



University at Buffalo
The State University of New York

Center for Urban Studies
School of Architecture & Planning

2015 UB Academic Summer Camp on Neighborhood Development

The UB Academic Summer Camp is designed to develop critically conscious students who love to learn, recognize that their entire community is their "classroom" and who are thus more likely to become civically engaged citizens who are aware, productive and care for and about their neighbors.

Student Name: _____ Date of Birth: _____ Age: _____

Gender: M [] F []

Ethnicity: ___Black/non-Hispanic ___White/non-Hispanic ___Asian/Pacific Islander
___Hispanic ___American Indian/Alaskan Native ___Other/Unknown

Address: _____

School: _____ Grade: _____

Home Tel: _____ Cell Phone: _____

Parent/Caregiver Name: _____

In Case of Emergency Contact:

Name: _____ Home Tel: _____ Cell: _____

Address: _____ Relationship: _____

I/we, _____ request that my son/daughter, _____
(Name of Parent/Caregiver) (Name of Student)
participate in the UB Academic Summer Camp on Neighborhood Development.

I/we, _____ authorize the UB Summer Academic Camp to obtain and review
(Name of Parent/Caregiver)
school records and understand that these records will be used in planning for appropriate support services for my son/daughter. I/we understand that all information will be confidential.

Signature of Parent/Caregiver

Date

(This form must be signed by at least one parent/caregiver who is legally responsible for the child.)

updated 5/29/15

Students signing up for the UB Academic Summer Camp for Neighborhood Development agree to complete certain requirements. We ask that applicants go through each requirement with their parents and/or caregivers to make sure they can meet these requirements:

Please initial:

- _____ Parents agree to attend one information session held 1-2 weeks before the camp starts.
- _____ Parents and caregivers will make sure children are on UB South Campus, 3435 Main St. by 8:45 AM daily, and will pick up students from UB South Campus at 3:00 PM.
- _____ Students will come to the program on a daily basis from July 6 – August 14. This will be 6 weeks, Monday – Friday, for a total of 30 days.
- _____ Students agree to work on a final product that they will complete and present about at the end of the program on Thursday, August 13.

If you have any questions, please contact the Program Coordinator, Candra Skrzypek at (716) 829-5914 or candrask@buffalo.edu or the Program Manager, Frida Ferrer at 829-5910 or ferrer@buffalo.edu.

FOR UB STAFF ONLY

Date of receipt: _____

Reviewed by: _____
Staff Signature Date

Director's Signature: _____ Date: _____

[] Original to be kept in office [] Copy to be kept on file at school to allow access to report cards.

updated 5/29/15