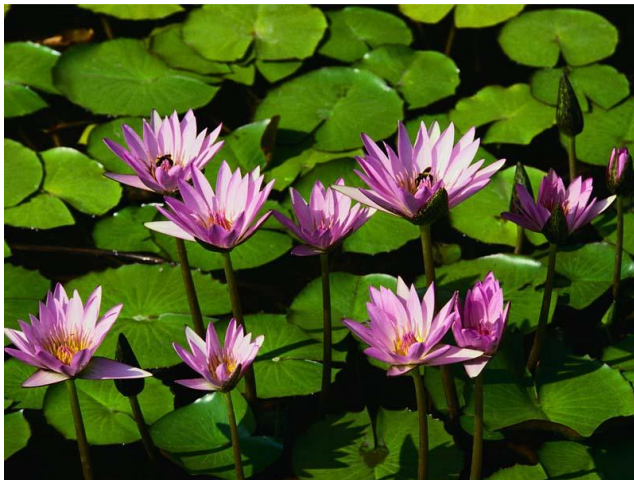




# Dunbar Association, Inc.

**Summer Camp Program  
July 6, 2010-August 13, 2010**



*“The Green Dream”*

- ONLY CHECK ONE (1):
- DUNBAR SUMMER CAMP
  - DUNBAR/ SUNRISE

Dunbar’s Mission Statement:

The core missions of the Dunbar Association, Inc is to provide reliable, quality, affordable and accessible consumer centered social services to children, youth, adults, families and older persons in need of advocacy and assistance regardless of race, gender, age or creed.

Executive Director, Sharon Jack-Williams

President of the Board, Louella Williams

Youth Services Department

|            |              |
|------------|--------------|
| Name _____ |              |
| Age _____  |              |
|            | School _____ |

| Date Rec'd. | By Whom | Initials |
|-------------|---------|----------|
|             |         |          |

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|                     |            |               |
|---------------------|------------|---------------|
| <b>Child's Name</b> | <b>Age</b> | <b>School</b> |
|---------------------|------------|---------------|

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|                             |            |
|-----------------------------|------------|
| <b>Address of Applicant</b> | <b>Zip</b> |
|-----------------------------|------------|

**Parents /Guardians**

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|                        |                |            |
|------------------------|----------------|------------|
| <b>Mother/Guardian</b> | <b>Address</b> | <b>Zip</b> |
|------------------------|----------------|------------|

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Hours** \_\_\_\_\_

**E-MAIL address** \_\_\_\_\_

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|                        |                |            |
|------------------------|----------------|------------|
| <b>Father/Guardian</b> | <b>Address</b> | <b>Zip</b> |
|------------------------|----------------|------------|

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Hours** \_\_\_\_\_

**E-MAIL address** \_\_\_\_\_

**Emergency Contact**

**Name(s)** \_\_\_\_\_

**Complete Address** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name(s)** \_\_\_\_\_

**Complete Address** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Sibling(s) Name(s) & Age(s):**

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|             |            |
|-------------|------------|
| <b>Name</b> | <b>Age</b> |
|-------------|------------|

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|             |            |
|-------------|------------|
| <b>Name</b> | <b>Age</b> |
|-------------|------------|

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|             |            |
|-------------|------------|
| <b>Name</b> | <b>Age</b> |
|-------------|------------|

Will they be enrolled in the Summer Camp Program? Yes\_\_\_\_ No \_\_\_\_  
 Is this your first application year? \_\_\_ Yes \_\_\_if No, previous year(s)? \_\_\_\_\_  
 How did you hear about Dunbar Summer Camp Program?

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**Transportation Release/Alternative Pick-Up Information:**

Parent(s)/Guardian(s):

Dunbar will only release your child to people listed below. Anyone who is not listed as legal guardian will be required to show ID to pick up your child. If your child is going home with another child/parent, please write a note the day before signed by Parent/Guardian. If your child will be absent for more than two days you must inform the afterschool program director or your child will be terminated from the program.

| Relationship   | Person's Name | Telephone Number | Any Restrictions? |
|----------------|---------------|------------------|-------------------|
| Grandparent(s) | _____         | _____            | Y / N             |
| Other(s)       | _____         | _____            | Y / N             |
|                | _____         | _____            | Y / N             |

\*If you plan to add someone later, please notify the Director of Youth Services. Additional forms MUST be submitted.\*

**Other Information:**

Order of Protection \_\_\_\_\_ From Whom: \_\_\_\_\_  
 Probation Officer: \_\_\_\_\_ DSS Worker: \_\_\_\_\_  
 Advocate: \_\_\_\_\_ Other: \_\_\_\_\_

**Photograph Release:**

Dunbar Association, Inc. uses photographs and videotapes to aid in our Annual Dinner Campaign, the Archives of Association, use in local newspapers and on television stations, brochures, and as required by state and federal reports.

I authorize Dunbar to use photographs/video for the above purposes.

\_\_\_\_\_  
 Parent/Guardian Signature Date



## **PARENT & STUDENT AGREEMENT & PLEDGE 2010**

**AS A PARENT, GRANDPARENT, OR CARING ADULT, I hereby give my pledge of commitment to help my children achieve a truly independent future. My declaration of responsibility and commitment to the Dunbar Association's Summer Camp Program is stated in these five self-evident truths as paraphrased by President Woodrow Wilson:**

**As Syracusans, we are the owners of this Community Based Organization (CBO).**

- As owners, we bear a responsibility to support the agency in all its' endeavors'.**
- Accountability to our community center, our children's safety, and its employees and its funding rests with us and the community as the owners.**
- Our children's and their children's future depends on the improvement and growth of the Dunbar Association, Inc.**
- And this improvement depends on my (our) participation.**

**THEREFORE AS A PARENT, GRANDPARENT, OR CARING ADULT, I take personal responsibility for my child's safety and education and the safety and education of the children in this center.**

**I/We acknowledge that "it takes a village to raise a child" and parents should not have to do it alone.**

**I/We acknowledge that my child and I will read the Parent Handbook and agree to abide by all program rules and regulations that are defined by the Dunbar Association Program Staff; if a student chooses not to follow instructions we may suspend and/or terminate the student from the Summer Camp program.**

**I/We certify that my Daughter/Son named in this application will be agreeable to following directions, instructions, and is free from habits or attitudes which would make her/him an undesirable participant in the Dunbar Associations' Summer Camp Program.**

\_\_\_\_\_  
**Parent, Grandparent, Guardian or Caring Adult**

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

\_\_\_\_\_  
**Child's Signature**

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

**Dunbar Afterschool, Inc.**  
**Contract Agreement (Summer Camp Lateness)**

Child's Name: \_\_\_\_\_ Age Group (Circle): Sunrise 5-7 8-9 10-14

**LATE PICK-UP POLICY**

Children need to depend upon their parents/guardians. We find they adjusted when they spend regular hours at summer camp. Therefore, we ask parents/guardians to meet their responsibility to both be their children and to our summer camp staff members by your child at the scheduled time. **Parents/guardians have until 5:30 pm to pick-up their child.** Emergencies may arise, and if so the following policy has been established to compensate the program for the additional supervision time required if the child is not picked up by 5:30pm.

**First Five (5) Minutes-Grace Period (No Charge)**

|                |           |   |
|----------------|-----------|---|
| 5:00-5:30pm    | No Charge | 6:18 – 6:30 pm <b>**A Call to Local Authorities</b> |
| 5:35 – 5:40 pm | \$3.00    |   |
| 5:45 – 5:50 pm | \$8.00    |   |
| 6:00 – 6:05 pm | \$13.00   |   |
| 6:06 - 6:11 pm | \$18.00   |   |
| 6:12 – 6:17 pm | \$23.00   |   |

The Director of Youth Services, Program Coordinators, and Youth Development Specialists (YDS) are 'mandated to report' **WITHOUT DELAY** to the State of New York, 'any continuously late and/or parents/guardians who neglect the safety to their children to the Office of Children and Family Services and/or the Syracuse Police Department.'

THIS POLICY WILL BE ENFORCED. IF YOU ARE LATE FOR PICK-UP YOU ARE EXPECTED TO PAY THE FEE ESTABLISHED TO THE STAFF PERSON WHO HAS REMAINED WITH YOUR CHILD. A RECEIPT WILL BE DISTRIBUTED FOR YOUR RECORDS.

I, \_\_\_\_\_, agree to the terms stated above.  
(Parent/Guardian's Name-PLEASE PRINT)

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

Parent/Guardian's Signature: X \_\_\_\_\_

Youth Development Specialist's Signature: X \_\_\_\_\_

Youth Services Director's Signature: X \_\_\_\_\_

County of Onondaga  
Department of Social Services

Family Assistance for Summer Camp  
(Please fill out this form in its entirety)

**Name of Camp:** Dunbar Association, Inc. Summer Camp

**Camp Fee:** \$400.00

**Name of Child:** \_\_\_\_\_

**Child's Birth Date:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DSS Case Number:** \_\_\_\_\_

**Child's Social Security:** \_\_\_\_\_