



# Cortelyou Summer Enrichment Program 2021 - K to 8<sup>th</sup> Grade

Main Building 1110 Cortelyou Road Brooklyn, New York 11218. Phone: (718) 282-6077 Fax: (718) 282-2919

## **SECTION A:** Identification & Contact Information

*PLEASE PRINT ALL INFORMATION*

Child #1 Name: \_\_\_\_\_ Child #2 Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  M  F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  M  F

Grade/School in September '21: \_\_\_\_\_ Grade/School in September '21: \_\_\_\_\_

Allergies:  Yes  No If yes, please describe: \_\_\_\_\_ Allergies:  Yes  No If yes, please describe: \_\_\_\_\_

Medication  Yes  No Type/Reason: \_\_\_\_\_ Medication  Yes  No Type/Reason: \_\_\_\_\_

Is this camper limited from any activity?  Yes  No Is this camper limited from any activity?  Yes  No

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

Does your child/ren have an IEP (Individual Education Plan)?  Yes  No **If yes, please attach a copy.**

**Transportation:**  Yes  No ~ Preferred Pickup and Drop off Times: (Morning) \_\_\_\_\_ (Afternoon) \_\_\_\_\_

Pick Up Address: (Street) \_\_\_\_\_ (Apt) \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Drop Off Address: (Street) \_\_\_\_\_ (Apt) \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent #1: \_\_\_\_\_ Parent # 2: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Day Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Day Phone #: \_\_\_\_\_

## **SECTION B:** Enrichment Program Duration of Stay & Amusement Park Trips

Please CHECK each week your child will attend the program.

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Week 1:</b> 7/6-7/9*Discounted Week | <input type="checkbox"/> <b>Week 5:</b> 8/2-8/6   |
| <input type="checkbox"/> <b>Week 2:</b> 7/12-7/16               | <input type="checkbox"/> <b>Week 6:</b> 8/9-8/13  |
| <input type="checkbox"/> <b>Week 3:</b> 7/19-7/23               | <input type="checkbox"/> <b>Week 7:</b> 8/16-8/20 |
| <input type="checkbox"/> <b>Week 4:</b> 7/26-7/30               | <input type="checkbox"/> <b>Week 8:</b> 8/23-8/27 |

Please Check & Specify - which trip you will attend with your child. A chaperone is required for all children 9 years of age and younger.

- |   |                             |                   |
|---|-----------------------------|-------------------|
| <input type="checkbox"/> <b>Splash Down - July 21, 2021</b>                 | <b>Cost \$80 per person</b> | <b>Qty: _____</b> |
| <input type="checkbox"/> <b>Sesame Place - August 11<sup>th</sup>, 2021</b> | <b>Cost \$80 per person</b> | <b>Qty: _____</b> |
| <input type="checkbox"/> <b>Dorney Park - August 18, 2021</b>               | <b>Cost \$80 per person</b> | <b>Qty: _____</b> |

Fees UNTIL 4/30/21	Fees AS OF 5/1/21
Registration: \$100	Registration: \$150
*Week #1 \$275/week	*Week #1 \$300/week
Weeks #2-8 \$325/week	Weeks #2-8 \$350/week
Additional fees for Amusement Park Trips NOT included in fees	Additional fees for Amusement Park Trips NOT included in fees

Please Flip Page





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## Permission for my child/children to leave camp premises by themselves at the end of the day

I, (print full name) \_\_\_\_\_ hereby give my child/children

1. \_\_\_\_\_ 2. \_\_\_\_\_

Permission to leave his/her group and leave Cortelyou Enrichment Program premises at dismissal for the days they're registered for. I release Cortelyou Enrichment Program of all liability as it related to my child(ren) once they leave the facility.

### **SECTION C: Payment Info.** ~ Choose your payment method below: (Please Note: There's a 3% charge for all cards.)

- Cash/Money Order   
  Check   
  Credit Card (Visa /MC/Discover/Amex)   
  ACD Voucher  
 1199 Approved Member   
  MTA Approved Member   
  Other \_\_\_\_\_

1199 PROGRAM or MTA, complete information below. Member's Name \_\_\_\_\_

Member ID#: \_\_\_\_\_ Employer: \_\_\_\_\_

A complete application must be submitted with a deposit which includes the registration fee plus 50% of your Summer Enrichment fee. This deposit is refundable until **April 30<sup>th</sup>, 2021** (minus the registration fee). All balances are due on or before **April 30<sup>th</sup>, 2021**. Students who register or pay balances as of May 1st, 2021 must pay the increased rates and are accommodated if space is available. All physicals must be completed and returned with the completed application. Your child cannot begin our Summer Enrichment Program without a physical. **Incomplete applications will be returned.**

### **SECTION D: PARENT/LEGAL AGREEMENT**

By "agreeing", I represent and understand that I am the/a parent or legal guardian of the child(ren) being enrolled. The child being enrolled is healthy and capable of participating in all Cortelyou Early Childhood Center's (CECC) Summer Enrichment Program activities. I will provide the program with a completed and signed medical form prior to my child's first day of attendance. An approved medical exam must be done within a year of my child's first day of attendance. I agree that no medications will be administered by CECC, unless provided to CECC by an authorized parent and/or legal guardian. Additionally, any medications must be accompanied by written and explicit instructions from said parent/guardian and may require physician authorization as well. In case of a medical emergency, I authorize CECC to transport my child for emergency medical treatment and to be hospitalized if deemed necessary.

By "agreeing", I understand that part of the enrichment experience involves activities, programs and interactions that may be new to my child and may come with certain risks and uncertainties beyond what my child may be used to at home. I am aware of these risks and I am assuming responsibility for them on behalf of my child(ren). I realize that no environment is risk free, and so I have or will instruct my child on the importance of abiding by the rules and I agree that he or she is familiar with these rules and will obey them.

By "agreeing", I represent and understand CECC reserves the right to suspend and/or expel any student. Refunds are the sole discretion of CECC. Behaviors such as profanity, disrespect for others, damaging property, inappropriate sexual or unsafe behavior are sufficient grounds for suspension or expulsion.

By "agreeing", I hereby allow my child(ren) to participate in the following summer enrichment activities including but not limited classroom instructions, virtual trips, neighborhood park visits, sports (soccer & basketball), STEM, & performing arts (dance). Permission is also given for my child(ren) to be photographed while participating enrichment activities and permits its usage for newsletters, brochures, and fliers.

By "agreeing", I represent and understand that the information I have provided is true and accurate & I agree to the terms & conditions of the parent agreement.

**We further attest that all the facts relating to the student's physical condition, experience and age are true and accurate.**

Signature of Parent I/Guardian I: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent II/Guardian II: \_\_\_\_\_ Date: \_\_\_\_\_



## Cortelyou Summer Enrichment Program 2021 - K to 8<sup>th</sup> Grade

# CORTEYOU SUMMER ENRICHMENT PROGRAM 2021

A summer well spent is an integral part of a child's growth and development. Therefore, this summer at Cortelyou, we will offer a Summer Enrichment Program AS OPPOSED to Summer Camp. Children's days will consist of engaging academic lessons in the morning and fun-filled afternoon activities and onsite trips. They will also receive a well-balanced summer experience enabling them to rejuvenate their minds, return to the normalcy of in-person environments, and get the opportunity to socialize and interact with their peers. This past year was an unprecedented time for our children, thus, we strongly believe that it is important to make these programming changes to boost our student's academic, social, and emotional development.

CECC's exciting activities include: *Computer classes, STEM activities, Dancing, Onsite & Virtual trips, Outdoor play, Neighborhood park visits and walks, Scavenger Hunts, Arts & Crafts, and more.* This summer, our students will be challenged to consider what they have learned in the classroom and our teachers will be available to provide additional instruction and support. We have a dynamic team who are committed to providing a quality education and overall great summer experience for our students.

**CECC Summer of Enrichment Program will run from July 6<sup>th</sup>, 2021 to August 27<sup>th</sup>, 2021!** We are accepting students who are entering Kindergarten through 8<sup>th</sup> grade for the academic school year 2021-2022. All children ages 2 through 4 are welcome to enroll in our regular preschool program at CECC.

Finally, we will host (3) socially-distanced Amusement Park Trips for families who are interested in getting out of Brooklyn for a few days this summer. Other than these three trips, there will be no traveling on yellow or chartered buses this summer to off-site trips.

**Registration for the entire program will include:** Two Green Shirts, Bookbag, Water Bottle, A Notebook and an Academic Grade Specific Workbook.



### **Required Application Materials for Summer Enrichment Program:**

- A COVID-19 PCR Nasal Swab Test 14 Days prior to your child's start date for camp
- Updated Physical Examination Form
- Lunch Form
- A Copy of your child's most recent Report Card or Assessment Report

We cannot guarantee every child a slot in our Summer Enrichment Program due to limited group sizes due to COVID-19. Grade specific groups will be closed once capacity has been reached.

If you have any additional questions, please feel free to call us at 718-282-6077 or email us at [info@mycecc.com](mailto:info@mycecc.com).

Regards,  
**CECC Administration**

# HEALTH RECORD FOR CHILDREN IN DAY CAMP, AFTERSCHOOL & YOUTH CENTERS

(This side is to be completed by Parent before presenting to Physician)

**NAME OF PROGRAM:** Cortelyou Early Childhood Center

CHILD'S LAST NAME \_\_\_\_\_ CHILD'S FIRST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  FEMALE  MALE

HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP CODE \_\_\_\_\_ HOME TELEPHONE NUMBER \_\_\_\_\_

PARENT'S OR GUARDIAN'S NAME \_\_\_\_\_ CONTACT TELEPHONE \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

IN CASE OF EMERGENCY-NOTIFY \_\_\_\_\_ TELEPHONE \_\_\_\_\_

IF PARENT OR GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, NOTIFY: (FAMILY PHYSICIAN)

1. \_\_\_\_\_

OR TELEPHONE \_\_\_\_\_

2. \_\_\_\_\_

TELEPHONE \_\_\_\_\_

**IMPORTANT:** Please notify Camp Officials if Child was/is exposed to any communicable disease at anytime three weeks prior to Camp attendance.

NO  YES If YES, please give type of exposure:

\_\_\_\_\_

## HEALTH HISTORY (Check, giving approximate dates):

Asthma: \_\_\_\_\_ Behavior: \_\_\_\_\_ Chicken Pox: \_\_\_\_\_

Convulsion: \_\_\_\_\_ Diabetic: \_\_\_\_\_ Ear Infection: \_\_\_\_\_

Hay Fever: \_\_\_\_\_ Insect Stings: \_\_\_\_\_ Ivy Poisoning, etc: \_\_\_\_\_

Measles: \_\_\_\_\_ German Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_

Past Illness: \_\_\_\_\_ Contagious illness: \_\_\_\_\_

Other Drugs: \_\_\_\_\_ Penicillin: \_\_\_\_\_ Rheumatic Fever: \_\_\_\_\_

Operations or Serious Injuries (Dates): \_\_\_\_\_

Hospitalization: \_\_\_\_\_

Chronic or Recurring Illness: \_\_\_\_\_

Other Diseases or details of above: \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_

Any specific activities to be restricted? \_\_\_\_\_

Permission for all program activities unless otherwise noted by physician:

\_\_\_\_\_

**Suggestion from Parent(s) or Guardian:** \_\_\_\_\_

## SIGNIFICANT HEALTH HISTORY AND CURRENT CONDITIONS

PLEASE LIST:

Medication taken: \_\_\_\_\_

Appliance worn (Glasses, Hearing Aid, etc.): \_\_\_\_\_

Conditions that modify activity (seizures, asthma, heart condition, etc.): \_\_\_\_\_

## CONSENT FOR EMERGENCY MEDICAL TREATMENT

I hereby give my consent/authority to the Staff of the Day Camp, year round Afterschool, and Youth Center Program to obtain the necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

(To be filled out by Physician – Please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information, which will help to serve the need of the aforementioned Child in Day Camp and Afterschool and Youth Center programs.

IMMUNIZATION HISTORY (This is a record of dates of basic immunization and most recent booster doses)

DPT or DT or TD – DATE: DATE: DATE: DATE: DATE:
POLIO - DATE: DATE: DATE: DATE: DATE:
MEASLES- DATE:
MUMPS- DATE:
RUBELLA- DATE:

(PPD-MANTOUX)

Tuberculin Test given: (most recent) Result: m m

MEDICAL EXAMINATION (To be completed by licensed Physician)

EXAMINATION IS ACCEPTABLE WHEN PERFORMED NO MORE THAN 12 MONTHS PRIOR TO ARRIVAL AT CAMP.
CODE: S = SATISFACTORY X = NOT SATISFACTORY (EXPLAIN) O = NOT EXAMINED

GENERAL APPERANCE

HEIGHT WEIGHT BLOOD PRESSURE HGB. TEST
URINALYSIS POSTURE & SPINE THROAT/TONSILS
EYES VISION GLASSES EXTREMETIES
HEART EARS HEARING FEET
LUNGS SKIN NOSE TEETH
ABDOMEN HERNIA GENITALIA

ALLERGY (PLEASE SPECIFY):
EUROLOGICAL FINDINGS:
DESCRIBE ABNORMAL FINDINGS AND/OR HANDICAPPING CONDITIONS:

HAS CHILD EVER RECEIVED PRODUCTS CONTAINING HORSE SERUM? NO YES If YES, Please explain.

SPECIAL DIET

MEDICAL MEDICATION (GIVE NAME AND DOSAGE)

PARENT/GUARDIAN SEEKING SPECIAL MEDIATION?

SWIMMING DIVING STRENUOUS ACTIVITY

GENERAL APPRAISAL:

I HAVE EXAMINED THE INDIVIDUAL HEREIN DESCRIBED, REVIEWED HIS/HER HEALTH HISTORY AND IT IS MY OPINION THAT HE/SHE IS PHYSICALLY ABLE TO ENGAGE IN CAMP/YEAR ROUND AFTERSCHOOL AND YOUTH CENTER ACTIVITIES, EXCEPT AS NOTED ABOVE.

PHYSICIAN'S SIGNATURE M.D. DATE

ADDRESS CITY/STATE ZIP CODE

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME: Cortelyou Early Childhood Center

Print the name of the child(ren) enrolled in this child care center:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**DIRECTIONS:**

**Complete SECTION A if anyone in your household:**

1. Receives Food Stamps
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR)
4. Currently has a foster child enrolled in day care

**Complete SECTION B if SECTION A does not apply:**

Sign, date and indicate the Social Security number of the adult signing the certification and return the completed form to the day care center.

SECTION A
Food Stamp Case Number _____
TANF Number _____
FDPIR Number _____
Foster Child's Name _____
Foster Child's Personal Monthly Income \$ _____
<p><b>An adult household member must sign the application before it can be approved.</b> After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p>
Signature: _____
Date: _____

SECTION B	
<p>List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received <b>last month</b> in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, welfare payments, child support and any other sources of income.</p>	
Name of Household Members	Monthly Gross Income
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

FOR SPONSOR USE ONLY
Sponsor Agreement Number <u>3409</u>
Total Household Members _____
Total Income \$ _____
Free _____ Reduced _____ Paid _____
Signature of Determining Official _____
Date Determined ____ / ____ / ____

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

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

Print Name: \_\_\_\_\_

SS#            -            -            Date: \_\_\_\_\_

**DAY CARE CENTER ENROLLMENT FORM**

Center Name: CORTELYOU EARLY CHILDHOOD CENTER

Child's Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Parent/Guardian Address and Phone, if different \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

Second person to notify \_\_\_\_\_ Phone \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

**TIME MEALS SERVED**

Breakfast \_\_\_\_\_ am to \_\_\_\_\_ am Lunch \_\_\_\_\_ am/pm and \_\_\_\_\_ pm Afternoon Snack \_\_\_\_\_ pm to \_\_\_\_\_ pm

If your child is in care during these times, he/she will receive the meal or snack that is being served.

What days will your child usually be at the center? M \_\_\_\_\_ Tu \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sat \_\_\_\_\_ Su \_\_\_\_\_

What hours will your child usually be at the center? Arrive \_\_\_\_\_ am pm

Depart \_\_\_\_\_ am pm

Signature of a parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



**After 1 year of care**

Is all the information above still correct? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what has changed? \_\_\_\_\_

Signature of a parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## **Section 9**

Unless you list the Food Stamp, TANF or FDPIR number for the child or a household member or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the Social Security Number of the household member signing the application or indicate that the household member signing the application does not have a Social Security Number. You do not have to list a Social Security Number, but if a Social Security Number is not listed or an indication is not made that the adult household member signing the application does not have a Social Security Number, CACFP cannot approve the application. The Social Security Number may be used to verify the correctness of the information stated on the application. This may include program reviews, audits and investigations and may include contacting employers to determine income, contacting a Food Stamp, TANF or FDPIR office to determine current certification for Food Stamp, TANF or FDPIR benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

### **Definition of Income**

*Income* means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) public assistance or welfare payments; (7) unemployment compensation; (8) government civilian employee or military retirement, or pensions or veteran's payments; (9) private pensions or annuities; (10) alimony or child support payments; (11) regular contributions from persons not living in the household; (12) net royalties; (13) military benefits received in cash, such as housing allowance; and (14) any other cash income.

### **Definition of Household**

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

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## **INSTRUCTIONS FOR COMPLETING DOH-3688**

### **Instructions for Parents or Guardians:**

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

**Section A:** If anyone in your household receives Food Stamps, Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the Food Stamp, TANF or FDPIR number (do not use your ACD or DSS child care subsidy number) and sign and date the form and return it to the day care center.

**Foster children:** If your household includes a foster child who is in child care, complete Section A only. Write in the foster child's name and any income that the child receives from social services for his or her personal use. Write in 0 if the foster child does not receive any income. A separate application must be completed for each foster child. The foster parent or an official who represents the child must sign and date the form and then return it to the child care center.

**Section B:** Write in the names of all the people living in your household, even if they do not have any income. Include yourself and all other adults and children in the household, including unrelated people. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income. The signature and Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*.

### **Instructions for Centers and Sponsors:**

**The For Sponsor Use Only section is to be completed, signed and dated by child care center or sponsor staff.**

The sponsor/center representative must review the income eligibility application and ensure that it is completed as indicated in the instructions above. Then indicate the following:

#### **The sponsor agreement number.**

**Total household members** – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care.

**Total Income** – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the application must be categorized as *paid*.

**Free, Reduced or Paid** – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete applications (missing signatures, income information, or Food Stamp, TANF or FDPIR numbers) are categorized in the paid category.

**The income eligibility application is valid until the last day of the month one calendar year from the date of submission.** For example, a form submitted on May 12, 2010 is valid until May 31, 2011.