Dear Parent/Guardian:

Thank you for your interest in the YWCA of WNY Inc.’s Girls Inc. Summer Camp. Our camp is running for 7 weeks this year from Monday, July 7th through Thursday, August 21st. We start at 12PM every day with a free lunch, and ask that the girls be picked up promptly at 4PM.

This year our themes are Sporting Chance and Girls Dig It! Sporting Chance is an opportunity for girls to learn about how to keep their bones, and whole body healthy. We will learn what foods to eat, as well as some fun exercises. Girls Dig It is about archaeology. We will learn how Vikings made shoelaces, how Egyptians made mummies, and the girls will participate in their own archaeological dig!!!

A few things to know before camp begins:

- Please make sure your child is prepared for the day. We ask that all our campers wear comfortable clothing to move around in, and socks and sneakers. Please provide and “old t-shirt” to be used as a smock for days when we get a little messy.

- We provide a free lunch every day so we ask that our campers not bring their own food. We do provide a menu, so if there are food allergies or other restrictions, you may send in a lunch on those days. We are a PEANUT FREE environment, and sometimes we have campers with other food restrictions, so if you would like to bring a snack for the group please ask the camp instructor first.

- We will be taking a field trip EVERY Wednesday, except the first Wednesday of camp. We would like to make the most of these opportunities so we usually leave earlier than the usual start time of 12pm. Please make sure your child is on time on those days. We will be sending permission slips home and will let you know what time your child needs to arrive to catch the bus.

If you have any questions or concerns please feel free to contact our Education and Leadership Department at 716-332-3633 ext. 302 or email at tchambers@ywca-wny.org.

We look forward to a fun and exciting summer!!!!

Sincerely,

Tamara Chambers
Education Specialist
Dear Applicant:

Welcome to the YWCA of WNY and Girls Inc.! This summer is going to be a lot of fun! We're going to learn a lot of fun and interesting things, all while making new friends, and having a great time.

This year our themes are Sporting Chance and Girls Dig It! Sporting Chance is an opportunity for you to learn about how to keep your bones and whole body healthy. We will learn what foods to eat as well as some fun exercises too. Girls Dig It is all about archaeology. This means each week we're taking a trip back in time to learn about people and cultures from the past. You will learn how Vikings made shoelaces, how Egyptians made mummies, and you'll even practice doing your own archaeological dig!!

A few things to remember before the fun begins:

- We'll be doing a lot of fun activities which may involve running, jumping, or stretching, and sometimes we may get a little messy. Be sure to always wear comfortable clothing you can run around in. You may also want to bring in an "old t-shirt" you can use for the messier activities. Also, be sure to wear socks and sneakers or bring a pair every day.

- A free lunch is provided every day. To keep things fair we ask that you not bring in your own lunches. We will have a menu so if there are food allergies or something you don't eat we can make an exception. If you would like to bring in something for everyone to share, please let the camp instructor know ahead of time for approval.

- We will be taking a field trip EVERY Wednesday, except the first Wednesday of camp. Make sure you arrive by the time the camp instructor tells you so that you don't miss the bus. The camp instructor will also let you know if you need to bring any special clothing those days (like a bathing suit for the beach!)

We look forward to helping you learn, grow, and have TONS of fun this summer!!

Sincerely,

Tamara Chambers
Education Specialist (AKA your Camp Instructor)
YWCA of WNY, Inc. Photo Release Form

(Girls Inc.)

I hereby authorize the YWCA of WNY, Inc., hereby referred to as “Organization”, to publish photographs taken during the entire duration of the Girls Inc. Summer Camp of myself and/or the minor child or children listed below, and our names and likenesses, for use in the YWCA of WNY Inc.'s print, online, and video-based marketing materials, as well as Organization publications.

I hereby release and hold harmless the YWCA of WNY, Inc. from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize the YWCA of WNY, Inc. to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in Organization marketing materials or other Organization publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release the YWCA of WNY, Inc. its employees and any third parties involved in the creation or publication of Organization publications from liability for any claims by me or any third party in connection with my participation of the minor children listed below.

Authorization

Print Name:__________________________
Signature:____________________________ Date:________________
Street Address:__________________________
City:____________________ State:_________ Zip:________________
Relationship to the Child/Children:__________________________

Names and Ages of Minor Children

Name:__________________________ Age:________________
Name:__________________________ Age:________________
Name:__________________________ Age:________________

Authorization
Girls Incorporated
Program Enrollment Form

Participant Name________________________________________ Date of Birth________________________
School_________________________________________________ Grade_______________________________
Street Address__________________________________________ City____________________ Zip Code__________
Participant Email address_______________________________

Parent/Guardian Information
1. Primary Guardian____________________ Relationship_________________________
   Phone: Day________________ Evening___________ Cell_________________________
   Email_______________________________

2. Other Primary Guardian____________________ Relationship_________________________
   Phone: Day________________ Evening___________ Cell_________________________
   Email_______________________________

Thank you for providing the following information, which is collected solely for reporting to Girls Inc.'s funders. This information will be kept anonymous.

Participant Age
0-5 yrs ______ 6-8 ______ 9-11 ______ 12-14 ______ 15-18 ______ 19-25 ______ 28 & over____

Participant Race/Ethnicity (check only one line)
Multi-Ethnic ______ African American ______ Asian American ______ Caucasian ______
Filipina ______ Latina ______ Middle Eastern ______ Native American ______
Pacific Islander ______ Other, please indicate________________________

Annual Household Income
$0-5,000 ______ $5,001-10,000 ______ $10,001-15,000 ______ $15,001-20,000 ______
$20,001-25,000 ______ $25,001-30,000 ______ $30,001-35,000 ______ $35,001-40,000____
Over $40,000____ Unknown ______

Participant lives with
Both parents ______ Mother only ______ Father only ______
Guardian(s) ______ Parent & Step parent ______ Grandparent(s)____
Other ______ Unknown ______

Parent/Guardian has lived in U.S.
Less than 2 yrs ______ 2-5 yrs. ______ 5-10 yrs. ______ 10-15 yrs. ______ over 15 yrs.____

Parent/Guardian Highest Level of Education Completed
Middle School ______ Some High School ______ High School Diploma ______
Vocational/Technical Training ______ Two year college degree ______ Bachelor's degree____
Graduate degree ______ Other ______ Unknown ______

Primary language spoken at home___________________________
Total number of people living at home________________________

Does Participant qualify for:
___ Free lunch
___ Reduced lunch
___ Neither
Personal Information Sheet
(Girls Inc.)

Name: 

Address: 

City/Zip Code: 

Date of Birth: 

Age: 

Social Security #: 

Telephone: 

Cell: 

Email: 

Parent/Guardian Email: 

School: 

Grade: 

Primary Language Spoken: 

Emergency Contact Information

1. Name: 

   Telephone: 

2. Name: 

   Telephone: 
Health History and Emergency Care Plan

Student Name: ___________________________ Date: ___________
Address: _______________________________ Phone: ___________
Email: __________________________________

Physical/Medical Information
Physician Name: _________________________ Phone: ___________ Fax: _______
Address: _______________________________ Phone: ___________

_________________________________________________________________________

check medical condition that your child may have.

___No Medical Condition          ___Emotional/Behavioral Disorder
___Asthma                        ___Gastrointestinal or feeding concerns
___Diabetes                      ___Food Allergies-(list)
___Cerebral Palsy/Motor Disorder ___Non-Food Allergies
___Epilepsy/Seizure Disorder     ___Other

1. Triggers that could cause problems-Specify______________________________

2. Signs or Symptoms to watch for-Specify_______________________________

3. If medications are necessary, permission to administer medication should be attached to this form. Medication will only be administered in an emergency situation when the child is unable to self-administer, and every reasonable attempt has been made to contact a parent (legal guardian)/emergency contact.

Steps the employee should follow:

a. _____________________________

b. _____________________________

c. _____________________________

911 will be called in the case of an accident/emergency. Parents/emergency contact will be notified if an accident/emergency warranted the attention of a physician or hospitalization.

Please use the back to add any further information that may be helpful while working with your child.

Parent/Guardian Signature Date ___________ YWCA Staff Signature Date ___________
For the safety of our participants, please list three parents, guardians, etc. that you are giving permission to pick up your daughter. Please note that we may require photo ID on initial pick up. We will not release any child to a person other than those listed below.

1. 

2. 

3. 

Child’s Name/Date