



HON. RICHARD THOMAS
Mayor

DEBBIE BURRELL-BUTLER, MBA
Executive Director
DENA T. WILLIAMS
Deputy Director

CITY OF MOUNT VERNON YOUTH BUREAU
CITY HALL - ONE ROOSEVELT SQUARE
MOUNT VERNON, NEW YORK 10550
[HTTP://YOUTH.CMVNY.COM](http://youth.cmvny.com)
[FACEBOOK.COM/MVNYOUTHBUREAU](https://www.facebook.com/mvnyouthbureau)
PH: (914) 665-2344 - (914) 665- 2346 FAX: (914) 665-1373

February 15, 2019

To Parents and Guardians:

The Mount Vernon Youth Bureau would like to welcome children and parents to the 2019 Safe Haven Summer Program. Program participants must be between the ages of 6-12 as of June 2019 in order to attend. Attached, you will find a registration package which must be completed by **June 14, 2019** in order for your child to be enrolled into the Safe Haven Summer Program.

In order for your child to be fully enrolled in the 2019 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 **early bird special ending April 14, 2019** for the six week program is **\$450.00 (\$400.00 for additional siblings)**. **After April 14, 2019** the fee will be **\$500.00 (\$450.00 for additional siblings)**. **Money order is the ONLY form of payment accepted. NO EXCEPTIONS.** Please note acceptance is on a first come first 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, 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 Mount Vernon City School District, the Westchester County Youth Bureau and the Westchester County Board of Legislators.

The summer day program will be held at Columbus Elementary (455 N. High St Mt. Vernon, NY 10552). The six week program will begin Monday, July 8, 2019 and will conclude on Friday, August 16, 2019. Operating hours are Monday through Friday from 9:00 AM – 3:00 PM. **Please do not drop-off your child before 9 AM at the Youth Bureau or program location. We will not be responsible for your child before that time.** We do not provide transportation to or from the program site; therefore, your child **must be picked-up by 3:00 PM.** If there are any delays on field trips due to traffic or late departures parents will be notified by the program directors/counselors as soon as possible.

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 waiting list an opportunity to attend. In addition, if your child presents a behavioral 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.



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2019 Safe Haven Summer Program **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 AM and picked up at 3:00 PM **SHARP – NO EXCEPTIONS!**
2. More than **two late drop offs or pick-ups** will result in the **immediate dismissal of the participant with no refund.**
3. Safe Haven Summer Program T-shirts **must** be worn on field trip days.
4. Sneakers must be worn every day. **NO EXCEPTIONS!**
5. Participants must respect directors, counselors, and fellow campers, as well as 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 any time.
9. Participants must stay with their assigned buddy at all times.
10. Participants must stay with their groups at all times.
11. Participants must be accompanied by a staff member when going to the bathroom.
12. When a whistle is blown or a hand signal is used all participants must stop what they are doing and listen to directions.
13. We will not be responsible for lost or stolen property.
14. Parents/participants must 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 RESERVE 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 CAMP'S RULES AND REGULATIONS. OUR INTENTION IS FOR YOUR CHILD TO HAVE A GREAT AND SAFE SUMMER. YOUR COOPERATION WILL BE GREATLY APPRECIATED.



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2019 Safe Haven Summer Program MOUNT VERNON YOUTH BUREAU RELEASE AND CONSENT FORM

Please check one: T-Shirt Size: (Child) S ___ M ___ L ___ XL ___ (Adult) S ___ M ___ L ___ XL ___

Participant Name: _____

Age: _____ Sex: Male ___ Female ___ Date of Birth: _____

Ethnicity: White: ___ Black: ___ Hispanic: ___ Amer. Ind.: ___ Asian: ___ Other: _____

Address: _____

City: MOUNT VERNON State: NEW YORK Zip: 1055 _____

Parent/Guardian Name: _____ Parent Email: _____

Home #: () _____ Work #: () _____ Cell #: () _____

Participant Physician Name: _____ Physician #: _____

Emergency Contact

Name: _____ Relationship: _____ Contact Phone #: _____

**CHECK ALL THAT APPLY

In foster care ___ In juvenile justice system ___ Living with a disability ___

In treatment for mental health issues ___ Homeless ___ Recently immigrated ___ 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 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: _____



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2019 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, Albuterol, 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 _____ Diphtheria _____ 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: _____



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2019 Safe Haven Summer Program
RELEASE & EMERGENCY MEDICAL INFORMATION FOR FIELD TRIPS

Date: July 8, 2019 – August 16, 2019 Destination: Various

Participant Name: _____ Age: _____

1. Does your child have any illnesses that will prevent them from taking part in daily activities? Explain.

2. Does your child experience seizures? If so, how often? _____

3. Does your child carry medication, an Epi-Pen, asthma pump and/or any other medical devices we should be aware of? Please list and identify purpose.

**** PLEASE NOTE THE MOUNT VERNON YOUTH BUREAU SAFE HAVEN SUMMER PROGRAM DOES NOT ADMINISTER MEDICATION****

4. Does your child have any drug, food or insect allergies? Explain.

5. Has your child had a tetanus shot in the last five (5) years? When?

Participant Physician Name: _____ Physician #: _____

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.

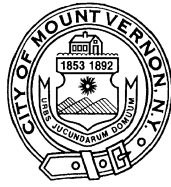
In case of injury, please call:

Name: _____ Relationship: _____ Contact Phone #: _____

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.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____



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2019 Safe Haven Summer Program FIELD TRIP PERMISSION SLIP

Name of program child attends: Safe Haven Summer Camp

Destination: Various

Time of Departure: N/A

Anticipated Return Time: N/A

Participant Name: _____

Address: _____

City: MOUNT VERNON State: NEW YORK Zip: 1055__

Parent/Guardian Name: _____

Home #: () _____ Work #: () _____ Cell #: () _____

Emergency Contact

Name: _____ Relationship: _____ Contact Phone #: _____

I, _____, hereby grant my child _____ permission to attend the field trips 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 _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____



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2019 Safe Haven Summer Program
PERMISSION TO SIGN-OUT CHILD

I, _____ **HEREBY GIVE**
(Parent/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 PM 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.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

Additional pick up names:

1. _____
2. _____
3. _____
4. _____
5. _____



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2019 Safe Haven Summer Program
PHOTO/VIDEO RELEASE FORM

I, _____ HEREBY GRANT PERMISSION TO THE CITY OF
(Parent/ Guardian's Name)

MOUNT VERNON YOUTH BUREAU TO PHOTOGRAPH AND/OR VIDEO MY CHILD,
_____.

I UNDERSTAND PHOTOGRAPHS AND/OR VIDEOS MAY BE USED IN, BUT NOT
LIMITED TO, BROCHURES, NEWSLETTERS, PRESS RELEASES, WEBSITES, MEDIA
PROGRAMS OR ANY OTHER TYPE OF PROMOTIONAL MEDIUM EXISTING NOW OR
IN THE FUTURE.

I FURTHER UNDERSTAND THAT BY GRANTING THIS PERMISSION, I AM
IRREVOCABLY GIVING UP ALL RIGHTS AND CLAIMS TO MONETARY
COMPENSATION FOR ANY FUTURE USES OF THIS MATERIAL BY THE CITY OF
MOUNT VERNON YOUTH BUREAU.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____