Summer Camp Program 2026

Dear Parents/Guardians,

We are pleased to announce registration for the Summer Camp Program 2026 for children ages **4 (heading to kindergarten) to 12.** The program will operate from **July 1st, 2026, through August 14th, 2026, Monday – Friday, 8:00 am to 5:00 pm.**

(We offer extended care from **5:00 pm – 5:45 pm** for an additional **$100 per session**, Monday through Thursday. **The program will end at 5:00 pm every Friday.**)

Program Highlights:

- Three trips per week (Tuesday, Wednesday, and Thursday)
- On-site activities on Mondays and Fridays, including:
  - STEM
  - Art
  - Computer Literacy
  - Recreation
  - And more!

How to Register:

In order to secure a spot, you **MUST** submit a **COMPLETED** application **AND** the non-refundable **$100 registration fee.**

Payment Options:

- ACS/HRA Voucher - You will need to enroll through your case worker and provide us with the form.
- Credit/Debit payment: Complete the attached Credit Card Authorization form.
- Payments can be made via Credit/Debit, Cash, Check or Money Order.

Tuition Rate:

- Fees are based on income (supportive documentation to prove income is required i.e. previous year's w2 or tax return or two consecutive pay stubs).
- If you are interested in per session enrollment, your tuition rate will be prorated (Session 1: 55**% Session 2: 45**%). **Discounts DO NOT apply.**
- **The maximum discount is 10%.**

** = Likely to change

Required For Complete Enrollment:

1. **Completed Application- all signatures, contact information, etc.**
2. **Up to date Medical Form including Immunization Records & Lead Blood Test results.** *Please reach out to your physicians regarding the Blood Lead Level and Lead Risk Assessment results being included in the form.* ***No participant will be able to start the program without this!***
3. ***Full Payment***
4. **Attendance at the Parent/ Guardian Orientation**

Registration is open and will continue until all spaces are filled. You can pick up an application at the Lincoln Square Neighborhood Center (250 West 65th Street).

If you have questions, please email LSNCYouth@Goddard.org.

Goddard Riverside

INVESTING IN PEOPLE, STRENGTHENING COMMUNITY

SUMMER DAY CAMP 2026/ LINCOLN SQUARE
REGISTRATION CONTRACT/
CAMPAMENTO DE VERANO DIURNO 2026/ LSNC CONTRATO DE REGISTRO

STAFF COMPLETES			
Registration Date/ Fecha de hoy		**Group/ Grupo**	
PARTICIPANT INFORMATION/ INFORMACIÓN DEL PARTICIPANTE			
Please Circle The Session(s)	**Session 1**: July 1st to July 24th (17 Days) **Session 2**: July 27th to August 14th (15 Days)		
Last Name/ Apellido		**First Name, Middle / Nombre, Inicial**	
Home Address/ Dirección		**Apt/ Apto**	
City/ Ciudad	Manhattan Queens Bronx Brooklyn Staten Island Other: _____		
State/ Estado	NY NJ Other: _____	**Zip Code/ Código Postal**	
Home Telephone/ Teléfono de su casa			
Housing/ Vivienda	Rental/Alquiler NYCHA Housing/Vivienda NYCHA Other/Otro Family Owned/Propiedad Familar		
Child's Age/ Edad	**Gender/ Sexo**	F M	
Date of Birth/ Fecha de nacimiento (mm/dd/yyyy)		**Primary Language Spoken/ Idioma Principal**	
Current Grade/ Grado	**School/ Escuela**		
School Type/ Tipo de Escuela	Public/Publica Charter/Carta Private/Privada Parochial/Parroquial Home School/Instrucción en el hogar Other/Otro		

Sibling(s) Attending This Program Location Hermano/as en el programa		Y N	
Sibling(s) Attending Other Youth Program Locations Hermano/as asistiendo otro programa para jóvenes		Beacon PAC STAR	
Background/ Origen Etnico	American Indian/Indio Americano Black/African-American/Afroamericano Pacifico Asian/Asiático White/Blanco	Multi-Racial/ Multi-Raza Pacific Islander/Isleño Hispanic/Latino Other/Otro	
Any Medical Conditions/Allergies/ Alguna condición médica/Alergias	Y N	**If yes, explain/ Si es si por favor de explicar**	

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Youth's Last Name/ Apellido		**Youth's First Name/ Nombre**	

PARENT/GUARDIAN INFORMATION/ INFORMACIÓN DEL PADRE/GUARDIAN

Primary Parent/Guardian

Last Name/ Apellido		**First Name/ Nombre**	

Relationship/ Relación	
Home Telephone/ Teléfono de la casa	
Cell/Other Telephone/ Teléfono del celular	
Business Telephone/ Teléfono del trabajo	
Email Address/ Correo Electrónico	
Primary Language Spoken/ Idioma Primario	

Are you a registered voter? / ¿Usted está registrado para votar?	Y N
Are you or any member of your household (0-65 years of age) covered by Medicaid, ChildHealth Plus, Family Health Plus or private medical insurance? / ¿Usted o algún miembro de su familia (de 0-65 años) tienen el seguro de Medicaid, Child Health Plus, Family Health Plus o seguro médico privado?	Y N

Additional Contact/ Contacto adicional

Last Name/ Apellido		**First Name/ Nombre**	

Relationship/ Relación	
Home Telephone/ Teléfono de la casa	
Cell/Other Telephone/ Teléfono del celular	
Business Telephone/ Teléfono del trabajo	
Email Address/ Correo Electrónico	

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EMERGENCY CONTACTS & DISMISSAL AUTHORIZATION/
CONTACTOS EMERGENCIA AUTORIZACIÓN PARA RECOGERÁ LOS NIÑOS

Please provide us with a list of additional names and telephone numbers of alternate persons whom we may contact in case of emergency. Designate any of these people as authorized to pick up your child by checking the box beside their name. I will notify Goddard Riverside Community Center if there are any changes in the persons named in emergency contacts and dismissal authorizations. **Parents/Guardians are automatically included as authorized persons**. **Authorized escorts under 14 old years of age will be allowed at the Program's discretion. /**
y que pueden recoger a su hijo(a) del programa. Yo notificaré a Goddard Riverside Community Center si hay cambios en los nombres de las personas que estan en los contactos de emergencia y autorización de partida. **Padres/Guardianes están automáticamente incluidos como personas autorizadas. Escoltas autorizadas menores de 14 años de edad serán permitidas a la discreción del programa.**

Last Name/Apellido	**First Name/Nombre**	**Telephone/Teléfono**	**Relationship / Relación**	**Pick Up/ Recojer**

I give permission for my child to walk home alone. / Yo autorizo a que mi hijo/a camine solo a su casa.

Y **N**

Child **MAY NOT** be picked up by: /El nino **NO PUEDE** ser recogido por:

Last Name/ Apellido	**First Name/Nombre**	**Relationship/ Relación**

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PARENT/GUARDIAN CERTIFICATION & AGREEMENT/ CERTIFICACIÓN Y ACUERDO DEL PADRE O GUARDIÁN

As a condition of registration of my child in the **PROGRAM** of **GODDARD RIVERSIDE COMMUNITY CENTER (CENTER)**, I agree to the following:/
Como condición del registro de mi hijo(a) en el **PROGRAMA** en **GODDARD RIVERSIDE COMMUNITY CENTER**, yo convengo lo siguiente:

All the given information on registration contract is correct. **I will follow program rules and regulations** including making adequate arrangements to have young children picked up at dismissal time. I will, to the best of my ability, support my child's participation and development and will communicate with the **CENTER** to accomplish these goals. /
Toda la información en el contrato de registración está correcta. **Yo entiendo las reglas y pólizas y** voy a hacer lo mejor posible para recoger a mi hijo(a) a tiempo a la hora de partida del programa.Yo voy hacer lo mejor posible para apoyar a mi hijo(a) durante su participación en el programa.

PARTICIPATION/PARTICIPACIÓN: I agree to participate in Parent/Family Events including attending meetings, volunteering or contributing to special events. /
Yo participaré en las actividades de los padres lo cual incluye reuniones, ser voluntario o contribuir a evento especiales.

TRIP PERMISSION/ PERMISO PARA PASEOS: I hereby give my child permission to participate in all program activities, field trips, sports, arts, recreation and events with the CENTER during regular program hours, within the New YorkCity/TriState area. /
Yodoy permiso para que mi hijo(a) vaya a los paseos con el programa durante las horas regulares.

WAIVER/ RENUNCIA: I hereby authorize **Goddard Riverside Community Center and DYCD** to photograph and record, both digital and analog, my child for any and all purposes in connection with **Goddard Riverside Community Center or DYCD**. I agree to hold **Goddard Riverside Community Center and DYCD** harmless from any liability arising out of photographs, digital images, videos and recordings and waive any compensation for pictures, printed works or audio/visual products of or by my child. /
Yo autorizó a **Goddard Riverside Community Center y DYCD** que retraté o grabe a mi hijo(a) para todo los propositos en conexión a **Goddard Riverside Community Center o DYCD**. Estoy de acuerdo con mantener a Goddard Riverside Community Center and DYCD libre de toda responsabilidad que pueda surgir de las fotografias, imagenes, videos y grabacionesde mi hijo(a).

MEDICAL AUTHORIZATION/AUTORIZACIÓNMEDICA: In the event of an emergency, and after every attempt has been made to contact me, I hereby give permission for the agency, **Goddard Riverside Community Center**, to get medical treatment for my child. I further authorize the doctor or the hospital to which my child may be brought and whomever they may designate as their assistant, to perform any emergency procedure or operation on my child during their attendance in the **Goddard Riverside Community Center program**. /En el evento de una emergencia, y depués de que todos los medios de comunicarse conmigo sean agotados, yo le doy permiso a la agencia de **Goddard Riverside Community Centerde** obtener atención medica para mihijo(a). Además autorizo al medico y al hospital que pueden hacer cualquier procedimiento de emergencia o cirugia durante su asistencia en **Goddard Riverside Community Center**.

_____ _____/_____/_____

Parent/Guardian Signature/ Firma del Padre/Guardián. **Date/Fecha**

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INFORMED CONSENT/ CONSENTIMIENTO INFORMADO

Purpose/Proposito: Each year to assure that the Goddard Riverside Summer Day Camp/After School Programs is of high quality and has a positive impact on your child(ren), Goddard Riverside Community Center engages in ongoing evaluation and quality improvement efforts. Therefore, all children enrolled in the program may potentially be asked to complete a survey at the beginning and end of each program cycle. /
Cada año, para asegurar el programa de verano y de despues de la escuela de Goddard Riverside Community Center sea de altà calidad y tenga un impacto positivo para sus niños, el Centro Comunitario Goddard Riverside se esfuerza a participar en evaluaciones y mejoramiento de calidad. De este modo, potencialmente les pediríamos a todos los participantes registrados en el programa llenar una encuesta al principio y al final de cada ciclo del programa.

Procedures/Procedimiento: Goddard Riverside Community Center is participating in the Algorhythm Social Emotional Learning Survey. Data will be gathered and analyzed through web-based software – Algorhythm's Youth Development Impact Learning System (YD iLearning System); each child will be assigned a unique identifier. Algorhythm's YD iLearning System will never use a child's name for any reason and all data analyzed through this system will be presented as group results. Staff within the Programs will have access to the data so that they can continue to improve programming and support all child(ren)s needs. /
El Centro Comunitario Goddard Riverside participa en ALGORHYTHM (Algoritmo)– encuesta de aprendizaje socio emocional. Los datos seran recogidos y analizados con equipos basados en la red Impacto del Desarrollo Juvenil en el Sistema Algorhythm (Sistema YD iLearning). Cada participante sera asignado un identificador exclusivo. El Sistema de Aprendizaje Algorhythm no usara el nombre de participantes por ninguna razòn y toda la informaciòn analizada a través de este sistema sera presentada como el resultado del grupo. El personal de the After School Program en Goddard Riverside Community Center tendra acceso a esta inofrmacion para que puedan continuar mejorando el programa y apoyar las necesidades de los participantes.

Confidentiality/Confidencialidad: Data within this system will be kept confidential in a secure database. All data collected from your child will be kept confidential and will be used by Goddard Riverside Community Center staff to increase the quality of the program/
La informacion dentro de este sistema se mantendra confidencial en una base de datos segura. Toda la informacion se mantendra confidencial y solo sera usada por el personal de G.R.C.C. para aumentar la calidad de este programa.

Voluntarily Participation: Participation is completely voluntary. If you agree that your son/daughter can take the survey, he/she will bring this form back to their program with your signed consent. /
Participaciòn es completamente voluntaria. Si usted esta de acuerdo que su hijo/a tome parte en esta encuesta, necesita regresar este formulario al programa con su firma.

Consent/Consentimiento
I have read this form and understand that my child will take part in the Algorhythm evaluation. I have also been provided a signed copy of this form. /
He leido este formulario y entiendo que mi niño sera parte de la evaluacion Algorhythm. También Se me ha dado una copia firmada de este formulario.

_____ _____/_____/_____

Parent/Guardian Signature/ Firma del Padre/Guardián. **Date/Fecha**

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PROGRAM FEES/ HONORARIOS DEL PROGRAMA

Gross Annual Income		**Number of People in Household**	

FEE SCALE

	Income Range/ Rango de Ingresos	**Fee/Costos**
	$0-$24,999	$1,000
	$25,000-$49,999	$1,500
	$50,000-$89,999	$1,800
	$90,000 or greater	$2,200

FEE FOR SINGLE SESSIONS. No Discounts for Single Session Enrollment.

	Sessions		**Fee/Costos**
	Session 1 Only	17 days	Prorated from above scale (no discounts) 54%
	Session 2 Only	15 days	Prorated from above scale (no discounts) 46%

Program Discounts. Check all that apply. Each entry is a 5% discount from total fee with a máximum of 10% off.

	NYCHA Resident
	Enrolled in After School Program 2025-2026
	Enrolled in Summer Camp 2025
	Enrolled in GRCC Early Childhood Program Spring 2025-2026
	Enrolling one or more siblings in LSNC Summer Camp (discount applied to full tuition amount)

Financial Assistant Organizations

	ACS Household
	Other (Foster Care, etc.)

A non-refundable $100 deposit is required at time of registration. Payments must be complete by June 12th. /
Se requiere un depósito no reembolsable de $100 al momento de la inscripción. Los pagos deben completarse antes del 12 de junio.

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