



## 2023 SUMMER PROGRAM REGISTRATION PACKET

CSJSP is a summer program committed to social change. Inspired by activist and author Paulo Freire, we encourage youth (8-15 years old) to make a difference on a cause they care about -- all while having one of the best experiences of their life. At CUYO we strongly believe in education as a key tool to one's liberation and decolonization journey. We encourage youth to become the change they want to see manifest in the world.

### What are the benefits of attending CSJSP?

1. Strengthen your confidence and believe in yourself
2. Build commUnity
3. Gain individualized mentorship from experienced staff and like-minded peers in our small camp environment
4. Find your voice and be able to speak up about what's important to you
5. Deepen your understanding of the problems in our world and how to contribute to the betterment of our communities
6. Learn to enhance your talents and apply them to the collective liberation of oppressed folk
7. Become part of an inspiring community of people who will cheer you on long after summer ends

### What age range is this targeted for?

Cuyo Social Justice participants are ages 8 – 15 years old.

### What are the summer program hours & dates?

Monday – Friday 9:00 am – 4:00 pm (July 3<sup>rd</sup> – August 12<sup>th</sup>, 2023!)

### What does CUYO mean?

Cuyo is a Taino Indian word meaning light or fire. The CUYO Social Justice Summer Program for Teens seeks to shed light on the injustices of the world and teach teens how to combat them. We teach youth how to gain access to the tools that will enhance their learning and ignite the fire from within to walk a path of empowerment and solidarity.

### What should my child bring daily?

Bathing suit / towel	Socks & Sneakers (a must!)
Water bottle	Sunscreen
Extra clothes	

Light breakfast will be provided daily (Muffins, Milk, Cereal, Fruit, Orange Juice, and Water). Cuyo Social Justice Participants will receive free lunches through the summer feeding program.

**WE ARE NOT RESPONSIBLE FOR ANY TOYS, CARS, SPINNERS, ELECTRONIC DEVICES OR MUSIC BROUGHT TO CUYO. YOUTH ARE NOT ALLOWED TO USE CELL PHONES AT THE PROGRAM, UNLESS IT'S A FAMILY EMERGENCY.**

### What issues do you teach about?

Our curriculum follows a “popular education” style, meaning that rather than imparting our views or knowledge, we strongly encourage dialogue, questions, and inspire critical thinking. CSJSP is motivated by models such as 'Each One, Teach One' in which works to produce a safe learning space for youth and cultivates healthy/non-hierarchal relationships between teachers and students. About halfway through the program, each teen chooses for themselves an Issue of Importance they want to focus primarily on.

CSJSP provides youth opportunities to “share about what they care about” so that everyone can learn from one another. We teach nonviolent communication and honor the Golden Rule in which each member of the community is expected to treat each other the way they desire to be treated. As a social justice summer program member each participant will learn self-governance through a daily restorative justice circle, theater, art, and dance.



## 2023 CUYO SOCIAL JUSTICE SUMMER PROGRAM REGISTRATION FORM

All participants must be registered, fully paid at least one week in advance to the start of camp and have a current physical and immunization on file before their first day.

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Preferred Gender \_\_\_\_\_ Likes & Interests \_\_\_\_\_

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

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

### PROGRAM DATES & TIMES

CUYO SOCIAL JUSTICE SUMMER PROGRAM  
MONDAY JULY 3<sup>rd</sup>, 2023 – FRIDAY AUGUST 12<sup>th</sup>, 2023

Hours:

9:00 am – 9:30 am Breakfast

10:00 am – 4:00 pm Cuyo Summer Program  
(12:00 pm Lunch)

By checking this box I agree that my child will be present for a majority, if not all of the summer program, only 4 excuses absences will be allowed from the program throughout the six weeks. If there are more than one absence within a week that child will not be allowed to attend the three field trips. \_\_\_\_\_ (Initial Here)

#### Costs of Camp & Payment Options:

Fees: \$270.00 for Total Cost of Program Per Participant. (Cost covers staff, insurance coverage, light breakfast, supplies and trips)

There will be a \$50.00 discount overall (\$220.00) for 2<sup>nd</sup> Sibling and a \$100 (\$170) for each additional sibling. Financial Aid is available to families in need, ALL families are encouraged to inquire!



## YOUTH INFORMATION FORM

Youth's Name: \_\_\_\_\_ Tee Shirt Size: \_\_\_\_\_

Parent / Guardian Information:

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

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**THE FOLLOWING ARE AUTHORIZED TO PICK UP MY CHILD**

Name	Address	Relationship to Youth	Phone Number

First Aid & Emergency Medical Care Consent

NAME OF YOUTH'S PHYSICIAN \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ ADDRESS \_\_\_\_\_

I hereby authorize the Afro Caribbean Cultural Center Inc., and the CUYO Staff who are trained in the basics of first aid and CPR to administer basic first aid and or CPR to my child when appropriate and/or take my child (name) : \_\_\_\_\_ To the nearest medical care facility or (specify) \_\_\_\_\_ for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Special Concerns or Limitations of Child: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Child Medications\*: \_\_\_\_\_

\*Any medication that needs to be administered during camp must be documented on a Medication Consent Form.

Chronic Health Conditions: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Preferred Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_ Policy #: \_\_\_\_\_

**A CURRENT PHYSICAL AND IMMUNIZATION FORM MUST BE SUBMITTED BEFORE ANY CHILD ATTENDS THE PROGRAM**

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**YOUTH CAMP HEALTH EXAM/RECORD  
FOR CAMPERS AND STAFF**  
Physical Exams Are Valid For 3 Years  
From Date of Last Examination



- Camper  
 Staff

**Please Return Completed Form to the Program**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Guardian \_\_\_\_\_ Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_  
Date of Arrival at Camp: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**TO BE COMPLETED BY THE HEALTH CARE PROVIDER**

**Date of Exam** \_\_\_\_/\_\_\_\_/\_\_\_\_

May participate in all camp activities  YES  NO

May participate except for: \_\_\_\_\_

Does the individual have any known medical or emotional illness or disorder that poses a risk to other children or which affects the individual's functional ability to participate safely in a youth camp?  YES  NO

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

Are there any prescription or over the counter medication(s) this individual needs to take while at camp?  YES  NO

If yes, indicate names of medication(s): \_\_\_\_\_

NOTE: A written authorization and parent permission for the administration of medication at camp are required.

Does the individual have any disabilities or special health care needs such as allergies, special dietary needs?  YES  NO

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

NOTE: If the camper has a special health care need or disability that requires special care be taken or provided during the time the individual is at camp, an individual plan of care shall be developed with the parent and health care provider and updated as necessary. The plan shall include appropriate care of the camper in the event of a medical or other emergency and signed by the parent and staff responsible for the care of the camper.

If camper/staff is school aged or younger, have they been immunized in accordance with the schedule adopted by the Commissioner of Public Health pursuant to section 19a-7f of the Connecticut General Statutes?  YES  NO

Additional Comments:

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

Printed Name of Health Care Provider: \_\_\_\_\_

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

Signature of Physician, PA, APRN or RN \_\_\_\_\_ Date Form Signed: \_\_\_\_\_



# TRANSPORTATION PLAN & AUTHORIZATION

Youth's Name: \_\_\_\_\_

Please check the appropriate lines:

My child will arrive at the program by:

\_\_\_\_\_ Parent Drop Off      \_\_\_\_\_ Unsupervised Walk      \_\_\_\_\_ Other (describe \_\_\_\_\_)

My child will depart the program by:

\_\_\_\_\_ Parent Drop Off      \_\_\_\_\_ Unsupervised Walk      \_\_\_\_\_ Other (describe \_\_\_\_\_)

I hereby authorize my child is ready to experience all outdoor field trips and excursions. I give permission for him/her to travel on a bus or rental van to all activities and field trips.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ANY OTHER TRANSPORATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE YOUTH'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED.

## Authorization Form

*The following are mandatory, please initial all:*

\_\_\_\_\_ I agree to abide by the policies as stated in the Summer Program Handbook.

\_\_\_\_\_ I understand that a late fee will be charged to me for late pick-ups and I am responsible to pay in full for all fees for child care services provided to me by Afro Caribbean cultural Center Inc. (D.B.A. Cuyo Social Justice Program).

\_\_\_\_\_ I must give one week notice to the Program Director of my intent to withdraw my child from a week they are enrolled.

\_\_\_\_\_ I am responsible for payments regardless of my child's attendance.

*The following are optional, please initial those you choose. I give permission for:*

\_\_\_\_\_ My child to attend all field trips both near and within walking distance of the program and those on a rental van or rental bus.

\_\_\_\_\_ Camp staff to assist my child in application of sunscreen.

\_\_\_\_\_ ACCC Inc to withdraw weekly fees from my account on file. (Including 4.3% Fee)

\_\_\_\_\_ ACCC to use my child's picture in Cuyo/ Afro Caribbean Cultural Center publicity and media promotions.

\_\_\_\_\_ ACCC to use my child's picture inside the program facility.

\_\_\_\_\_ ACCCto upload photos of my child to all social media platforms (Facebook/ Twitter/Instagram/Tik Tok, etc.)



## *Wavier of Liability Statement*

While it is the aim of the Afro Caribbean Cultural Center Inc, (D.B.A. Cuyo Social Justice Program) to provide my child with safe and enjoyable experience, you must realize that participation in the Cuyo Youth Programs has some inherent risks. As a result we require the signing of the release set forth below.

I hereby release for myself and my child, our heirs, executors and administrators, and forever discharge the Afro Caribbean Cultural Center inc, its agents, servants, representatives, board of directors, Executive Director and employees for any injuries, loss, liability, damage or costs which my child any receive/incur as a result of participation in any program/activity service conducted and/or provided by the Afro Caribbean Cultural Center Inc, (D.B.A. Cuyo Social Justice Summer Program).

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## EFT PAYMENT APPLICATION

<b>PARENT/GUARDIAN</b>
NAME

<b>PERSONAL INFORMATION</b>	<b>CHILDREN'S NAMES (attending program)</b>
STREET	01 Child <span style="float: right;"><u>Birthdate</u></span>
APT # / PO BOX #      DATE OF BIRTH	02 Child
CITY      STATE      ZIP	03 Child
HOME PHONE #      CELL PHONE #	04 Child
EMAIL ADDRESS	05 Child

<b>BANK ACCOUNT</b>	<b>OR</b>	<b>CREDIT ACCOUNT (no debit cards unless checking acct # is attached)</b>
NAME ON ACCOUNT		NAME ON CARD
ACCOUNT NUMBER		ACCOUNT NUMBER
NAME OF BANK		CREDIT CARD TYPE <input type="checkbox"/> MC <input type="checkbox"/> VISA      EXP. DATE
ROUTING/ TRANSIT NUMBER		BANK NAME
<input checked="" type="checkbox"/> COPY OF CHECK		
<b>PAYMENT SCHEDULE (weekly)      Day of Week:      Date of first EFT Draft: _____</b>		

To the Afro Caribbean Cultural Center: I have given authority to the bank or credit card issuer named above to honor preauthorized debits drawn by you on my account for Youth Programming as indicated above. It is understood that the draft on my account shall constitute valid notice of such payment due on my Youth Programming account. When the bank or credit card issuer honors the payment, my accountant statement shall constitute receipt for the payment. Should any preauthorized credit or bank draft not be honored by the issuer when received by them, then it is understood that payment has not been made and I am responsible for making the payment directly to the Afro Caribbean Cultural Center Inc.. I understand that my youth program payments will be charged to my account on the above designated schedule. I understand that if I wish to terminate or change my youth program payment schedule in any way, I must give Afro Caribbean Cultural Center written notice. I understand that if payment is returned to ACCC by my bank, ACCC Inc will charge me the youth programming payment plus a handling fee of \$25.00.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

<input type="checkbox"/> FINANCIAL AID	<input type="checkbox"/> EMAIL	<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> IMMUNIZATIONS	<input type="checkbox"/> COPIES
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