



Office Use Only	
Date Application Received:	
Enrollment Start Date:	
Intake Specialist/Staff:	
Additional Information:	

CAMBA Participant Intake:
Rollover Youth & Adult Application

APPLICANT INFORMATION:

Applicant's Full Name _____

Date of Birth (MM/DD/YYYY) _____

Gender Male Female Gender Nonconforming

Race American Indian Asian Black or African American Other
 White or Caucasian Native Hawaiian or Other Pacific Islander

Ethnicity Hispanic or Latino(a) Not Hispanic or Latino(a)

Full Address _____

Are you a returning participant? Yes No

Primary language or any other language spoken _____

How well does the applicant speak English? Not Well / Good / Very Well / Fluent

Would applicant like to receive information/ be contact about registering to vote? Yes No

Does the applicant have a disability? Yes No

If yes, what disability? _____

CONTACT INFORMATION:

Permission to Travel Home Alone at Dismissal: Yes No

Cell: _____ **Home:** _____

Work: _____ **Email:** _____

If applicant is under 18, enter parent/guardian information below and one emergency contact person:

Full Name: _____

Full Name: _____

Address: _____

Address: _____

Cell: _____

Cell: _____

Relationship to applicant: _____

Relationship to applicant: _____

****ADDITIONAL EMERGENCY CONTACTS CAN BE LISTED ON THE LAST PAGE.****

Applicant in School? Yes No

Current grade: _____

Current work status: Full Time Part Time Unemployed Retired

Full Name of School: _____



HOUSEHOLD INFORMATION:

Household type (ie. 2 parent household)? _____ Housing type (ie. Rent) _____

Household size? _____ Household income? _____ DECLINE TO ANSWER

Source of applicant household income (ex. Employment Wages) _____

HEALTH INFORMATION:

Allergies? Yes No **If Yes, allergic to:** _____

Asthma? Yes No **Other Health Care Needs:** _____

CONSENTS AND SIGNATURES

To the best of my knowledge the information above is true. I agree to its verification and understand that falsification maybe grounds for termination of service.

Yes No **Applicant/Parent signature:** _____

Consent for EMERGENCY MEDICAL TREATMENT:

I am enrolled a participant in DYCD-Funded program. In the event of a medical emergency, I hereby give consent for necessary emergency medical treatment to be obtained on my behalf. I further authorize the emergency contacts listed to be contacted.

Yes No **Applicant/Parent signature:** _____ **Date** _____

Consent for photography/ videotaping and use original work:

I hereby authorize and permit the Authorized Parties, without compensation and without further approval, to photograph and or record my image, name, likeness, and the sound of my and my child’s voice during DYCD-funded program activities and special event, and I hereby consent to the resulting images, videos and interviews being used, without compensation and without further approval by the Authorized Parties solely for non-commercial purposes in any and all media.

Yes No

If in the course of participating in DYCD- funded program activities and special events, any original work such as art, music, choreography, poetry, or prose (collectively, “Original Work”) is created by me or my child, I hereby consent to such Original Work being used by the Authorized Parties, without compensation and without further approval, solely for non- profit, non-commercial purpose in any and all media.

Yes No **Applicant/Parent signature** _____ **Date** _____

We are excited to be able to welcome people back into our Cornerstone program on a limited in-person basis. Because of the on-going COVID-19 global pandemic, we are keeping the number of people in the space lower than we have in the past. Only campers who have been enrolled and approved will be permitted on-site during that program. For our evening and weekend hours, we are glad to be able to offer some in-person availability to youth ages [insert age range], but we will continue to keep it at a lower number, on a first-come basis, so as to minimize the risks of disease transmission. Anyone not complying with safety procedures including wearing a face covering and maintaining a 6-foot distance from others will be required to leave and, at CAMBA’s discretion, may not be permitted to return.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD CARE EMPLOYEE, VOLUNTEER, PARENT, CHILD AND ESSENTIAL VISITORS
HEALTH SCREENING ONE-TIME ATTESTATION

Before entering a child care program, employees, volunteers, parents, children and essential visitors **must complete a health screening questionnaire daily. In addition, each employee, volunteer, parent, child and essential visitor must sign and submit this form to the program one time.** Employees, volunteers, parents, children and essential visitors must answer all questions and take their temperature daily to confirm a body temperature lower than 100.0 degrees Fahrenheit. If anyone answers "Yes" to any of the questions below, they cannot enter the child care program. A parent or guardian is responsible for completing daily screening on behalf of their child(ren).

Self-Screening:

Below are the self-screening questions that employees, volunteers, parents, children and essential visitors are required to answer daily. If any of the answers to the below questions are "Yes," individuals cannot enter the program. If the answers are "No" to all the following questions, individuals may enter the program. If employees, volunteers, parents, children and essential visitors cannot take their temperature at home, but answer "No" to all other questions, they may report to the program to have their temperature taken on site.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Are you currently experiencing ANY of the following symptoms?
 - Cough (new or worsening)
 - Shortness of breath (new or worsening)
 - Trouble breathing (new or worsening)
 - Fever
 - Chills
 - Muscle pain (new or worsening)
 - Headache (new or worsening)
 - Sore throat (new or worsening)
 - New loss of taste
 - New loss of smell
4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

If you have answered "NO" to all questions, you have passed and may enter the program.

If you have answered "YES" to any question, you will not be allowed to enter the program.

Attestation: By signing this document, I agree that I will self-monitor these symptoms each day and report the outcome per the instructions above and will not enter any child care program if any of the above symptoms or conditions are present.

Print Parent/Guardian Name

Print Child's Name

Parent/Guardian Signature

Date

Note: This document must be signed and returned to the program prior to entry. A signed copy needs to be provided only once. The child care program must retain a copy for their records.



CAMBA Digital Program Waiver Form

CAMBA is committed to providing academic and enrichment programs for elementary, middle and high school youth. Typically, we offer this programming in schools, but due to the spread of COVID-19, CAMBA will now provide opportunities for youth to engage in online programming. We are asking for your permission to offer this remote programming to your child. CAMBA is required to provide the parent(s) or guardian(s) of each child with the CAMBA Digital Program Waiver. Additionally, parents must provide a signature attesting to the receipt of the CAMBA Digital Program Waiver.

Social Media: CAMBA does not permit the inappropriate use of any form of social media by CAMBA staff (e.g. “friending” parents or students on Facebook or sending them photos, discussing children or families on social media). Our social media pages are managed by key staff where they post announcements, updates, and pictures of program activities. However, CAMBA will never post a picture of an enrolled child unless a parent or guardian has signed a photo/video release form.

I hereby give permission for my child to participate in online programming provided by CAMBA. I understand that this programming will be offered through online platforms such as Zoom, Google Classroom, Hangouts etc, and that CAMBA will post pre-recorded lessons and host live online learning sessions. I further release, discharge, indemnify, and hold harmless CAMBA and its Board of Directors, its members, officers, agents, and employees, from and against all liability, actions, debts, claims, demands, rights, injuries, damages, or causes of action of every kind whatsoever, arising from and by reason of any known or unknown, foreseen or unforeseen, relating to the taking or use of the recordings or works of my child, including, without limitation, any and all claims for invasion of privacy, rights of publicity, libel, and slander.

I give permission for my child to participate in CAMBA's Virtual Program.

I DO NOT give permission for my child to participate in CAMBA's Virtual Program.

Print Parent/Guardian Name

Print Child's Name

Parent/Guardian Signature

Date



Parent/Guardian Certification Statement

I agree and accept that I and my child will abide by all applicable rules and regulations of this program and I certify that my child is physically able to engage in this CAMBA program except as noted on page 4:

I acknowledge that I am 18 years of age or older and am authorized to give consent.

Yes No

Parent/Participant's Name Parent/Participant: Signature Date

DYCD / DOH / ACS Permission & Release

I hereby give my permission to and release CAMBA from any and all liability for having provided my identifying information including my name, contact information, and my child's name to DYCD, NYC DOH, and the New York City Administration for Children's Services.

Yes, I give my permission **No, I do not give my permission**

CAMBA Permission & Release

In consideration of my participation in CAMBA programs, events, or activities, I irrevocably give permission to CAMBA to utilize my name, voice, statements, photographs, image, likeness, actions, biographical data, artwork, written work or other work, in any media, developed or presented by me or with respect to which I have rights or claims, in connection with any CAMBA program or activity in video footage, print display, or other transmission or reproduction, in whole or in part, for broadcast, promotional, commercial, sales related or other uses deemed suitable by CAMBA, in perpetuity worldwide, in any media whether now known or hereafter created without any additional consideration. I hereby release CAMBA from any and all claims, damages, liabilities, costs, and expenses which I now have or hereafter have by reason of any use thereof. I further indemnify CAMBA against any and all claims, damages, liabilities, costs, and expenses arising out of the use of ideas and words expressed by me.

I Agreed and Accepted the Above Conditions:

Print Name: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: NY Zip Code: _____



PARTICIPANT'S CODE OF BEHAVIOR

CAMBA is a place where we value respect for people and property. We want to establish a safe and secure center where you can have a great time. All program participants can have a good time without using foul language, destroying property, stealing, writing graffiti or fighting. If a program participant is not able to maintain these standards, they will be given an opportunity to resolve their problem. If a participant is unwilling or unable to resolve the problem, then they will forfeit their membership.

SPECIFIC RULES:

- All applicants must attend a program orientation before they are accepted as members.
Applicants under 18 must attend an orientation with their parents /guardian regardless of the activity for which they are registering.
- All participants must remove their hats and other headgear upon entering the building.
Exceptions will be made in only limited instances. Flags and bandanas are prohibited.
- All participants are expected to show respect to staff this include, but is not limited to listening to and following staff instructions.
- All participants must be at their scheduled program activity at all times. **NO PARTICIPANT SHOULD BE IN THE BUILDING UNSUPERVISED BY CAMBA STAFF MEMBER.**
- The destruction of property of the use of foul or disrespectful language will not be tolerated.
- Fighting will not be tolerated. All conflicts should be referred to a CAMBA staff
- **ILLEGAL** substances in or near the center are forbidden! Anyone under the influence of alcohol or an illegal substance will not be allowed to participate in program activities. Furthermore, parents/guardians will be contacted, and the participant will be referred to substance abuse counseling.

I HAVE READ THE RULES ABOVE AND AGREE TO ADHERE BY THE PARTICIPANT'S CODE OF BEHAVIOR WHILE IN THE PROGRAM. I ALSO UNDERSTAND THAT IF I DO NOT ADHERE TO THE PARTICIPANT'S CODE OF BEHAVIOR, MY BEACON MEMBERSHIP WILL BE SUSPENDED OR REVOKED.

Parent/Participant's signature _____

Date _____



CAMBA Cornerstone, Beacon, & Community School Programs
September 2020 – June 2021

ADDITIONAL EMERGENCY CONTACTS

Full Name: _____

Phone Number: _____

Relationship: _____

Full Name: _____

Phone Number: _____

Relationship: _____

Full Name: _____

Phone Number: _____

Relationship: _____

Full Name: _____

Phone Number: _____

Relationship: _____

My child may **NOT** be picked up by the following:

Name: _____

Name: _____

Name: _____

Name: _____