







FOR OFFICE USE ONLY	
Date Received:	
Received By:	

CAMP HENRY APPLICATION

Camp Director: Regina Perez | 212.254.3100 x207 | rperez@henrystreet.org

AMPER INFORMATION					
Returning Camper	Camper				
ame:					
ddress:		_ Apt:	_ City:	State:	Zip:
ate of Birth:	Age:		☐ Female		
amper Cell Phone:			Ethnicity:		
bling attending camp:		Curre	nt School:		
rade as of September 2017:		_ OSIS #:			
hat languages are spoken in the	e camper's home? _				
RENT/GUARDIAN INFORMATION					
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ly one authorized to make chan the Primary Guardian. nme:	ges to the applicatio	n. Should such c	hanges be necess	ary, they are to be o	done in writing o
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Camper Name:			
EMERGENCY CONTACT INFORMATION			
	Emergency Contacts listed below must be a maximum of 20 minutes away nt of an emergency. Please notify us immediately through writing if this infor-		
Name:	Relationship to Camper:		
Home Phone:	Cell Phone:		
Work Phone:	_ Primary Language Spoken: ————————————————————————————————————		
Is the above person authorized to pick up my child at the end o	of each day or in the event of an emergency?		
Emergency Contact 2	_ Relationship to Camper:		
Work Phone:	Cell Phone:		
Is the above person authorized to pick up my child at the end o			
Emergency Contact 3			
Name:	_ Relationship to Camper:		
Home Phone:	_ Cell Phone:		
Work Phone:	Primary Language Spoken:		
Is the above person authorized to pick up my child at the end of t	or each day of in the event of an emergency?		
How did you find out about Camp Henry? ☐ Facebook	☐ Twitter ☐ Instagram		
Other (Please specify):			
Has the camper previously participated in a Henry Street Settle	ement Program?		
If yes, what program(s)?			
CAMP HENRY RULES ON DROP OFF & PICK UP			
	rom Camp Henry on their own and escort any younger siblings home y/custodial guardian. Campers 12 years and older will not be allowed to camp until the general camp dismissal time.		
For all other children, only a parent or guardian or sibling that is 1	18 years of age or over may pick them up and escort them home.		
	and expected to sign themselves in. The sign-in sheet is not allowed ent, guardian, or sibling that is listed on registration. You may add		
	after the designated check in time. The participants move throughout ommodate those who arrive late because students will already be fully		
Participants are not allowed to be picked up early except in the inbuilding or they may be involved in an activity that cannot be inte	stances of emergencies. Even then, your child might not be in the 301 errupted. Please be patient while we accommodate you.		
Please Check One:			
I hereby give my child, who is at least 12 ye	ars old, permission to go home unescorted.		
I do not give my child, who is at least 12 year	ars old, permission to go home unescorted.		
I hereby give my child, who is at least 12 ye escort his/her younger sibling(s) home.	ars old and is a camper at Camp Henry, permission to		

Camper Name:				
IMPORTANT CHECK-OFF ITEMS				
Please list ALL allergion	es your child may have, no matter how mild:			
Please list any food re	estrictions your child may have for cultural, religious or medical reasons:			
Check off your child's	aquatic skill level (all that apply):			
☐ Doesn't know	how to swim Doggy Paddle Float Swim			
Check off your child's	t-shirt size:			
Child: S M	□ L □ XL Adult: □ S □ M □ L □ XL □ XXL			
PLEASE INIT	IAL EACH STATEMENT			
	A deposit of \$100 must accompany this application. The deposit is for registration and is NON REFUNDABLE. The tuition payment is due in full no later than June 16. After June 16th only 50% of paid tuition is refundable if you withdraw by the mentioned date. No child will be permitted to attend camp without payment in full by the above-mentioned date. Money Orders should be made out to Henry Street Settlement or we accept Visa, MasterCard, or Discover credit cards. No child will be properly enrolled in Camp Henry for the 2016 summer without the following paperwork FULLY completed by JUNE 16, 2017: I understand that my child(ren) will not be able to attend camp unless the following items are on file: • Fully completed camp application • Accurate and up to date medical form • Copies of their signed immunization record • Current insurance card If child does not attend camp, the entire fee paid to date of this notice will be forfeited. No refund will be granted if the camper leaves on his/her own account or is removed from camp due to an inability to adjust or to comply with the camp rules or is unable to function adequately. There is no reduction/refund based on missed days due to absence, illness or to early withdrawal.			
	I am aware that my child must follow the rules and regulations of the summer camp program and may be terminated from Camp Henry if he or she does not comply.			
	I hereby consent to the taking of photographs, movies, Internet use, and videotapes, of my child by Henry Street Settlement or its designated representatives. I also grant the right to edit, use, and re-use said products for any and all educational, public service, or not for profit purposes selected by Henry Street Settlement and release any and all rights, title, and interest we or the child may have in said products. Photocopies and facsimiles of this Release and consent shall have the same legal effect as the original.			
	I understand that I, or a designated family member, must attend a Camp Orientation in order to complete my registration process.			
	Camp Henry is not responsible for any personal items (cell phones, hand-held devices, toys) that are lost, stolen and/or damaged while attending camp.			
	If there is an emergency that requires me to pick my child up early from camp, I understand that I am expected to contact the Camp Office immediately to give them as much time as possible to accommodate us.			

	_ If your child has a cell phone on them, it will not be activated during camp hours.
	I consent that in an emergency Henry Street Settlement may act in loco parentis and obtain medical treatment if necessary. I understand that if medical treatment is deemed necessary I will be informed as soon as possible.
	I give my permission for Henry Street Settlement Staff to take my child on walking field trips as a part of their Summer Day Camp activities. This includes, but is not limited to, neighborhood parks, Abrons Arts Center, events at other public spaces, camp programs at 301 Henry Street, Boys & Girls Republic P.S. 20, etc. I understand that for any field trip involving transportation, I will receive a permission slip specific to that particular trip.
Camper Name:	
I reviewed the app	plication and all the information provided is accurate and true. I agree to all the terms and conditions.
Parent/Guardian S	Signature: Date:

Please return completed application, medical form, and CACFP Form (found on the next 3 pages) to: Attn: Camp Services

Henry Street Settlement 301 Henry Street, 4th Floor New York, NY 10002

CHILD & ADOLESCENT HE NYC DEPARTMENT OF HEALTH & MENTAL HYGIEN			Please Print Clearly Press Hard	210DENT ID MC	IMBER OSIS		Yes a land to the second
TO BE COMPLETED BY PARENT	OR GUARDIAN						
Child's Last Name	First Name		Middle Name		Sex	nte of Birth (Month/	(Day/Year)
Child's Address		T			☐ Male	_//_	
Child's Address			anic/Latino? Race (Che Yes □ No □ Na	ck ALL that apply) 🔲 I ative Hawaiian/Pacific Is	American Indian 🔲 A slander 🗀 Other	sian 🗌 Black 🗀] White
City/Borough	State Zip Code	School/Center/Camp	Name			Phone Numbers Home	
Health insurance ☐ Yes ☐ Parent/Guardian Last (including Medicaid)? ☐ No ☐ Foster Parent	Vame		First Name		-	Cell	
TO BE COMPLETED BY HEALTH	CARE PROVIDED	F. 11				Work	
Birth history (age 0-6 yrs)			any item, pleas		tach addendi	ım, it need	ied)
☐ Uncomplicated ☐ Premature: weeks gestati	Aothera (start and		sent medical history of the Action Plan):		☐ Moderate Persiste	ent Severe Per	sistent
Complicated by	If persistent, check all co	urrent medication(s):	Inhaled corticosteriod	Other controller 🗆 0	uick relief med 0	ral steroid 🗌 Non	ie
	Attention Deficit Hype	1000 · 10	Orthopedic injury/disal	bility	ledications (attach MA	F if in-school medic	ation needed)
Allergies ☐ None ☐ Epi pen prescribed	☐ Chronic or recurrent ☐ Congenital or acquire		 ☐ Seizure disorder ☐ Speech, hearing, or vis 			(list below)	
☐ Drugs (list)	Developmental/learni	ng problem	☐ Tuberculosis (latent infe				
☐ Foods (list)	☐ Diabetes (attach MAF)		Other (specify)		ietary Restrictions		
Other (list)		Franksia all about al	· Construction of the control of the			(list below)	
PHYSICAL EXAMINATION	General Appe		tems above or on adder	naum			
Height cm (%ile) NI AbnI	NI Abni	NI Abni	NI Abril			
Weightkq (%ile)		**************************************		n	Psychosocial Develor	pment
BMIkg/m ² (— Der	-	Genitou	,	urological 🔲 🔲 I	_anguage	
Head Circumference (age ≤2 yrs) cm (_			scular	ities 📗 🗌 Bad	ck/spine 🗌 🔲 I	Behavioral	
Blood Pressure (age ≥3 yrs) /	/one/	3.00					
DEVELOPMENTAL (age 0-6 yrs) ☐ Within normal limits	SCREENING TESTS						
If delay suspected, specify below		Date Done	Results	l	Date Don		
	Blood Lead Level (BLL) (required at age 1 yr and 2 yrs		µg/dL	Tuberculosis Only who	required for students enterior have not previously attended	ig intermediate/middle/ju d any NYC public or priva	unior or high school ate school
Cognitive (e.g., play skills)	and for those at risk)		μg/dL	PPD/Mantoux placed		Induration	mm
☐ Communication/Language	Lead Risk Assessment (annually, age 6 mo-6 yrs)	, ,	☐ At risk (do BLL) ☐ Not at risk	PPD/Mantoux read			□ Pos
200 10 10 10 10 10 10 10 10 10 10 10 10 1	Hearing		_ Not at risk	Interferon Test	//	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	□ Pos
Social/Emotional	☐ Pure tone audiometry ☐ OAE	, ,	☐ Normal	Chest x-ray			□ Not
Adaptive/Self-Help	- OAL	//		(if PPD or Interferon pos.	itive)//_	☐ ∆hnl	Indicated
	Hemoglobin or	— Head Start Only	1	Vision			
Motor	Hematocrit (age 9–12 mo)		g/dL	(required for new school er	ntrants , ,		t/ t/
			%	and children age 4–7 yrs)	☐ with glasse	Strabismus	s □ No □ Yes
IMMUNIZATIONS – DATES CIR Number of Child			nfluenza				,
Hep B//	//	//_ N	ИMR	//_		1	1
Rotavirus//		// V	faricella				
DTP/DTaP/DT//		′/ т	d	//			_/
//		// I	dap	Hep	IA		
PCV/_ //		1	Meningococcal	//			
Polio / / / /			IPV				1
			Other, Specify:	//			_/
RECOMMENDATIONS	diet	AS	SSESSMENT	Child (V20.2)	agnoses/Problems (li	st) I	ICD-9 Code
Restrictions (specify)				Harris and the same of the sam			
Follow-up Needed No Yes, for	Appt. date:	_//					
Referral(s): None Early Intervention Speci	al Education Dental	□ Vision □					
Other							
Health Care Provider Signature			Date /	DOH!	MH PROVIDER Y I.D.		
Health Care Provider Name and Degree (print)		Provider License I	No. and State	The Alexander	OF EXAM: NAE	Current NAE	E Prior Year(s)
Facility Name		National Provider	Identifier (NPI)	Comm	ents		
Address	City	1	State Zip	Date Review	red:	I.D. NU	IMBER
Telephone	Fax	X.			//		
\/	(/		REVIE	WEN:		



See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME:		
Print the name of the child(ren) enrolled in this child care center:		
1 2	3	
DIRECTIONS:		
 Complete SECTION A if anyone in your household: Receives Food Stamps Receives Temporary Assistance to Needy Families (TANF) Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR If any of the children enrolled in this child care center are foster children 	Complete SECTION B if no one in a Food Stamps, TANF, FDPIR or if nor in the child care center is a foster child	ne of the children enrolled
SECTION A	SECTION B	
Food Stamp Case Number TANF Number FDPIR Number Names of	List all household members below. I adults and children NOT listed abov receive income. Then list all income your household in the column to the includes: earnings from work, pensic Security, child support, foster child's other sources of income.	e, even if they do not received last month in right. Gross income ons, retirement, Social
Foster Children	Name of Household Members	Monthly Gross Income
An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below. I certify that the above information is true. I understand that the center will get Federal funds based on the information I give. Signature: Date:	1	\$
FOR SPONSOR USE ONLY	6	\$
Sponsor Agreement Number Total Household Members (including foster children, if applicable) Total Income \$ Free Reduced Paid Date Determined// Signature of	An adult household member must before it can be approved. After re statement and the statement on the b I certify that the above information i is reported. I understand that the cen based on the information I give. Signature: Print Name: SS# XXX-XX	ading the following ack, sign below. s true and that all income ter will get Federal funds
Center Staff		Date:

DOH-3688 (5/11) PAGE 1 OF 2

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you apply on behalf of a foster child or you list a Food Stamps, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

INSTRUCTIONS FOR COMPLETING DOH-3688

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

Instructions for Parents or Guardians:

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household receives Food Stamps, Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the Food Stamp, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, write in the names of the foster children.

Section B: Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

Instructions for Centers and Sponsors:

The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor staff. The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The Sponsor Agreement Number.

Total Household Members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

Total Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced** or **Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, or Food Stamp, TANF or FDPIR numbers) are categorized in the paid category.

The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member. For example, a form signed on May 12, 2011 is valid until May 31, 2012.

DOH-3688 (5/11) PAGE 2 OF 2