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 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: Wednesday July 8th - Friday August 28th

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

Where: Girls Inc. at 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 8th).
* 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 by debit/credit card over the phone (315) 424-0040

Weekly Topics:
Economic Literacy; Media Literacy; Mind and Body (stress management, time management, goal setting); Career Exploration; Job Readiness (Resume writing, networking, interviewing etc.); Personal Development (Social Emotional Activities and discussions); Physical Activities/Sports; Talent Show; Field Trips and much more!!

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 YWCA.

If you have any additional questions or concerns, please contact Heather Whalen, at 315-424-0040 or hwhalen@ywca-syracuse.org.
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____________________________________

☐ I want to be informed of upcoming programs and events (via 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: ____/____/____
Family Profile

To continue Teen Summer Program 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

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*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: ________________________________
Agreement for Services

It is agreed that Teen Summer Program services shall be provided by Girls Incorporated at YWCA of Syracuse & Onondaga County located at 401 Douglas Street, Syracuse, NY 13203 for 8 weeks:

starting Monday July 8th - Friday August 28th

For: ___________________________________________ (and) ___________________________________________.

Teen(s) name(s)

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

______ Number of Teens

You pay:
Check those that apply (rate per teen)

☐ July 8th ($400.00 Paid in full)

    OR

☐ July 8th – August 28th
($50.00 per week)

Payment must be made (by check, money order) at the YWCA Administrative Office.
Credit/Debit cards may be taken over the phone. (Call 315-424-0040 for credit card payment)

Mail payment to: YWCA Syracuse & Onondaga County
401 Douglas St.
Syracuse, NY 13203
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 of 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 consent to the inclusion of my child in local field trips and neighborhood outings under the supervision of program staff. My child may be walked with supervision or transported via bus or agency vehicle. _____ Yes _____ No

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 stated.

_________________________________________  ____________________________________________
Signature of Parent or Legal Guardian         Date

_________________________________________  ____________________________________________
Acknowledged by the Director or designee on behalf of the YWCA.         Date

* Call 424-0040 to pay by credit card.
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 __________________________

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:
_____________________________________________________________________________

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: __________
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 Heather Whalen, at 315-424-0040 or hwhalen@ywca-syracuse.org.

**Teen Summer Weekly Topics:**
- Economic Literacy
- Media Literacy
- Mind and Body (stress management, time management, goal setting)
- Career Exploration
- Job Readiness (Resume writing, networking, interviewing etc.)
- Personal Development (Social Emotional Activities and discussions)
  - Physical Activities/Sports
  - Talent Show
- Field Trips and much more!!

Note: Topics are subject to change

**Payment**
$20.00 Registration Fee Due with the Registration Packet
Option 1: Full amount ($400) on the first day of program (July 8th).
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.
Syracuse, NY 13203

**Absent from Camp**
If your teen will be absent from camp, please call Girls Inc. at 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 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.
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 4:30 pm will be charged a fee of $5.00 per teen, after 4:35 pm; and after 4:45 pm 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**
Girls Inc. at YWCA of Syracuse & Onondaga County  
401 Douglas St.  
Syracuse, NY 13203  

Teen Summer Program 2020

Girls Inc. Teen Summer Program  
July 8th – August 28th  
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!