



Thank you for your interest in our summer program, **THINK HEROES!**

We are so excited to have you join our program! By signing this form and submitting your deposit/payment, you are securing your spot for summer of 2024. Please read all information below and fill in and send back the form to us. Please note that submitting this form and a deposit guarantees your spot but also makes you responsible for the full payment of your selected program and dates, even if you do not show up or have to cancel/lower the number of weeks you registered for.

### **REGISTRATION PROCESS**

**Please read the following carefully.**

- As our program is private and limited, we do require that you select your intended choice of schedule ahead of time. The deposit is \$1,000. This is non-refundable and non-transferable under any circumstances.
- You will receive 1 camp t-shirt with your registration and are welcome to purchase more as needed. Just a reminder, your child **must** wear a clean camp t-shirt every trip and beach day, as well as any days that we spend outside the regular schedule and location(s). If your child comes on one of these days without their t-shirt, they will be given a new one and your account will be charged accordingly.
- We offer a sibling discount of \$100 off each sibling for those registering for **at least 6 weeks**. No sibling discount is applied to any registration under 6 weeks. The sibling discount is not applicable to promotion pricing and cannot be combined with other discounts or promotions of any type.
- Payment for your **full program** will be due two weeks prior to the first day of the program, mid-June, regardless of your child(ren)'s starting day. **We do not offer weekly payment options once camp is in session. Your full camp tuition balance must be paid prior to our camp's start day.**
- Your child will receive varying program materials from us, including one t-shirt, a bookbag, a bottle, etc. included in your camp tuition. These items must be brought when needed and kept in good condition. Should any of the items be damaged, ripped, or broken, a replacement will be issued to your child and your account will be charged accordingly.

Below you will also find the registration form, photo/video consent form, beach approval form, trip approval form, and other documentation and consent forms required by New York City. Each form must be signed prior to the start of the program and sent back to us via email or handed in to our center. Exclusion of any of these forms will result in your child being unable to attend the program until such documents are signed and returned to us.

**No refunds will be given for those who fail to submit their forms on time.**

## CONTACT INFORMATION

Mailing Address: 3586 Nostrand Avenue

Website: [www.wearethinkheroes.com](http://www.wearethinkheroes.com)

Email: [summer.thinkheroes@gmail.com](mailto:summer.thinkheroes@gmail.com)

Phone: tc: 212-829-3516

## WHEN TO SHOW UP AND WHAT TO BRING

The program runs Monday-Friday, 8:00 am - 6:00 pm. Below you will find the list of supplementary items that each child **must** bring with them to the program. Campers should wear comfortable clothing and bring a water bottle each morning. Please note that campers are not permitted to bring any electronic devices or valuables to the program. If your child brings any device to the program, such as a phone, tablet, music player, or any other electronic or non-required item, we are not responsible for anything that is lost, broken, or stolen.

Campers should be dropped off between 8:00 and 8:30 am daily. Campers must be picked up by 6:00 pm daily. On trip and beach days, campers must be dropped off at the time indicated, typically no later than 8:00 am. During the day, campers will be transported in a licensed, insured, and air-conditioned van and/or school bus with a professional driver.

### List of items to bring for each child:

- A change of clothes which will remain at the center until such time that it is needed, in case of accidents. **Include a shirt, shorts, underwear, socks, and a pair of shoes, each item (not bag) MUST have your child's name on it prior to getting to our center. We are not responsible for lost/damaged/misplaced items!**
- Sunscreen and Bug Spray must be provided every day. **It is your responsibility to make sure that your child has these in their backpack DAILY. Please label with your child's full name!**
- Outdoor sun cap **Please label with your child's full name!**
- One pack of baby wipes **Please label with your child's full name!**
- One beach towel which stays at the center (we wash it!) **Please label with your child's full name!**
- A pair of covered **water shoes** for aquatic activities (which will be kept at the center)
- Any and all medications that your child needs throughout the day, as well as care instructions

### OR, LET US PROVIDE EVERYTHING FOR YOU!

(\$55 - summer bundle – we'll cover all that is required excluding extra clothing, water shoes, and cap)

## COMPLETING YOUR REGISTRATION

### Include the following:

- \$1,000 non-refundable deposit
- Photo/Video release form
- All approval forms

You can mail or submit a hard copy to:

**THINK Heroes Summer Camp  
3586 Nostrand Avenue**

\*You are also welcome to pay with cash, check (to THINK Heroes,) Venmo (to @ThinkAndCo,) QuickPay ([wearethinkschool@gmail.com](mailto:wearethinkschool@gmail.com)), or credit card, however please note that a 3.99% convenience fee will be added to **any/all** card transaction. No discounts are provided for cash payments. Thank you for understanding.

## REFUNDS

We do not offer any refunds under any circumstances. Your deposit automatically makes you responsible for the full program fee that you have registered for. Once your camp tuition for the program is paid, this is non-refundable as well. **We do not offer sick day makeups.**

# THINK HEROES SUMMER PROGRAM

## Summer 2024: Program Registration

(Thanks for printing legibly or typing!)

### 1. CHOOSE A SCHEDULE OPTION

\*\*\* Please note, you cannot reduce your selection at a later time. \*\*\*

All pricing includes camp tuition, food, one t-shirt, and all trips.

8-Week program (considered full-time) - \$525/week, total (\$4,200)

1 Week - total - \$625

[week: \_\_\_\_\_]

2 Week - total - \$1,250

[weeks: \_\_\_\_\_]

3 Week - total - \$1,875

[weeks: \_\_\_\_\_]

4 Weeks - [list exact weeks] total - \$575/w (\$2,300)

[\_\_\_\_\_]

5 Weeks - [list exact weeks] total - \$575/w (\$2,875)

[\_\_\_\_\_]

6 Weeks - [list exact weeks] total - \$550/w (\$3,300)

[\_\_\_\_\_]

7 Weeks - [list exact weeks] total - \$550/w (\$3,850)

[\_\_\_\_\_]

\*Any promotions will be applied manually in our system and reflected in your invoices!

### 1A. CHOOSE YOUR EXTRAS

Summer Bundle - \$55

Extra T-Shirt (\$15 each) How many? \_\_\_\_\_

### 2. CHILD AND PRIMARY CONTACT INFORMATION (please remember to select a t-shirt size!)

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age (at the time of program): \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

T-Shirt Size (circle one): Youth: XS SM MED LG

Name of Parent/Guardian/Primary Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address you check frequently: \_\_\_\_\_

### 3. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Second Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

**4. MEDICAL RELEASE AND SAFETY INFORMATION**

(please list all known conditions so we can accommodate your child’s needs)

Does your child have any medical conditions, allergies, or special needs the staff should know about?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any behavioral or emotional issues the staff should know about?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any history of medical conditions, behavior or emotional issues?

\_\_\_\_\_  
\_\_\_\_\_

**Insurance Information** (please attach a copy of your child’s medical insurance form)

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain:

\_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent’s/Guardian’s Initials \_\_\_\_\_

I understand that THINK HEROES, or any affiliates, will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent’s/Guardian’s Initials \_\_\_\_\_

**5. PHOTO RELEASE**

I hereby give permission for my child to be photographed/videos as part of routine throughout the summer program. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of THINK HEROES and all affiliates.

Child’s Name: \_\_\_\_\_ Parent’s/Guardian’s Initials \_\_\_\_\_

**6. TRANSPORTATION RELEASE**

I hereby give permission for the transportation of my child for official summer program activities by modes of transportation agreed to by the camp organizers. I can request information about the school bus and any other transportation at any time.

Child’s Name: \_\_\_\_\_ Parent’s/Guardian’s Initials \_\_\_\_\_

THINK HEROES, and its co-organizers, are not responsible for lost or damaged personal property. All scheduled events are subject to change. Campers’ photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Child’s Name: \_\_\_\_\_ Parent’s/Guardian’s Initials \_\_\_\_\_

**7. TRIP APPROVAL FORM**

I hereby give permission for my child to attend any and all organized trips throughout the summer program. I understand that while trips are preplanned, changed may be made to the time and/or date of said trips. I understand that trips will be outside of a 5-mile radius and will extend into different boroughs.

Child’s Name: \_\_\_\_\_ Parent’s/Guardian’s Initials \_\_\_\_\_

**8. BEACH APPROVAL FORM**

I hereby give permission for my child to attend any and all organized beach days throughout the summer program. I understand that my child will be part of the group taken to the beach of the program’s choosing and that my child is permitted to enter the water (under the supervision of program staff.)

Child’s Name: \_\_\_\_\_ Parent’s/Guardian’s Initials \_\_\_\_\_

**9. FOOD APPROVAL FORM**

I hereby give permission for my child to consume any and all snacks and beverages provided throughout the program unless I specifically instruct not to, list any allergies, or express any concern ahead of time

Child’s Name: \_\_\_\_\_ Parent’s/Guardian’s Initials \_\_\_\_\_

**10. I verify that all the information I have provided in this document is true.**

X \_\_\_\_\_  
Your signature Date

On the following pages, you will find all of the documentation and consent forms required by New York City as a licensed camp. Please note that this camp requires the following:

- (a) to be licensed by the New York City Department of Health and Mental Hygiene;
- (b) to be inspected twice yearly; and that
- (c) the address where inspection reports concerning such camp are filed.

**We are a fully licensed by New York City's Health Department and comply with all requirements. Below, please find some important information that is required by New York City, and several forms requiring your consent prior to camp attendance. You can fill this form out and either send them back to us via email or hand in a print copy to the center.**

New York City requires the following from each camper. Please read, fill out, sign, and return all the items required below. Thank you for your understanding and your cooperation!

1. Consent to put on sunscreen during the camp
2. Vaccination records or exemption from vaccination letter
3. Signed health examination form by your child's pediatrician (attached separately)
4. A signed Trip Itinerary (provided prior to the start of camp once we confirm the trip dates and locations)
5. Medication Dispensing Information Form

Any camper missing any of the required forms/consents cannot begin the program until we receive what is required.

**This entire registration form must all be signed and sent back to THINK Heroes alongside your deposit in order to confirm your registration and save your spot!**

## 1. CONSENT TO PUT ON SUNSCREEN DURING THE CAMP

Camper's Name \_\_\_\_\_

As the parent or guardian of the above child, I give permission for the staff at/of THINK Heroes Camp to apply a sunscreen product on my child, as specified below, when she or he will be engaging in outdoor activities. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms and legs. Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

- Staff may use the sunscreen that I am providing with this form: Brand \_\_\_\_\_ SPF \_\_\_\_\_
- In the event that my provided sunscreen is not available, I give permission to use any available sunscreen.
- Please do not apply sunscreen to the following areas of my child's body:  
\_\_\_\_\_

Application Instructions:  As Needed

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## 2. VACCINATION FORM

Camper's Name \_\_\_\_\_

As the parent or guardian of the above child, I ensure that my child has received all necessary vaccines by New York City, or has received approval for exemption by the state, prior to the first day of attendance for camp.

- I am attaching my child's vaccination history.
- I am attaching my letter of exemption for medical reasons.

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## 3. CHILD & ADOLESCENT HEALTH EXAMINATION FORM

Camper's Name \_\_\_\_\_

As the parent or guardian of the above child, I ensure that my child's pediatrician will fill out and sign the provided health examination form prior to June 2024. I understand that this form is mandated by New York City's Department of Health in order to ensure health safety at camp.

- I will be sure to have my child's pediatrician fill out the form prior to June 2024.
- I understand that without such form, my child cannot attend camp.

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## 4. SIGNED TRIP ITINERARY

Camper's Name \_\_\_\_\_

As the parent or guardian of the above child, I confirm that I have received a copy of the trip itinerary for the camp. I have signed and confirmed my approval and knowledge of the trip itinerary for my child.

- I will read, understand, and sign the trip itinerary form prior to June 2024.

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**5. MEDICATION DISPENSING INFORMATION, PERMISSION, AND WAIVER FORM**

Camper's Name \_\_\_\_\_

As the parent or guardian of the above child, I confirm that I have informed THINK Heroes of any medication my child requires during their time at the camp.

I will read, understand, and sign the medication dispensing form prior to June 2024.

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTINUE TO NEXT PAGE**



## Medication Dispensing Information, Permission, and Waiver

THINK Heroes will not dispense medication to a child unless is required by life-threatening emergency. If your child requires medication, they must be able to take it on their own. Please fill out the Medication Dispensing Information, Permission, and Waiver form below if your child requires any medication during their enrolled time of camp.

### Background Information

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Camp Program and Session Date(s): _____	Camp Location/Preserve: _____
---	-------------------------------

### Medication Information

1. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time dispensed: \_\_\_\_\_

Dispensing Instructions: \_\_\_\_\_

\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Complete Dosage Instructions \_\_\_\_\_

\_\_\_\_\_

2. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time dispensed: \_\_\_\_\_

Dispensing Instructions: \_\_\_\_\_

\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Complete Dosage Instructions \_\_\_\_\_

\_\_\_\_\_

My child has permission to carry and knows how to properly use their own \_\_\_\_\_ and has been instructed not to show or share it with others. \_\_\_\_\_ Initial

Inhaler

EpiPen

I understand that it is my responsibility to give the medication (pills or other items that are not asthma inhalers or EpiPens) directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles with the following information:

- Name of camper
- Medication
- Dosage
- Time of day to be given
- Prescribing Doctor
- Doctor's phone number

In all cases, medication dispensing can only be changed or modified by completing a new Medication Dispensing Information, Permission, and Waiver form. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### Permission to Dispense Medication

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
(Print Your Name) (Print Child's Name)

give permission to the staff of THINK Heroes to administer to my child the following, in case of emergency:

\_\_\_\_\_  
Medication(s)

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to THINK Heroes to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

### Waiver and Release of All Claims

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of THINK Heroes administering medication to my minor child, I do hereby fully release or discharge THINK Heroes, and its officers, agents, volunteers, and employees from any and all claims from injuries, damages and losses I or my minor child may have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Some important policies that we'd like to highlight:

Please note that the safety of your child is of the utmost importance to us and our policies are in place for strictly that purpose. We appreciate your understanding and your ability to adhere to these policies.

- We have a **zero-tolerance for bullying or uncontrollable behavior** policy. Campers found bullying will be given one more chance, which will include a write up to you, the parents. If an issue arises and continues with no resolution, the camper will be asked to leave the program with no refund. If a camper consistently displays poor behavior, breaks the rules, becomes in compliant to camp rules and/or policies, or poses harm to other campers or staff, the camper will likewise be asked to leave the program with no refund.
- We are also a **zero-tolerance for sickness** program. If your child is sick, please do not send them that day. If your child arrives sick, they will be sent home and you will be responsible for the transportation cost and/or the cost of an additional staff member to stay with your child outside the center. We can try and help you find a babysitter if you are stuck and inform us as much in advance as possible, but we do not want to risk our other campers getting sick as well. Thank you for understanding!
- As a reminder, campers are not permitted to bring any electronics or valuables to the camp. Campers are likewise **not permitted to bring in toys from home**. While there is ample supervision, campers are magical creatures who try to hide things anyway. Last year, we had campers bringing in items such as Pokémon cards and trading them, which resulted in many upset campers and parents.

Please sign below to assure you have understood and agree to these policies.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_