



Girls Inc. at the YWCA of Syracuse & Onondaga County  
 401 Douglas St.  
 Syracuse, NY 13203



**Teen Summer Program 2019**

**Welcome to the Teen Summer Program!**

**A Message for teen girls and their parent/guardian:**

Thank you for choosing to spend your summer at the Teen Summer Program organized by Girls Inc. at the YWCA of Syracuse & Onondaga County. Over the summer your daughter will learn about topics specific to young girls and women through hands-on, engaging activities in an all-girls environment! You can be sure your daughter will make new friends, learn about herself, gain new interests and knowledge, and be surrounded by positive influences and people that believe in her!

**When:** *Monday July 8<sup>th</sup> - Friday August 30<sup>th</sup>*

**Days and Times:** **Mondays - Fridays and we start at 9am SHARP and end 4:30pm**

**Where:** Girls Inc. at the YWCA of Syracuse & Onondaga County  
 401 Douglas St., Syracuse, NY 13203

**Cost:** **\$50.00 per week (\$400 for the whole camp) \$20 registration fee. Please inquire about our scholarship options.**

**Payment & Registration:** \* **\$20.00 Registration due when the Registration Packet is submitted**  
 \* Option 1: Full amount (\$400) on first day of program (July 9<sup>th</sup>).  
 \* Option 2: \$50 due every Monday of Program.

**Payment Options:**

1. Mail check or money order to:  
**YWCA Syracuse & Onondaga County**  
**401 Douglas St.**  
**Syracuse, NY 13203**
2. Pay in person at above address
3. Pay by debit/credit card over the phone (315) 424-0040

Your teen's **commitment** and **motivation** is crucial to the success of this summer program and we expect your teen will participate fully in the 8-week summer program so they can experience the most we have to offer! If they cannot participate in ALL 8 weeks, **the parent/guardian must notify Girls Inc. at the YWCA.**

If you have any additional questions or concerns, please contact Aja Everson, Program Coordinator at 315-424-0040 or [aeverson@ywca-syracuse.org](mailto:aeverson@ywca-syracuse.org).



Teen Summer Program 2019

Enrollment Form

Parent must complete these forms

Parent or Guardian: \_\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Teen 1: \_\_\_\_\_ Teen's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_

Teen 2: \_\_\_\_\_ Teen's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_

Do(es) your teen have any special needs, health or behavioral issues? (i.e. ADD, allergies, etc.):

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is allowed to pick up       Is emergency contact      Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

I want to be informed of upcoming programs and events (via email)

Parent/Guardian Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is allowed to pick up       Is emergency contact      Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

I want to be informed of upcoming programs and events (via email)

Additional Emergency Pick-up Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**PHOTO PERMISSION:** I consent to have my teen(s) image and name used in various media for internal program use, for the purpose of the community/public relations or agency marketing. Yes \_\_\_\_ No \_\_\_\_

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

Agency Representative: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Teen Summer Program 2019

Family Profile

To continue Camp Discovery and Girls Programming we must report the following information to our funders.

Please be sure to complete this page to help us continue our great programming.

Girl Participant(s): \_\_\_\_\_ / \_\_\_\_\_

Family/Household Profile:

# of Adults \_\_\_\_\_ Relationships to Children: \_\_\_\_\_ Mother \_\_\_\_\_ Step-Mother \_\_\_\_\_ Foster-Mother

(Check 1 for each adult) \_\_\_\_\_ Father \_\_\_\_\_ Step-Father \_\_\_\_\_ Foster-Father  
\_\_\_\_\_ Grandmother \_\_\_\_\_ Grandfather \_\_\_\_\_ Legal Guardian (Other than above)  
\_\_\_\_\_ Parent's-Live In Partner \_\_\_\_\_ other: \_\_\_\_\_

Total Number of Children in household: \_\_\_\_\_ of these, how many live full time in the household?  
\_\_\_\_\_

Combined Family/Household Income: (Include all support in total)

\_\_\_\_\_ Under \$10,000 \_\_\_\_\_ \$10K-\$20K \_\_\_\_\_ \$20,001-\$30K \_\_\_\_\_ \$30,001 - \$40K  
\_\_\_\_\_ \$40,001-50k \_\_\_\_\_ Over \$50K

Household Zip Code: \_\_\_\_\_

Support: \_\_\_\_\_ Family Asst. \_\_\_\_\_ Temp. Asst. \_\_\_\_\_ CAP \_\_\_\_\_ SSI  
\_\_\_\_\_ Jobs Plus \_\_\_\_\_ Child Support \_\_\_\_\_ No Additional Support

Girls Profile For Those Attending The Program

Have you attended any other Girls Inc. Programs \_\_\_\_\_ Camp Discovery \_\_\_\_\_ Camp Capstone \_\_\_\_\_ EYH  
\_\_\_\_\_ Dream BuildHer \_\_\_\_\_ Girls Summit \_\_\_\_\_ Mother Daughter Communication \_\_\_\_\_ Mind your Own Body  
\_\_\_\_\_ Girls on the Move \_\_\_\_\_ This Girl Can \_\_\_\_\_ After School Program \_\_\_\_\_ Other

Pick One Column (Check one) Race Part A Race Part B

	DOB: M/D/Y	Gender M/F	Hispanic	Non- Hispanic	Asian -Am	African -Am	Native Am	Caucasian	Multi- Racial	Other Race: Please Name	Known Disability: Please Name
1											
2											
3											
4											

\*Is English a second language for any of the children? \_\_\_\_\_ No \_\_\_\_\_ Yes

\*What is your native (first/primary) language? \_\_\_\_\_

\*Would you like to be added to our list serve to be notified of upcoming events & workshops? If so, please provide your email: \_\_\_\_\_



Girls Inc. at the YWCA of Syracuse & Onondaga County  
401 Douglas St.  
Syracuse, NY 13203



**Teen Summer Program 2019**

**Agreement for Services**

It is agreed that Teen Summer Program services shall be provided by Girls Incorporated at the YWCA of Syracuse & Onondaga County located at 401 Douglas Street, Syracuse, NY 13202 for 8 weeks during summer vacation:

**starting Monday July 8<sup>th</sup> - Friday August 30<sup>th</sup>**

For: \_\_\_\_\_ (and) \_\_\_\_\_  
Teen(s) name(s)

Monday-Fridays starting **9:00 am Sharp and 4:30 pm.**  
The payment options are as follows:

<p>_____ <b>Number of Teens</b></p> <p><b><u>You pay:</u></b> <b>Check those that apply (rate per teen)</b></p> <p><b>July 8<sup>th</sup></b> <b>\$400.00</b></p> <p><b>OR</b></p> <p><b>July 8<sup>th</sup> – August 30<sup>th</sup></b> <b>(\$50.00 per week)</b></p>
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Payment must be made (by check, money order or MasterCard/VISA Credit/Debit cards) at or to the YWCA Administrative Office. Credit/Debit cards may be taken over the phone or in person. (Call 315-424-0040 for credit card payment)

**Mail payment to:** **YWCA Syracuse & Onondaga County**  
**401 Douglas St.**  
**Syracuse, NY 13203**



**Teen Summer Program 2019**

**Please review and acknowledge the following YWCA Program Policies:**

I understand that **No** Summer Service will be extended if there is an unpaid balance from the previous summer or if weeks are not paid in advance of service during the summer. \_\_\_\_\_ **Initial**

**Refunds will not be issued** in the event of absence, illness, personal reasons, vacation or teen dismissal due to disruptive/inappropriate behavior or personal reasons. \_\_\_\_\_ **Initial**

I understand that the total cost of teen program fees as designated in the "Agreement for Service" and is based upon budgetary considerations by the YWCA's Board of Directors. This is subject to change upon 30 days' notice to a parent or legal guardian of the teen. \_\_\_\_\_ **Initial**

I understand that the payments shall be made, by credit card, check or money order, payable to the YWCA Syracuse & Onondaga County, 401 Douglas St., Syracuse, NY 13203. (Call 424-0040 to pay by credit card) \*. \_\_\_\_\_ **Initial**

I understand that all checks for payment will be submitted once for deposit. In the event that a check is denied deposit, a \$20 returned check fee will be applied each time to the client's account. In the event the check is denied, a money order or cash must replace the check. A denied check will result in the YWCA accepting a cash or money order payment option for the rest of the summer payments. Late fees for any outstanding balance will also be assessed if applicable. \_\_\_\_\_ **Initial**

I understand that failure to comply with these conditions will result in the termination of teen program services, and the client (parent/legal guardian) shall be responsible for all debts incurred prior to that date. If legal procedures are required by the YWCA for the collection of owed moneys, the client shall be responsible for all payment of these legal costs incurred by the YWCA in the collection process. \_\_\_\_\_ **Initial**

I understand that if a teen is not picked up by 4:30 pm, the Director or designated personnel will call the parent and/or persons designated for emergency pick-up on the Pick-up Authorization Form. **An additional late pick-up fee of \$5.00 after 4:35 will be charged and \$10.00 fee after 4:45 and so on** \_\_\_\_\_ **Initial**

**The Teen Summer Program reserves the right to withdraw or suspend service if it is in the best interest of the teen or the program.** \_\_\_\_\_ **Initial**

As parent or legal guardian of (please print)  
\_\_\_\_\_ and \_\_\_\_\_  
Teen(s) name(s)

I agree to the above-described fees, terms and conditions of the Girls Inc. at the YWCA of Syracuse & Onondaga County Teen Summer program as so stated.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

\_\_\_\_\_  
Acknowledged by Director or designee on behalf of the YWCA. Date



Teen Summer Program 2019

Health History

To be filled out by parent or guardian. Please attach a copy of immunization and physical records.  
All documentation must be submitted before camp start date.

Teen's Name (first, middle initial, last) \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Parent / Guardian \_\_\_\_\_

Current Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health History: (Check all that apply and give further information on the backside of this form)

- ADD/ADHD                      Epilepsy                       Asthma
- Hearing                              Bleeding/clotting disorders                      Heart defect/disease
- Convulsions                      Diabetes                      Nervous system

Wears: Contacts Glasses \_\_\_\_\_

Allergies: Animals \_\_\_\_\_ Bee/wasp stings \_\_\_\_\_  Needs Epi-Pen \_\_\_\_\_  
Plants, ivy/oak \_\_\_\_\_ Drugs \_\_\_\_\_ Foods \_\_\_\_\_  
Other \_\_\_\_\_

Are there any special needs or accommodations required? If yes, please explain:

\_\_\_\_\_

Are there any known behavioral and/or emotional problems? If yes, explain \_\_\_\_\_

Ever required any psychiatric counseling or hospitalization? If yes, explain \_\_\_\_\_

Operations or serious injuries in the past year \_\_\_\_\_

Disability or chronic or recurring illness \_\_\_\_\_

Activities to be encouraged or limited by her physician? \_\_\_\_\_

Dietary modifications necessary? (With a Physician signed recommendation.) \_\_\_\_\_

Has this person menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_

Has she been restricted from participating in any school activities? \_\_\_\_\_

(Please explain any "YES" answers to the above questions and include dates and/or details.  
May use back of form if necessary.)

In the event I cannot be reached in a medical emergency, I hereby give permission to Girls Inc. to contact the physician selected on this form to secure emergency medical treatment of my child.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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## Teen Summer Program 2019

### Parent & Teen Information

**\*\*KEEP THIS PAGE\*\***

Before our 8 week Teen Summer Program begins, we would like you to review our guidelines for making this summer safe & enjoyable. Please review these guidelines with your teen. If you have any additional concerns, please direct them to Aja Everson, Program Coordinator at 315-424-0040 or [aeverson@ywca-syracuse.org](mailto:aeverson@ywca-syracuse.org).

#### **Payment**

##### **\$20.00 Registration Fee Due with the Registration Packet**

Option 1: Full amount (\$400) on first day of program (July 8<sup>th</sup>).

Option 2: \$50 due every Monday of Program.

We ask that your **payment** with **registration materials** be mailed to:

YWCA of Syracuse & Onondaga County  
401 Douglas St.  
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#### **Absent from Camp**

If your teen will be absent from camp, please call Girls Inc. at the YWCA (315-424-0040) to let staff know.

#### **EMERGENCY PICK-UP PROCEDURES- (All People Picking Up Teens Must Be 18 Years Of Age Or Older)**

If, for any reason it is necessary to pick-up your teen at an unscheduled or unusual time, follow these guidelines:

- Call Girls Inc. at the YWCA (315-424-0040) to let us know your teen will not be attending that day or that you will be picking your teen up early. With our schedule, there is a good chance your teen will be off site, on their way to the park or on a walk. Calling first will give us a chance to contact the staff so your teen will be ready to go when you arrive.



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## Teen Summer Program 2019

### Parent & Teen Information

**\*\*KEEP THIS PAGE\*\***

#### **Late Pick-Up**

Please call if you are going to be late so we do not worry. All teens must be picked up by 4:30 pm. Any parent who has not picked up their child by 4:30pm will be charged a fee of \$5.00 per teen, after 4:35pm; and after 4:45pm a \$10.00 fee will be charged; and then for each 15 minute interval thereafter.

#### **Meals**

##### **NO SODA OR GUM ALLOWED AT CAMP!**

The teens may choose to bring their own healthy lunch (no fast food). If lunch is brought, make sure we have it first thing in the morning to avoid delays or inconvenience on field trips during lunch time.

#### **Off Site Field Trips**

Before your teen can participate in any off site trips (i.e. campus trips, walks, parks, etc.), you must sign a permission slip and return it to the onsite staff by the morning BEFORE of the outing. Those teens who do not have written permission will not be able to attend camp for the day.

#### **Behavioral Expectations & Rules**

It's simple; respect your peers and facilitators. Follow rules such as No Cell Phone use or TEXTING.

**\*If these rules are not followed, disciplinary action may be taken (verbal or written warnings), including suspension and termination.**

**\*\*Parents are always made aware at the end of the day of any rules broken (documented by discipline reports). If the situation is severe parents will be called at work or home for immediate attention.**

**\*\*Parents/Guardian: if you need to reach your teen please call our main office at (315) 424-0040. Please do not call them on their cell phone or text them\*\***





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**Teen Summer Program 2019**

**Girls Inc. Teen Summer Program  
July 8<sup>th</sup> – August 30<sup>h</sup>  
Parent & Teen Information**

**You and your teen must both sign this form to acknowledge that you and your teen have reviewed and agree to the 'Parent & Teen Information' pages which outline payment, policies, procedure and rules.**

Parent/Guardian Name: \_\_\_\_\_  
\_\_\_\_\_  
Signature Print name

Teen's Name: \_\_\_\_\_  
Signature Print name

Date \_\_\_\_\_

**THANK YOU!**