRICTIONS

Please Specify

_____

_____

_____

_____

SPECIAL NEEDS BEHAVIOR PLAN / MEDICATIONS

We will call you to discuss further

_____

_____

_____

_____

PHOTOGRAPHS/VIDEOS/INTERVIEWS Yes ☐ No ☐

I give permission for my child to be photographed, videotaped or interviewed during Summer Camp all events and activities

_____ _____

Parent/Guardian Signature Date

How did you find out about CLUSTER Summer Camp? _____

FAMILY INFORMATION

Single Female Headed Family	☐	Single Male Headed Family	☐	Dual Headed Family	☐

Number of family members in your household? _____

Total estimated income for the next 12 months of all family members: _____

CURRENT INCOME INFORMATION / INFORMACIÓN DE INGRESO ACTUAL

	Family Size	Extremely Low Income 30% of Median	Very Low Income 50% of Median	Moderate Income 80% of Median
☐	1	$35,700	$59,500	$95,200
☐	2	$40,800	$68,000	$108,800
☐	3	$45,900	$76,500	$122,400
☐	4	$51,000	$85,000	$136,000
☐	5	$55,100	$91,800	$146,900

Interviewer: *Check the income level of the applicant and indicate below the source of information used to verify this information. Please see the instruction sheet to help with completion.*

☐	Medicaid	☐	Food Stamps/Cupones	☐	Medicare
☐	Tax Return (recent return)/Taxes de año (reciente)				
☐	SSI**	☐	Payroll Stub/Talonario**		
☐	Other (i.e. public housing/foster care)**				

(**current-within 2 months/ mas recinetes entre 2 meses)

INCOME CERTIFICATION / VERIFICACIÓN DE INGRESO

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized HUD (U.S. Department of Housing & Urban Development)/ (City of Yonkers Office of Community Development) officials.

_____ _____

Parent/Guardian Print Name Date

Parent/Guardian Signature

Tuition and Registration Information

A. Six weeks of camp, July 6th through August 14th
B. Camp Tuition $850 **DUE JUNE 15th**
C. Camp Site: School 17 (Modular Building) – 745 Midland Ave., Yonkers, NY 10704
D. Hours 8:00 am- 3:00pm **After 3:10 pm $1 per minute and payment due by the end of the week. Suspension is issued if payment has not been made.**
E. Updated Medicals due June 15th with applications. Campers MAY NOT start camp without an updated medical form.

Transportation Information:

- There must be a total of 40 children registered for bus services to be rendered. The amount per child will be $300 and non-refundable received by June 15th. If less than 40 children are registered refunds will be provided for transportation.

Extended Day:

- There will be **NO Extended Day Camp** services provided this year.

Camp Refunds:

- 100% April 30th
- 50% May 31st
- **NO REFUNDS AFTER JUNE 1ST**

PAYMENT INFORMATION

Payment Submitted For

Tuition: _____ $850.00	Transportation: _____

Credit Card/Check Payments allowed/bounced checks will be charged $40 fee.
NO CASH

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for participating in any activities at CLUSTER INC. Summer Camp:

I hereby RELEASE, WAIVE, DISCHARGE, AND AGREE TO HOLD HARMLESS CLUSTER Summer Camp, its Owners, Staff, or Volunteers from any and all liability, claims, demands, actions, third-party claims, and causes of action arising out of, or related to, any loss, damage, and injury, that may be sustained to me, or to any property belonging to me, whether caused by the negligence of RELEASEES, or otherwise, while participating in such activity, using CLUSTER Summer Camp or its resources, or while in, on, or upon CLUSTER Summer Camp premises. I am fully aware of the risks and hazards connected with the program activities, field trips, pool trips, water park activities, sport activities, and tournament games. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement.

_____

Printed Name of Parent/Guardian

_____

Signature of Parent/Guardian

_____

Date

Email _____

Contact number _____