



ERNEST D. DAVIS  
*Mayor*

DAMIA HARRIS-MADDEN, MS  
*Executive Director*

CITY OF MOUNT VERNON YOUTH BUREAU  
CITY HALL – ONE ROOSEVELT SQUARE  
MOUNT VERNON, NEW YORK 10550  
(914) 665-2344 - (914) 665- 2346  
FAX: (914) 665-1373

March 23, 2015

To Parents and Guardians:

The Mount Vernon Youth Bureau would like to welcome the children and parents to the 2015 Safe Haven Summer Program. Program participants must be between the ages of 6-12 as of June 2015 in order to attend. Attached, you will find a complete registration package which must be completed prior to enrollment in the Safe Haven Summer Program. **Deadline for enrollment is May 29, 2015**

**In order for your child to be fully enrolled in the 2015 Safe Haven Summer Program, you must provide the following documents along with a completed application:**

1. Proof of residence (i.e. utility bill/driver's license, etc.)
2. Your child's birth certificate
3. The attached medical form which must be completed by your child's physician
4. **Proof of child's immunizations**, completed by your physician, within the current school year or a recent sport medical clearance.

The fee for the six week program is **\$450.00 money order ONLY**. Please note acceptance is on a first come served basis. All applications **MUST** be completed with all the required documents in order for your child to be considered a Safe Haven Summer Program participant. Program fees will only be accepted between the hours of 9:00 am – 3:00 pm Monday thru Friday. **The fee is non-refundable and money orders should be made payable to the City of Mount Vernon- Youth Bureau.** All fees include breakfast, lunch, two T-shirts, arts & crafts, enrichment activities, games and admission fees for all field trips. Please note that this program's low fee is a result of the financial support of the City of Mount Vernon, the City School District, the Westchester County Youth Bureau and the Westchester County Board of Legislators.

**The location is to be determined.** The program will begin Monday, July 6, 2015 and will conclude on Friday, August 14, 2015. Operating hours are Monday through Friday from 9:00 a.m. – 3:00 p.m. **Please do not drop-off your child before 9am at the Youth Bureau or program location. We will not be responsible for your child before that time.** We do not provide transportation to and from the program site; therefore, your child **must be picked-up by 3:00 p.m.** If there are any changes made because of long distance trips, parents will be notified by the program directors and counselors the day before.

Space is limited; therefore **if your child is not picked up on time on two or more occasions, we will dismiss your child from the program and give the next child on the list an opportunity to attend. In addition, if your child presents a behavior problem, they will be discharged from the program immediately.**

The Mount Vernon Youth Bureau prides itself on the safety of all participants and we respectfully request the full cooperation of the parents. If you have any questions regarding our program, please contact the Youth Bureau's office at (914) 665-2344.

*“The City That Believes”*



ERNEST D. DAVIS  
*Mayor*

DAMIA HARRIS-MADDEN, MS  
*Executive Director*

CITY OF MOUNT VERNON YOUTH BUREAU  
CITY HALL – ONE ROOSEVELT SQUARE  
MOUNT VERNON, NEW YORK 10550  
(914) 665-2344 - (914) 665- 2346  
FAX: (914) 665-1373

## **RULES AND REGULATIONS**

### **PARENTS/ GUARDIANS PLEASE READ THESE RULES AND EXPLAIN THEM TO YOUR CHILD**

1. Participants must be at the program site by 9:00 a.m. and picked up at 3:00 p.m. **SHARP – no exception!**
2. More than **two late drop off or pick up** will result in the **immediate dismissal of the participant with no refund**.
3. Safe Haven Summer Program T-shirts **must** be worn on trip days.
4. Sneakers must be worn everyday. **No exceptions!**
5. Respect your fellow participants and their property.
6. While on trips, participants should not damage site properties.
7. There will be no usage of bad language at any time.
8. There will be no hitting, fighting, or name calling at anytime.
9. When assigned a buddy, you must stay together at all times.
10. All participants must stay with their groups and not wander off.
11. All participants must always be accompanied by staff when going to the bathroom.
12. When a whistle is blown, or a hand signal is used all participants must listen to directions.
13. We will not be responsible for lost or stolen property.
14. Report all incidents to the program directors or counselors (the chain of command will be used).

**ALL PARTICIPANTS MUST FOLLOW THE ABOVE RULES AND REGULATIONS. THE DIRECTORS OF THE SAFE HAVEN SUMMER PROGRAM RESERVES THE RIGHT TO SUSPEND OR EXPEL ANYONE WHO CONTINUALLY VIOLATES THESE RULES. PARENTS WILL BE NOTIFIED IN THE EVENT THAT THEIR CHILD IS HAVING PROBLEMS ABIDING BY THE PROGRAM'S RULES AND REGULATIONS. OUR INTENTION IS FOR YOUR CHILD TO HAVE A GREAT AND SAFE SUMMER. YOUR COOPERATION WILL BE GREATLY APPRECIATED.**

*“The City That Believes”*



ERNEST D. DAVIS  
Mayor

DAMIA HARRIS-MADDEN, MS  
Executive Director

CITY OF MOUNT VERNON YOUTH BUREAU  
CITY HALL – ONE ROOSEVELT SQUARE  
MOUNT VERNON, NEW YORK 10550  
(914) 665-2344 - (914) 665- 2346  
FAX: (914) 665-1373

**PROGRAM REGISTRATION & RELEASE FORM**

FACILITY NAME: TBA

PROGRAM TITLE: SAFE HAVEN SUMMER PROGRAM

Participant Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

City: MOUNT VERNON State: NEW YORK Zip: 1055\_

Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Cell. # ( ) \_\_\_\_\_

Emergency Contact Person and relationship: \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Doctor to be called in an Emergency: \_\_\_\_\_  
NAME PHONE #

Ethnicity: White: \_\_\_\_\_ Black: \_\_\_\_\_ Hispanic: \_\_\_\_\_ Amer. Ind.: \_\_\_\_\_ Asian: \_\_\_\_\_ Other: \_\_\_\_\_

**\*\*ARE YOU RECEIVING PUBLIC ASSISTANCE?** \_\_\_\_\_  
Yes No

If yes, what kind are you receiving? \_\_\_\_\_

**\*\*YOU MUST ANSWER THIS QUESTION IN ORDER FOR YOUR CHILD TO PARTICIPATE IN THIS PROGRAM.**

I do hereby grant my child permission to participate in all activities and agree not to hold the City of Mount Vernon, its program site, officers, employees and agents from any and all loss and liability for injury or results of any injury received by my child during regular program participation. I further agree that my child was examined by a qualified physician and found to be in good health and able to participate in all program activities.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE:** \_\_\_\_\_



ERNEST D. DAVIS  
Mayor

DAMIA HARRIS-MADDEN, MS  
Executive Director

CITY OF MOUNT VERNON YOUTH BUREAU  
CITY HALL – ONE ROOSEVELT SQUARE  
MOUNT VERNON, NEW YORK 10550  
(914) 665-2344 - (914) 665- 2346  
FAX: (914) 665-1373

### SAFE HAVEN SUMMER PROGRAM

#### RELEASE & EMERGENCY MEDICAL INFORMATION FOR FIELD TRIP

DATE: July 6, 2015 – August 14, 2015 DESTINATION: Various

CHILD'S NAME : \_\_\_\_\_ AGE: \_\_\_\_\_

#### MEDICAL:

1. Does your child have any illnesses that will prevent them from taking part in daily activities?  
 No  Yes

If yes, please explain medication and medical problem. \_\_\_\_\_

2. Are there any special accommodations/ circumstances staff should be aware of?  
 No  Yes

If yes, please explain \_\_\_\_\_

3. Drug, food or insect allergies: \_\_\_\_\_  
Please explain: \_\_\_\_\_

4. Will your child be bringing any medication to the program?  No  Yes  
Name of medication: \_\_\_\_\_ Purpose \_\_\_\_\_

5. Has your child had a tetanus shot?  No  Yes Date \_\_\_\_\_

In case of injury, I hereby authorize chaperones in their discretion to take my child to a doctor or hospital for emergency treatment or whatever service is deemed necessary.

**In the event that the minor, \_\_\_\_\_, causes any bodily injury or property damage by his or her negligence, the parent and/or legal guardian agrees to indemnify and hold harmless the City of Mount Vernon and its officers, agents and employees from any loss or expense arising out of the negligence of the minor.**

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Minor's (Name)



ERNEST D. DAVIS  
Mayor

DAMIA HARRIS-MADDEN, MS  
Executive Director

CITY OF MOUNT VERNON YOUTH BUREAU  
CITY HALL – ONE ROOSEVELT SQUARE  
MOUNT VERNON, NEW YORK 10550  
(914) 665-2344 - (914) 665- 2346  
FAX: (914) 665-1373

**SAFE HAVEN SUMMER PROGRAM**  
**PHYSICIAN’S HEALTH CERTIFICATE**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

AGE \_\_\_\_\_ DOB \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

Physical Examination reveals the following defects (leave blank if normal):

EYES \_\_\_\_\_ HERNIA \_\_\_\_\_ EARS \_\_\_\_\_  
GENITO URINARY \_\_\_\_\_ LYMPH NODES \_\_\_\_\_ ORTHOPEDIC \_\_\_\_\_  
THYROID \_\_\_\_\_ SKIN \_\_\_\_\_ NOSE \_\_\_\_\_  
EPILEPSY \_\_\_\_\_ TONSILS \_\_\_\_\_ TEETH \_\_\_\_\_  
NERVOUS SYSTEM \_\_\_\_\_ SPEECH \_\_\_\_\_ HEART \_\_\_\_\_  
NUTRITION \_\_\_\_\_ LUNGS \_\_\_\_\_ OTHER \_\_\_\_\_  
Diabetes \_\_\_ Epilepsy \_\_\_ ADD/ADHD \_\_\_ Handicap \_\_\_ Operations \_\_\_ Injury \_\_\_ Other \_\_\_  
Explain \_\_\_\_\_

Is your child currently taking medication for this condition (i.e. Ventolin, Abuterol, Ritalin, etc.)? If yes please list medication(s) your child is currently taking \_\_\_\_\_

Does your child take this medication in the \_\_\_\_\_ a.m. \_\_\_\_\_ afternoon \_\_\_\_\_ p.m.

General Physical and Emotional Status \_\_\_\_\_

Scoliosis Screening Negative \_\_\_\_\_ Positive \_\_\_\_\_ follow-up \_\_\_\_\_

**Dates of immunizations (Physician, please fill out completely)**

Chickenpox \_\_\_\_\_ Diptheria \_\_\_\_\_ Smallpox \_\_\_\_\_  
Oral Polio \_\_\_\_\_ Pertussis \_\_\_\_\_ Measles \_\_\_\_\_  
Tetanus Toxioid \_\_\_\_\_ Rubella \_\_\_\_\_ Mumps \_\_\_\_\_

Tuberculin: Reaction & Date \_\_\_\_\_

I hereby certify that I have examined the above named child and find that he/she is \_\_\_\_\_ or is not \_\_\_\_\_, physically qualified to attend the Safe Haven Summer Program.

Signed: \_\_\_\_\_ M.D. Date: \_\_\_\_\_

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



ERNEST D. DAVIS  
Mayor

DAMIA HARRIS-MADDEN, MS  
Executive Director

CITY OF MOUNT VERNON YOUTH BUREAU  
CITY HALL – ONE ROOSEVELT SQUARE  
MOUNT VERNON, NEW YORK 10550  
(914) 665-2344 - (914) 665- 2346  
FAX: (914) 665-1373

**FIELD TRIP PERMISSION SLIP**

CHILD’S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_

EMERGENCY PHONE # \_\_\_\_\_

NAME OF PROGRAM CHILD ATTENDS: Safe Haven Summer Program

DESTINATION: Various

TIME OF DEPARTURE: N/A

ANTICIPATED RETURN TIME: N/A

I, \_\_\_\_\_, hereby give consent for my son/daughter \_\_\_\_\_ to attend this field trip sponsored by the Mount Vernon Youth Bureau. I further understand and agree that I am aware that the Mount Vernon Youth Bureau and the City of Mount Vernon are not responsible for any injuries or accidents, which may occur due to my child’s negligence. I further understand and agree that the Mount Vernon Youth Bureau and the City of Mount Vernon are not responsible for any physical or emotional disorder, which I failed to mention. I understand that there **will not** be any administering of medication given to my child for any ailment that he/she might have.

**CHECK THE FOLLOWING**

DAILY MEDICATION NEEDED? YES \_\_\_\_\_ NO \_\_\_\_\_  
ANY ALLERGIES? YES \_\_\_\_\_ NO \_\_\_\_\_  
GLASSES/HEARING DEVICE? YES \_\_\_\_\_ NO \_\_\_\_\_

If the answer is yes, please state special needs \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



ERNEST D. DAVIS  
*Mayor*

DAMIA HARRIS-MADDEN, MS  
*Executive Director*

CITY OF MOUNT VERNON YOUTH BUREAU  
CITY HALL – ONE ROOSEVELT SQUARE  
MOUNT VERNON, NEW YORK 10550  
(914) 665-2344 - (914) 665- 2346  
FAX: (914) 665-1373

## **PERMISSION TO SIGN-OUT CHILD**

I, \_\_\_\_\_ **HEREBY GIVE**  
**(PARENT/LEGAL GUARDIAN'S NAME)**

**PERMISSION FOR MY CHILD, \_\_\_\_\_, TO BE PICKED UP BY**  
**\_\_\_\_\_ FROM THE MOUNT VERNON YOUTH BUREAU'S SAFE**  
**HAVEN SUMMER PROGRAM. I UNDERSTAND MY CHILD MUST BE PICKED-UP AT 3:00**  
**P.M. SHARP, UNLESS OTHERWISE NOTIFIED BY THE PROGRAM DIRECTORS AND**  
**COUNSELORS THE DAY BEFORE. I ALSO UNDERSTAND THAT IF MY CHILD IS NOT**  
**PICKED UP ON TIME FOR TWO OR MORE DAYS, HE/SHE WILL BE DROPPED FROM**  
**THE ROSTER AND WILL BE REPLACED WITH A CHILD ON THE WAITING LIST.**

\_\_\_\_\_  
*PARENT OR GURADIAN*

\_\_\_\_\_  
*DATE*

**Additional pick up names:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*“The City That Believes”*



**ERNEST D. DAVIS**  
*Mayor*

**DAMIA HARRIS-MADDEN, MS**  
*Executive Director*

**CITY OF MOUNT VERNON YOUTH BUREAU  
CITY HALL – ONE ROOSEVELT SQUARE  
MOUNT VERNON, NEW YORK 10550  
(914) 665-2344 - (914) 665- 2346  
FAX: (914) 665-1373**

### **PHOTO/VIDEO RELEASE FORM**

I, \_\_\_\_\_ HEREBY GIVE PERMISSION FOR  
(PARENT/GUARDIAN'S NAME)

MY CHILD \_\_\_\_\_, TO BE PHOTOGRAPHED/  
(NAME)

VIDEOTAPED. HIS/HER PHOTOGRAPH OR VIDEO MAY BE USED FOR PUBLICITY

PURPOSES BY THE CITY OF MOUNT VERNON, THE MOUNT VERNON YOUTH BUREAU  
AND THE CITY SCHOOL DISTRICT

\_\_\_\_\_  
PARENT/ GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

*“The City That Believes”*