

**Manhattanville in West Harlem  
Implementation Plan Report  
October 15, 2013 Submission**

**Final Declaration Reference and Key Data**

Section Number: 5.07 (c)(xviii)      Obligation Trigger: PACB Approval  
Page Number: 56      Obligation Start Date: May 20, 2009 (PACB Approval date)  
Obligation End Date: May 20, 2034 (25 Years from Commencement)  
Status: In Compliance

**Obligation**

*Summer Camp.* Commencing in May 2009, CU shall offer 25 Athletics scholarships per summer based upon financial need to children from the Manhattanville in West Harlem area to attend CU's Summer Sports Camps and Cub Camps until 2033 or for a period of 25 years, whichever is longer.

**Process**

- West Harlem Development Corporation (WHDC) selects the scholarship recipients.
- Columbia University will enroll children in various camp weeks throughout the summer, per the WHDC.
- Please refer to the annual report for program overview.

**External Communications**

Please see Annual Community Outreach and Communications Plan for upcoming year.

**Evidence of Compliance**

1. Copies of public notifications and/or announcements of services offered
2. Link to Athletics website
3. Annual report

Monitor Notes
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## Locations:

### Dodge Fitness Center

3030 BROADWAY, NEW YORK, NY 10027



#### DODGE FITNESS CENTER CONTAINS...

**Levien Gymnasium:** boasts three full basketball courts

**University (Blue) Gymnasium:** has a full basketball court made of mondo rubberized performance surface

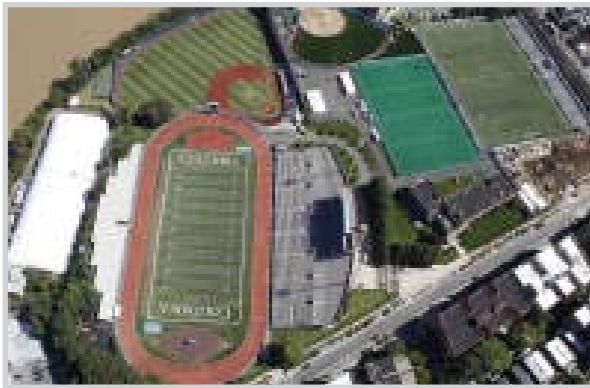
**Uris Pool:** eight lane pool

**Squash Courts:** areas where games, arts & crafts, lunch, and post-care will be based

**The Math Lawn:** grassy area adjacent to The Scholar's Lion statue

### Baker Athletics Complex

533 W. 218TH ST. NEW YORK, NY 10034



#### BAKER ATHLETICS COMPLEX CONTAINS...

**Wien Football Stadium:** field-turf, Division 1 athletics stadium, surrounded by a 400-meter 8-lane track

Multiple fields for a variety of outdoor activities

**Dick Savitt Tennis Center:** six cushioned hard courts, covered by a state-of-the-art air dome

# 2013 Roar-ee's CUBS CAMP



[www.dodgefitnesscenter.com/camps](http://www.dodgefitnesscenter.com/camps)

## Camp Program:

Cubs Camp is a day camp open to all children ages 6 through 12 located on Columbia University's historic Morningside Heights campus. The camp offers athletics, arts & crafts, and team-building games in a collegiate setting over 9 weekly sessions. Campers will have access to Columbia's top-notch Division 1 Athletic facilities and a competent and caring staff comprising of coaches, student-athletes, and teachers. The goal of Cubs Camp is to provide a memorable sports summer camp experience while promoting teamwork, friendship, and self-confidence in a safe community. Campers are encouraged to work and play together and try new things.

Cubs Camp is offered either at Dodge Fitness Center or Baker Athletics Complex to allow campers to experience all of Columbia's athletic facilities. Specific weeks correspond to each location.

### Swimming

Supervised recreational swim offered Tuesday-Friday while at Dodge Fitness Center. Campers will be able to swim in a 25-yard pool for 45-60 minutes. The Aquatic Director and staff emphasize pool rules, including a 'buddy system' based on swimmer ability to ensure we maintain a fun, safe pool environment. Necessary forms must be submitted in order for individual children to swim! Swimming is not mandatory but is encouraged; those who do not wish to swim will have other activities available to them.

*Private swim lessons are available upon request; please contact 212-854-4439 for more information.*

*(30-minute session; \$40 for private lesson, \$60 for groups of 2-4 kids).*

### Golf

The goal of our Golf Lessons at Cubs Camp is to provide a fun, educational, and exploratory experience for our campers. Through the methods of the PGA, juniors will be trained in the fundamentals of golf including putting, chipping, and driving. Basic etiquette and fundamental knowledge of the game will also be covered. Space is limited to 10 participants per sessions. No experience is necessary and all equipment is provided. Lessons will be held during a portion of the Cubs Camp day. Golf will be offered during sessions 2, 3, 5, and 9, all of which take place at Dodge Fitness Center.

*Contact Coach Mueller at 212.854.9022 or [rkm2107@columbia.edu](mailto:rkm2107@columbia.edu)*

### Tennis

During session 6 and 7, we will offer tennis instruction while Cubs Camp is held at Baker Athletics Complex. Led by a trained tennis pro and supported by our staff, kids will learn the fundamentals of tennis. This includes forehand, backhand, and volleying, to footwork, tennis terminology, and more. Campers are welcome to bring their own equipment, but racquets are provided.



## Camp Director

**Dahna Bozarth**— Dahna is in her third year as Director of Sports and Cubs Camps. She has over seven years of experience working with children in several schools and programs within the Columbia communi-

ty. These include teaching in the After School Program at The School at Columbia University and substitute teaching at The Family Annex Nursery School. In addition, Dahna has her NYS teaching certification in Childhood Education and an M.S. in Childhood Education from the City College of New York.

## Additional Staff

Staff includes teachers, graduate, undergraduate students, and Varisty student-athletes. Our staff has extensive experience working with children of all ages, both in the camp setting and in the classroom. Cubs Camp maintains a maximum leader to camper ratio of 1:10 to provide all children with a positive camp experience and the professional attention they deserve. In addition, a certified athletic trainer and aquatic director will be on-site.

## What to Bring

- Athletic Wear  
T-shirt, shorts, athletic shoes (No open-toed shoes allowed!)
- Labeled nut-free lunch  
(Refrigeration is available)
- Labeled water bottle
- Sunscreen
- Swimsuit, Towel, Goggles  
(at Dodge Fitness Center)
- Inhalers, Epi-pens, Medication

## Mandatory Forms and Waivers

- Health Form- must be within one year from camp
- Departure/Release Form
- Code of Conduct Waiver
- Swim Waiver- if swimming
- Bus Form- for campers using transportation to/from Baker Athletics Complex

All forms and waivers can be downloaded from [www.dodgefitnesscenter.com/cubscamp](http://www.dodgefitnesscenter.com/cubscamp). Please scan or fax 212-854-7397 required paperwork before camp date. All current forms must be on file for camp participation.

## Tuition:

**Before May 1st**      **On or After May 1st**  
 1 week: \$430 / week      \$455 / week  
 2+ weeks: \$405 / week      \$430 / week

**Session 4: July 1st-3rd (Monday-Wednesday)**  
 1 week: \$260 / week      \$275 / week  
 2+ weeks: \$245 / week      \$260 / week

Post-Care: \$125 per week or \$30/day  
 Bus: \$100/round trip, \$50/one way

- Payment can be made by check or credit card (Visa or Mastercard) and payment is due in full at time of registration. Please make checks payable to Columbia University and include your child's name on all checks.
- Registration is available online at [www.dodgefitnesscenter.com/cubscamp](http://www.dodgefitnesscenter.com/cubscamp)
- Upon completion of the online registration process you will receive a confirmation email, which will include all the required forms and waivers that must be completed and returned. Campers will not be able to participate without all completed forms on file.

## Refunds and Cancellations

In the event you request a cancellation, a \$50 administrative fee will be deducted from your refund. All refund requests must be made no later than 2 weeks prior to the start of the camp week.

- Refunds will not be given for missed days.
- Pro-rating options are available if communicated and requested before registering for camp.
- Transferring attendance to different weeks is accepted if requests are made no later than 2 weeks prior to the start of the camp week.

## Post Care:

Takes place in Dodge Fitness Center all nine sessions. Campers will play games and do arts & crafts in the Squash Courts and go outside to the Math Lawn. There will be a fee for late pick up.

## Bus:

Transportation is available during Sessions 6 & 7 when camp meets at Baker Athletics Complex. A 50 passenger chartered bus will depart at 9:00am sharp from Amsterdam Avenue between 116th & 117th streets. Campers will return to the same location between 3:00pm-3:15pm for pickup. One-way trips are available for a reduced price.

## Groups:

Campers will be grouped by age and participate in all activities in their groups. Campers ages 6-8 will be in the Cubs group and 9-12 year olds will be in the Lions group. Staff may move campers into a different group to balance the camper to counselor ratio. Campers will not be able to move into another group without the approval of the Camp Director.

**DON'T FORGET THE 2013 SPRING BREAK CUBS CAMP!**  
 Register online for the March 18-22, 2013 camp at  
[www.dodgefitnesscenter.com/cubscamp](http://www.dodgefitnesscenter.com/cubscamp)

## Camp at Dodge Physical Fitness Center

### Dates:

June 10-14     June 17-21     June 24-28  
 July 1-3       July 8-12  
 July 29-August 2     August 5-9

### Time:

**9:00 am - 3:00 pm**  
**\*Post-care: 3:00 pm - 5:30 pm**

## Sample Day:

Our experienced staff strives to create a fun, positive environment with a variety of activities to make every camper feel included and engaged. The active lineup of sports and games typically includes basketball, whiffle ball, volleyball, soccer, track, frisbee, dodgeball, gaga ball, and much more! Recreational swimming sessions are also scheduled throughout the week for swimmers. Each week, campers participate in activities around the weekly theme such as arts & crafts, scavenger hunts, trivia games, and much more!

## Sample Daily Schedule (subject to change)

**9:00 am** Morning Welcome and Warm-up  
**9:30 am** Sports Session #1  
**10:15 am** Recreational Swimming  
**11:00 am** Arts and Crafts  
**11:45 am** Lunch  
**12:30 pm** Outdoor Activities (Weather Permitting)  
**1:00 pm** Sports Session # 2  
**1:45 pm** Snack, Sports Session #3  
**3:00 pm** Dismissal



## Camp at the Baker Athletics Complex

### Dates:

July 15-19     July 22-26

### Time:

**9:00 am - 3:00 pm**  
**\*Post-care: 3:00 pm - 5:30 pm**

## Sample Day:

Cubs Camp at the Baker Athletics Complex takes advantage of the private outdoor space, along with the range of different athletic facilities available. Popular activities include flag football, track relays, water games, soccer, tennis lessons, enjoying the big sprinklers, and much more!

*Campers will return to Dodge Fitness Center for post-care each day. Thus, please include the cost of transportation if you opt for post-care during the weeks at the Baker Athletics Complex.*

## Sample Daily Schedule (subject to change)

**9:00 am** Morning Welcome and Warm-up  
**9:30 am** Sports Session #1  
**10:15 am** Tennis  
**11:00 am** Athletic Competitions:  
**11:45 am** Lunch  
**12:30 pm** Sports Session #2  
**1:00 pm** Sports Session #3  
**1:45 pm** Arts & Crafts  
**3:00 pm** Dismissal



Register online at  
[www.dodgefitnesscenter.com/cubscamp](http://www.dodgefitnesscenter.com/cubscamp)

# Registration Form – 2013 Roar-ee's Cubs Camp

Name of Camper: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Gender: M / F    Grade: \_\_\_\_\_  
 Camper's School: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 City: \_\_\_\_\_ Email: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

**CUBS CAMP AT BAKER ATHLETIC COMPLEX**  
 July 15-19     July 22-26    Shuttle Bus    \$100 /week  
 July 15-19     July 22-26    Baker to Dodge    \$50 /one way  
**Circle one:** Dodge to Baker    Baker to Dodge  
 Week of Post-Care- \$125     Mon     Tue     Wed     Thu     Fri  
 Daily Post-Care \$30/day    Select days: \_\_\_\_\_

**CUBS CAMP AT DODGE PHYSICAL FITNESS CENTER**  
 June 10-14     June 17-21     June 24-28     July 1-3  
 July 8-12     July 29-Aug 2     Aug 5-9  
 Week of Post-Care- \$125     Mon,     Tue,     Wed,     Thu,     Fri  
 Daily Post-Care \$30/day    Select days: \_\_\_\_\_

**Payment:**  Master Card     Visa     Check     Credit Card #:  
(Made payable to Columbia University)

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Exp Date: \_\_\_\_\_  
 We/I hereby request you accept camper's application for enrollment in the 2013 Roar-ee's Cubs Camp. In consideration of your acceptance of this application, we/I hereby agree to release, indemnify and hold harmless Columbia University, its agents, trustees, employees, representatives or assigns, including the Department of Intercollegiate Athletics and Physical Education, the coaching and training staff and camp employees, from all claims resulting from any injury sustained by my child while traveling and participating in the camp. We/I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

## Summer at Columbia: Programs Bring Local Students to Campus

By Kevin Brannon



Recent participants in the Columbia University Local Community High School Summer Internship Program paid a visit to the Diabetes Center at Columbia University Medical Center/NewYork-Presbyterian Hospital.

Bringing young people to campus for summer internships and camps is part of a continuing effort to make the University's resources available to our neighbors. One such program provides scholarships for children in the Manhattanville/West Harlem area to attend Roaree's Cubs Camps, a sports program for children 6 through 12. Another program offers paid, five-week summer internships for high school students.

Columbia's Summer Program for High School Students at the School of Continuing

Education, now in its 27th year, offers an opportunity for high-achieving students to get a taste of college life. The students take part in organized sports and community outreach projects and attend college prep classes. Scholarships are available to students nominated by local community organizations.

*Information on how to apply for Summer 2014 programs as well as details on other Columbia community programs and services can be found on page 6.*

## Design for Excellence: New Sports Center Reflects Commitment to Athletics and Community

*The New York Times* has called Columbia's new Campbell Sports Center a building that shows both its "brains and its brawn," which makes perfect sense for a facility meant to support the University's athletic and academic excellence.

The sports center isn't the only change coming to the athletics complex, which faces the waterfront in Inwood Hill Park. The University is building the Boathouse Marsh, which will restore the park's salt marsh and create public access to previously inaccessible waterfront along the Harlem River.

Made possible through the generosity of numerous donors, the facility is named in honor of Columbia's trustee chair, William V. Campbell, who was the captain of Columbia's football team in 1961.

Campbell, recalling his years as a Columbia linebacker, and later the team's coach, described the dilapidated Baker Field, when he coached there in the 1970s, as "not a welcoming place." Today, by contrast, "we have a stadium, now we have a welcoming gate, now we have an athletics facility that the students, the faculty, the alumni and the neighborhood will all be glad to be a part of."

*Originally published in vol. 38, no. 08, of The Record*



# Community Services

As part of the University's ongoing commitment to the local community, Columbia has dedicated a portion of the *Neighbors* website to communicate some of the University's commitments for project-related programs and services that are currently available. For a comprehensive listing of programs and services, and participant eligibility, please visit

[www.columbia.edu/communityservices](http://www.columbia.edu/communityservices)

## Annual Meetings With Columbia University Faculty and Administrators

Columbia University's Office of Government and Community Affairs, or other appropriate office, each spring provides opportunities for interested members of Columbia University's academic community to meet with members of the West Harlem Development Corporation (WHDC) to discuss ways in which research might help support the activities and priorities of the WHDC.

## Athletics Clinics

Columbia University's varsity sports programs and coaches of football, volleyball, basketball, soccer, swimming, track and field, and tennis sponsor and participate in seasonal sports clinics for local community children between the ages of 5 and 13 in University facilities and throughout Harlem and Washington Heights.

## Columbia Employment Information Center

The Columbia Employment Information Center (CEIC) (the "Center") serves as the central community-based resource for local residents to apply for open positions at Columbia University.

The Center provides a wide range of services to the local community including in-person and online job readiness training programs, one-on-one job-search counseling and assistance, and access to online job opportunities at Columbia.

You are welcome to call our 24-hour hotline at 212-851-1551; it provides general information about the Center, information on Columbia University job opportunities, information on construction activities and information on construction-related job opportunities.

## Columbia University Minority-, Women-, and Locally-Owned (MWL) Construction Trades Certificate Mentorship Program

The Columbia University Minority-, Women-, and Locally-owned (MWL) Construction Trades Certificate Mentorship Program ("the Program") is a two-year mentorship program offered by Columbia University (CU) in partnership with the City of New York Small Business Services (SBS). The Program provides construction administration training, one-on-one technical assistance and networking opportunities to help build the capacity of small- and medium-sized MWL construction trade firms to respond to bidding opportunities and manage the construction job cycle.

## Dental Health Screenings for Senior Citizens

Columbia University offers free dental health screenings for senior citizens throughout Northern Manhattan via the ElderSmile Program. As part of Columbia University's College of Dental Medicine Community DentCare Network, the ElderSmile Program offers free dental screenings and referrals for further dental treatment at senior centers throughout Washington Heights/Inwood and Harlem, including New York City Housing Authority (NYCHA) residents in Manhattanville Houses and General Grant Houses.

## Housing Legal Assistance

For the period from January 1, 2009, through December 31, 2014, Columbia University will provide funding for one attorney, acceptable to New York City's Housing Preservation & Development Office (NYCHPD).

For the period from January 1, 2015, through December 31, 2030, Columbia University will provide funding for two attorneys at a legal assistance provider acceptable to NYCHPD serving the Manhattanville Area, to provide anti-eviction/anti-harassment legal assistance for residents of the Manhattanville area. Funding will not exceed \$4 million through December 31, 2030.

## Mobile Dental Center for Preschool Children

Columbia University offers free dental care for preschool-age children from the Manhattanville in West Harlem area through the Mobile Dental Center. The Mobile Dental Center is a program of Columbia University's College of Dental Medicine Community DentCare Network, which aims to reduce dental decay and improve the oral health of Northern Manhattan's underserved children, through comprehensive dental treatment and oral health education.

## The Columbia University Local Community High School Summer Internship Program

Columbia University offers paid summer internships for high school students from the local community and upper level students at the Columbia Secondary School (CSS) for Math, Science, and Engineering. The Columbia University Local Community High School Summer Internship Program is a structured five-week program designed to provide students with practical work experience before graduation. The program began with students from the local community in 2010 and added students from CSS in 2012 when students reached the upper grades and became age-eligible for such an internship. The internships take place in existing Columbia facilities and will be moved to the new Academic and Academic Research buildings proposed within the Project Site when constructed.

## Shuttle Bus Service for the Elderly and Disabled

Columbia University provides a shuttle bus service free of charge to members of the local community who are disabled or who are senior citizens (including their attendants) via the ADA-accessible Inter-campus Shuttle. The shuttle bus service complies with ADA specifications to connect the Project Site to subway stations at:

- 96th Street and Broadway
- 116th Street and Broadway (Morningside Campus)
- 125th Street and Broadway
- Harlem Hospital Center (135th Street and Lenox Avenue)
- Columbia University Medical Center (168th Street and Broadway)

The shuttle bus service runs on a regular schedule throughout the day on every weekday, except on state and federal public holidays.

## Space Provisions for Non-Columbia-Affiliated Local Artists and Cultural Organizations

Columbia University, consistent with current practice, makes good faith efforts to accommodate requests by local artists and cultural organizations not affiliated with Columbia for access to its indoor or outdoor spaces for programming that may include, but is not limited to, information sessions, performances, special events or presentations. Payment for such space will be in accordance with then current University protocols. Columbia University space is generally awarded on a first-come, first-served basis, with priority given to Columbia and student activities, followed by local community activities.

## Summer Camp Scholarships

Columbia University offers 25 scholarships per summer, based upon financial need, for children from the Manhattanville in West Harlem area to attend Columbia's Summer Sports Camp: Roar-ee's Cubs Summer Camp. One scholarship is equal to one week of summer camp.

## Undergraduate Scholarships for Aid-Eligible Students From the Local Community

In an effort to encourage local students to attend Columbia College and the Fu Foundation School of Engineering and Applied Science, Columbia University undertakes a targeted recruitment effort for qualified students from the local community. Columbia University has established a scholarship fund to serve up to 40 aid-eligible undergraduate students per year who are admitted to Columbia College and/or the Fu Foundation School of Engineering and Applied Science, with funding made available to meet their fully demonstrated financial need.

**From:** [Yanira Cantres](#) on behalf of [Community Gov Affairs](#)  
**To:** [Community Gov Affairs](#)  
**Subject:** An Update on Community Services, Amenities, and Benefits of Columbia University's Manhattanville Campus in West Harlem  
**Date:** Wednesday, September 25, 2013 1:20:33 PM

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Dear Neighbor,

In addition to its many established community programs and partnerships, Columbia University provides numerous amenities and benefits to the local community in conjunction with the development of a new Manhattanville campus in West Harlem. These commitments reflect the many ways in which the University and the local community have joined together to improve the quality of health, education, culture, and civic life in Upper Manhattan.

I am writing today to share with you a publication entitled [Growing Together: An Update on Community Services, Amenities, and Benefits of Columbia University's Manhattanville Campus in West Harlem](#). This booklet provides an update on construction progress as well as information about many of the programs and services under the [Declaration of Covenants & Restrictions](#) (as agreed to with Empire State Development) and the [West Harlem Community Benefits Agreement](#) (as agreed to with the West Harlem Development Corporation) currently available relating to:

- CHILDREN AND YOUTH
- ELDERLY AND DISABLED
- ADULTS
- EDUCATION, EMPLOYMENT AND JOB TRAINING
- ACCESS TO FACILITIES AND SERVICES
- HOUSING
- MONETARY CONTRIBUTIONS TO
  - A Community Benefits Fund via The West Harlem Development Corporation
  - Harlem Community Development Corporation

We hope you find this information helpful. If you would like more information on any of these programs or services, including information on eligibility and access, please visit our [Community Services Website](#) or contact the Office of Government and Community Affairs at 212-854-2871 or [communityaffairs@columbia.edu](mailto:communityaffairs@columbia.edu). You can also request a hard copy of the "Growing Together: An Update on Community Services, Amenities, and Benefits of Columbia University's Manhattanville Campus in West Harlem" booklet at the contact information above. If you would prefer not to receive these periodic updates, please reply to this e-mail with the word "REMOVE" in the subject line.

Sincerely,

Maxine Griffith, AICP  
Executive Vice President  
Office of Government and Community Affairs  
and Special Advisor, Campus Planning

*Note: For the purpose of determining program eligibility, "local community" means the neighborhoods in the following zip codes: 10025, 10026, 10027, 10029, 10030, 10031, 10032, 10033, 10034, 10035, 10037, 10039, 10040, 10451, 10454, 10455, 10474 unless otherwise defined.*

# GROWING TOGETHER

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AN UPDATE ON COMMUNITY SERVICES, AMENITIES, AND BENEFITS OF  
COLUMBIA UNIVERSITY'S MANHATTANVILLE CAMPUS IN WEST HARLEM

September 2013





**CUBS CAMPS SCHOLARSHIPS**

Columbia’s Cubs Camps offer children ages 6 through 12 a range of supervised activities including sports, games, and arts and crafts. In total, 125 Cubs Camps scholarships—25 scholarships annually—have been offered to children who live within Community District 9, in a process managed by the West Harlem Development Corporation. Each one-week scholarship enables a child to engage in activities and events with adult supervision. One week at Cubs Camps would otherwise cost at least \$400 per child. For more information, visit [www.westharlemdc.org](http://www.westharlemdc.org).

**HIGH SCHOOL INTERNSHIPS FOR THE LOCAL COMMUNITY**

Columbia University provides paid summer internships for high school students from the local community or attending the Columbia Secondary School for Math, Science, & Engineering. The Columbia University Local Community High School Summer Internship Program is a structured, five-week initiative that provides students with practical work experience before graduation. Since 2010, 51 local students have participated in the program. Students from the 13 zip codes comprising the Upper Manhattan Empowerment Zone and from 4 zip codes in the Bronx Empowerment Zone are eligible to participate. Those zip codes are 10025, 10026, 10027, 10029, 10030, 10031, 10032, 10033, 10034, 10035, 10037, 10039, 10040, 10451, 10454, 10455, and 10474.

**MOBILE DENTAL CLINIC FOR CHILDREN**

Columbia University College of Dental Medicine supports a fully equipped Mobile Dental Center that travels to more than 70 local day care centers, elementary schools, and Head Start centers throughout northern Manhattan and the Bronx during the school year. The Mobile Dental Center offers children, ages three to five, comprehensive dental care, serving about 3,000 children each year. Services include dental exams, cleanings, fluoride treatments, X-rays, oral health education, and referrals for free or low-cost health insurance. Children requiring specialty services are referred to affiliated Columbia University and other community-based dental clinics located throughout Washington Heights, Inwood, and Harlem. For more information on the Mobile Dental Clinic, please contact the School of Dental Medicine at 212-305-1045.

Summer Internships for Local High School Students	
Year	Number of Internships
2010 (Pilot Year)	6
2011 (Year 2)	6
2012 (Year 3)	24
2013 (Year 4)	15

For more information on summer high school internships, call the Employment Information Center at 212-851-1551.



The Mobile Dental Center serves about 3,000 local children every year.

## Summer Camp

**Link to Columbia University Community Services Website:**

[www.columbia.edu/communityservices](http://www.columbia.edu/communityservices)

**Link to "Summer Camp Scholarships for Children"  
on Columbia University Community Services Website:**

[www.columbia.edu/communityservices/content/summer-camp-scholarships](http://www.columbia.edu/communityservices/content/summer-camp-scholarships)

The screenshot shows a web page titled "Manhattanville in West Harlem" under the Columbia University banner. The page is categorized under "COMMUNITY ENGAGEMENT". The main heading is "COMMUNITY ENGAGEMENT" with a sub-heading "Commitment Title". The text describes "Summer camp scholarships based upon financial need for children from the Manhattanville in the West Harlem area to attend summer sports camps". It details the "Commitment" as 25 scholarships per summer, and "Eligibility" as children aged 6-12. It also provides "How to Access" information, including contact details for the West Harlem Development Corporation (WHDC) and a link to the Roar-ee's Cubs Summer Camp webpage. The page is dated "Last updated: May 7, 2013 - 10:19 am".

COLUMBIA UNIVERSITY Neighbors Home | Site Map | Community Calendar | Español

# Manhattanville in West Harlem

HOME PLANNING, DESIGN & CONSTRUCTION **COMMUNITY ENGAGEMENT** JOBS AND OPPORTUNITY FAQ NEWS AND RESOURCES

## COMMUNITY ENGAGEMENT

**Commitment Title**

Summer camp scholarships based upon financial need for children from the Manhattanville in the West Harlem area to attend summer sports camps

**Commitment**

Columbia University offers 25 scholarships per summer based upon financial need for children from the Manhattanville in West Harlem area to attend Columbia's Summer Sports Camp: Roar-ee's Cubs Summer Camp. One scholarship is equal to one week of summer camp.

**Eligibility**

- All scholarship applications must come to Columbia University through the West Harlem Development Corporation (WHDC). For more information on eligibility, please contact the WHDC at: <http://westharlemdc.org>.
- Campers must be between the ages of 6-12.

**How to Access**

Requests for scholarship applications and all material submissions must be made to the West Harlem Development Corporation (WHDC). All scholarship applications must come to Columbia University through the WHDC. Contact information for the West Harlem Development Corporation is available on the organization's official website: <http://westharlemdc.org/>.

Information for Roar-ee's Cubs Summer Camp is now available via the following webpage: [http://www.dodgefitnesscenter.com/ViewArticle.dbml?&DB\\_OEM\\_ID=9610&ATCLID=205335010](http://www.dodgefitnesscenter.com/ViewArticle.dbml?&DB_OEM_ID=9610&ATCLID=205335010).

Last updated: May 7, 2013 - 10:19 am

This Web site is best viewed using Internet Explorer 7.0, Firefox 2.0, or Safari 1.3.  
The renderings on this Web site are not indicative of final architecture and are for illustrative purposes only.  
© Columbia University

**Summer Camp**

**Link to Athletics website:**  
<http://www.dodgefitnesscenter.com/>



**Annual Report: Summer Camp**

State Submission Annual Reporting Period: **October 2012 - September 2013**  
Summer Camp Period: **6/10/2013 - 8/9/2013**

**Please Note:** The West Harlem Development Corporation (WHDC) managed the outreach efforts and the selection process for Obligation 5.07 (c)(xviii) - Summer Camp. Please visit <http://www.westharlemdc.org> for more information regarding the WHDC's process.

2013 Summer Camp Dates		
Dates	Location	Scholarship(s) Awarded
Session 1: June 10 - 14	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	1
Session 2: June 17 - 21	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	1
Session 3: June 24 - 28	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	1
Session 4: July 1 - 3	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	1
Session 5: July 8 - 12	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	4
Session 6: July 15 - 19	Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034	0
Session 7: July 22 - 26	Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034	0
Session 8: July 29 - August 2	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	11
Session 9: August 5 - 9	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	6
<b>TOTAL</b>		<b>25</b>

2013 Summer Camp Dates							
	Name	Zip Code	Age	Sex	Grade	Weeks Registered	Scholarship(s) Awarded
1.	██████████	10031	10	M	4	July 29 - August 2; August 5 - 9	2**
2.	██████████	10031	12	M	7	July 29 - August 2	1*
3.	██████████	10027	6	F	1	July 1 - 3; July 8 -12	2**
4.	██████████	10027	9	M	3	July 29 - August 2; August 5 - 9	2**
5.	██████████	10025	8	F	2	July 29 - August 2; August 5 - 9	2**
6.	██████████	10025	12	F	6	July 29 - August 2; August 5 - 9	2**
7.	██████████	10027	11	F	6	July 8 - 12; July 29 - August 2	2**
8.	██████████	10031	11	M	5	July 29 - August 2; August 5 - 9	2**
9.	██████████	10031	7	F	1	July 8 - 12; July 29 - August 2	2**
10.	██████████	10027	11	M	5	June 10 - 14; June 17 - 21	2**
11.	██████████	10027	11	M	5	June 24 - 28, July 29 - August 2	2**
12.	██████████	10027	8	F	2	July 8 - 12; July 29 - August 2	2**
13.	██████████	10031	6	M	K	July 29 - August 2; August 5 - 9	2**
<b>TOTAL</b>							<b>25</b>

Each Summer Camp Scholarship Grants One Week of Free Access to the Camp

\* Indicates that the participant received one scholarship which is equal to one week of camp.

\*\* Indicates that the participant received two scholarships which is equal to two weeks of camp.

**Additional Supporting Documentation**

- Summer Camp 2013 Application
- Summer Camp 2013 Medical Form
- Summer Camp 2013 Asthma Form
- Summer Camp 2013 Departure/Release Form
- Summer Camp 2013 Swim Waiver
- Summer Camp 2013 Camper Code of Conduct

## Locations:

### Dodge Fitness Center

3030 BROADWAY, NEW YORK, NY 10027



#### DODGE FITNESS CENTER CONTAINS...

**Levien Gymnasium:** boasts three full basketball courts

**University (Blue) Gymnasium:** has a full basketball court made of mondo rubberized performance surface

**Uris Pool:** eight lane pool

**Squash Courts:** areas where games, arts & crafts, lunch, and post-care will be based

**The Math Lawn:** grassy area adjacent to The Scholar's Lion statue

### Baker Athletics Complex

533 W. 218TH ST. NEW YORK, NY 10034



#### BAKER ATHLETICS COMPLEX CONTAINS...

**Wien Football Stadium:** field-turf, Division 1 athletics stadium, surrounded by a 400-meter 8-lane track

Multiple fields for a variety of outdoor activities

**Dick Savitt Tennis Center:** six cushioned hard courts, covered by a state-of-the-art air dome

# 2013 Roar-ee's CUBS CAMP



[www.dodgefitnesscenter.com/camps](http://www.dodgefitnesscenter.com/camps)

## Camp Program:

Cubs Camp is a day camp open to all children ages 6 through 12 located on Columbia University's historic Morningside Heights campus. The camp offers athletics, arts & crafts, and team-building games in a collegiate setting over 9 weekly sessions. Campers will have access to Columbia's top-notch Division 1 Athletic facilities and a competent and caring staff comprising of coaches, student-athletes, and teachers. The goal of Cubs Camp is to provide a memorable sports summer camp experience while promoting teamwork, friendship, and self-confidence in a safe community. Campers are encouraged to work and play together and try new things.

Cubs Camp is offered either at Dodge Fitness Center or Baker Athletics Complex to allow campers to experience all of Columbia's athletic facilities. Specific weeks correspond to each location.

### Swimming

Supervised recreational swim offered Tuesday-Friday while at Dodge Fitness Center. Campers will be able to swim in a 25-yard pool for 45-60 minutes. The Aquatic Director and staff emphasize pool rules, including a 'buddy system' based on swimmer ability to ensure we maintain a fun, safe pool environment. Necessary forms must be submitted in order for individual children to swim! Swimming is not mandatory but is encouraged; those who do not wish to swim will have other activities available to them.

*Private swim lessons are available upon request; please contact 212-854-4439 for more information.*

*(30-minute session; \$40 for private lesson, \$60 for groups of 2-4 kids).*

### Golf

The goal of our Golf Lessons at Cubs Camp is to provide a fun, educational, and exploratory experience for our campers. Through the methods of the PGA, juniors will be trained in the fundamentals of golf including putting, chipping, and driving. Basic etiquette and fundamental knowledge of the game will also be covered. Space is limited to 10 participants per sessions. No experience is necessary and all equipment is provided. Lessons will be held during a portion of the Cubs Camp day. Golf will be offered during sessions 2, 3, 5, and 9, all of which take place at Dodge Fitness Center.

*Contact Coach Mueller at 212.854.9022 or [rkm2107@columbia.edu](mailto:rkm2107@columbia.edu)*

### Tennis

During session 6 and 7, we will offer tennis instruction while Cubs Camp is held at Baker Athletics Complex. Led by a trained tennis pro and supported by our staff, kids will learn the fundamentals of tennis. This includes forehand, backhand, and volleying, to footwork, tennis terminology, and more. Campers are welcome to bring their own equipment, but racquets are provided.



## Camp Director

**Dahna Bozarth**— Dahna is in her third year as Director of Sports and Cubs Camps. She has over seven years of experience working with children in several schools and programs within the Columbia communi-

ty. These include teaching in the After School Program at The School at Columbia University and substitute teaching at The Family Annex Nursery School. In addition, Dahna has her NYS teaching certification in Childhood Education and an M.S. in Childhood Education from the City College of New York.

## Additional Staff

Staff includes teachers, graduate, undergraduate students, and Varsity student-athletes. Our staff has extensive experience working with children of all ages, both in the camp setting and in the classroom. Cubs Camp maintains a maximum leader to camper ratio of 1:10 to provide all children with a positive camp experience and the professional attention they deserve. In addition, a certified athletic trainer and aquatic director will be on-site.

## What to Bring

- Athletic Wear  
T-shirt, shorts, athletic shoes (No open-toed shoes allowed!)
- Labeled nut-free lunch  
(Refrigeration is available)
- Labeled water bottle
- Sunscreen
- Swimsuit, Towel, Goggles  
(at Dodge Fitness Center)
- Inhalers, Epi-pens, Medication

## Mandatory Forms and Waivers

- Health Form- must be within one year from camp
- Departure/Release Form
- Code of Conduct Waiver
- Swim Waiver- if swimming
- Bus Form- for campers using transportation to/from Baker Athletics Complex

All forms and waivers can be downloaded from [www.dodgefitnesscenter.com/cubscamp](http://www.dodgefitnesscenter.com/cubscamp). Please scan or fax 212-854-7397 required paperwork before camp date. All current forms must be on file for camp participation.

## Tuition:

**Before May 1st**      **On or After May 1st**  
 1 week: \$430 / week      \$455 / week  
 2+ weeks: \$405 / week      \$430 / week

**Session 4: July 1st-3rd (Monday-Wednesday)**  
 1 week: \$260 / week      \$275 / week  
 2+ weeks: \$245 / week      \$260 / week

Post-Care: \$125 per week or \$30/day  
 Bus: \$100/round trip, \$50/one way

- Payment can be made by check or credit card (Visa or Mastercard) and payment is due in full at time of registration. Please make checks payable to Columbia University and include your child's name on all checks.
- Registration is available online at [www.dodgefitnesscenter.com/cubscamp](http://www.dodgefitnesscenter.com/cubscamp)
- Upon completion of the online registration process you will receive a confirmation email, which will include all the required forms and waivers that must be completed and returned. Campers will not be able to participate without all completed forms on file.

## Refunds and Cancellations

In the event you request a cancellation, a \$50 administrative fee will be deducted from your refund. All refund requests must be made no later than 2 weeks prior to the start of the camp week.

- Refunds will not be given for missed days.
- Pro-rating options are available if communicated and requested before registering for camp.
- Transferring attendance to different weeks is accepted if requests are made no later than 2 weeks prior to the start of the camp week.

## Post Care:

Takes place in Dodge Fitness Center all nine sessions. Campers will play games and do arts & crafts in the Squash Courts and go outside to the Math Lawn. There will be a fee for late pick up.

## Bus:

Transportation is available during Sessions 6 & 7 when camp meets at Baker Athletics Complex. A 50 passenger chartered bus will depart at 9:00am sharp from Amsterdam Avenue between 116th & 117th streets. Campers will return to the same location between 3:00pm-3:15pm for pickup. One-way trips are available for a reduced price.

## Groups:

Campers will be grouped by age and participate in all activities in their groups. Campers ages 6-8 will be in the Cubs group and 9-12 year olds will be in the Lions group. Staff may move campers into a different group to balance the camper to counselor ratio. Campers will not be able to move into another group without the approval of the Camp Director.

**DON'T FORGET THE 2013 SPRING BREAK CUBS CAMP!**  
 Register online for the March 18-22, 2013 camp at  
[www.dodgefitnesscenter.com/cubscamp](http://www.dodgefitnesscenter.com/cubscamp)

## Camp at Dodge Physical Fitness Center

### Dates:

June 10-14     June 17-21     June 24-28  
 July 1-3       July 8-12  
 July 29-August 2     August 5-9

### Time:

9:00 am - 3:00 pm  
 \*Post-care: 3:00 pm - 5:30 pm

## Sample Day:

Our experienced staff strives to create a fun, positive environment with a variety of activities to make every camper feel included and engaged. The active lineup of sports and games typically includes basketball, whiffle ball, volleyball, soccer, track, frisbee, dodgeball, gaga ball, and much more! Recreational swimming sessions are also scheduled throughout the week for swimmers. Each week, campers participate in activities around the weekly theme such as arts & crafts, scavenger hunts, trivia games, and much more!

## Sample Daily Schedule (subject to change)

**9:00 am** Morning Welcome and Warm-up  
**9:30 am** Sports Session #1  
**10:15 am** Recreational Swimming  
**11:00 am** Arts and Crafts  
**11:45 am** Lunch  
**12:30 pm** Outdoor Activities (Weather Permitting)  
**1:00 pm** Sports Session # 2  
**1:45 pm** Snack, Sports Session #3  
**3:00 pm** Dismissal



## Camp at the Baker Athletics Complex

### Dates:

July 15-19     July 22-26

### Time:

9:00 am - 3:00 pm  
 \*Post-care: 3:00 pm - 5:30 pm

## Sample Day:

Cubs Camp at the Baker Athletics Complex takes advantage of the private outdoor space, along with the range of different athletic facilities available. Popular activities include flag football, track relays, water games, soccer, tennis lessons, enjoying the big sprinklers, and much more!

*Campers will return to Dodge Fitness Center for post-care each day. Thus, please include the cost of transportation if you opt for post-care during the weeks at the Baker Athletics Complex.*

## Sample Daily Schedule (subject to change)

**9:00 am** Morning Welcome and Warm-up  
**9:30 am** Sports Session #1  
**10:15 am** Tennis  
**11:00 am** Athletic Competitions:  
**11:45 am** Lunch  
**12:30 pm** Sports Session #2  
**1:00 pm** Sports Session #3  
**1:45 pm** Arts & Crafts  
**3:00 pm** Dismissal



Register online at  
[www.dodgefitnesscenter.com/cubscamp](http://www.dodgefitnesscenter.com/cubscamp)

# Registration Form – 2013 Roar-ee's Cubs Camp

Name of Camper: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Gender: M / F    Grade: \_\_\_\_\_  
 Camper's School: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 City: \_\_\_\_\_ Email: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

**CUBS CAMP AT BAKER ATHLETIC COMPLEX**  
 July 15-19     July 22-26    Shuttle Bus    \$100 /week  
 July 15-19     July 22-26    Baker to Dodge    \$50 /one way  
 Circle one: Dodge to Baker    Baker to Dodge  
 Week of Post-Care- \$125    Select days:  Mon  Tue  Wed  Thu  Fri  
 Daily Post-Care \$30/day

**CUBS CAMP AT DODGE PHYSICAL FITNESS CENTER**  
 June 10-14     June 17-21     June 24-28     July 1-3  
 July 8-12     July 29-Aug 2     Aug 5-9  
 Week of Post-Care- \$125    Select days:  Mon,  Tue,  Wed,  Thu,  Fri  
 Daily Post-Care \$30/day

**Payment:**  Master Card     Visa     Check     Credit Card #:  
(Made payable to Columbia University)

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Exp Date: \_\_\_\_\_  
 We/I hereby request you accept camper's application for enrollment in the 2013 Roar-ee's Cubs Camp. In consideration of your acceptance of this application, we/I hereby agree to release, indemnify and hold harmless Columbia University, its agents, trustees, employees, representatives or assigns, including the Department of Intercollegiate Athletics and Physical Education, the coaching and training staff and camp employees, from all claims resulting from any injury sustained by my child while traveling and participating in the camp. We/I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

# CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please  
Print Clearly  
Press Hard

STUDENT ID NUMBER  
OSIS

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## TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year) ____/____/____
Child's Address			Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other
City/Borough	State	Zip Code	School/Center/Camp Name	District Number
Health insurance (including Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent/Guardian Last Name		First Name
		Foster Parent		Phone Numbers Home Cell Work

## TO BE COMPLETED BY HEALTH CARE PROVIDER *If "yes" to any item, please explain (attach addendum, if needed)*

<b>Birth history (age 0-6 yrs)</b> <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____ <b>Allergies</b> <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____	<b>Does the child/adolescent have a past or present medical history of the following?</b> <b>Asthma (check severity and attach MAF/Asthma Action Plan):</b> <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent <i>If persistent, check all current medication(s):</i> <input type="checkbox"/> Inhaled corticosteroid <input type="checkbox"/> Other controller <input type="checkbox"/> Quick relief med <input type="checkbox"/> Oral steroid <input type="checkbox"/> None <input type="checkbox"/> Attention Deficit Hyperactivity Disorder <input type="checkbox"/> Orthopedic injury/disability <input type="checkbox"/> Chronic or recurrent otitis media <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Other (specify) _____	<b>Medications (attach MAF if in-school medication needed)</b> <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____ <b>Dietary Restrictions</b> <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____
<i>Explain all checked items above or on addendum</i>		

### PHYSICAL EXAMINATION

Height \_\_\_\_\_ cm (\_\_\_\_ %ile)  
 Weight \_\_\_\_\_ kg (\_\_\_\_ %ile)  
 BMI \_\_\_\_\_ kg/m<sup>2</sup> (\_\_\_\_ %ile)  
 Head Circumference (age ≤2 yrs) \_\_\_\_\_ cm (\_\_\_\_ %ile)  
 Blood Pressure (age ≥3 yrs) \_\_\_\_\_ / \_\_\_\_\_

### General Appearance:

<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Skin	<input type="checkbox"/> Psychosocial Development
<input type="checkbox"/> DENTAL	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Language
<input type="checkbox"/> Neck	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Extremities	<input type="checkbox"/> Back/spine	<input type="checkbox"/> Behavioral

### Describe abnormalities:

### DEVELOPMENTAL (age 0-6 yrs)

Within normal limits  
 If delay suspected, specify below  
 Cognitive (e.g., play skills) \_\_\_\_\_  
 Communication/Language \_\_\_\_\_  
 Social/Emotional \_\_\_\_\_  
 Adaptive/Self-Help \_\_\_\_\_  
 Motor \_\_\_\_\_

### SCREENING TESTS

	Date Done	Results
<b>Blood Lead Level (BLL)</b> (required at age 1 yr and 2 yrs and for those at risk)	____/____/____	_____ µg/dL
<b>Lead Risk Assessment</b> (annually, age 6 mo-6 yrs)	____/____/____	<input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk
<b>Hearing</b> <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE	____/____/____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<b>Hemoglobin or Hematocrit</b> (age 9-12 mo)	____/____/____	_____ g/dL _____ %

### Head Start Only

### Tuberculosis

*Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school*

	Date Done	Results
PPD/Mantoux placed	____/____/____	Induration _____ mm
PPD/Mantoux read	____/____/____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos
Interferon Test	____/____/____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos
Chest x-ray (if PPD or Interferon positive)	____/____/____	<input type="checkbox"/> NI <input type="checkbox"/> Not Indicated <input type="checkbox"/> Abnl
<b>Vision</b> (required for new school entrants and children age 4-7 yrs)	____/____/____	Acuity Right ____ / ____ Left ____ / ____ <input type="checkbox"/> with glasses Strabismus <input type="checkbox"/> No <input type="checkbox"/> Yes

### IMMUNIZATIONS - DATES

CIR Number of Child \_\_\_\_\_

Hep B	____/____/____
Rotavirus	____/____/____
DTP/DTaP/DT	____/____/____
Hib	____/____/____
PCV	____/____/____
Polio	____/____/____

Influenza	____/____/____
MMR	____/____/____
Varicella	____/____/____
Td	____/____/____
Tdap	____/____/____
Hep A	____/____/____
Meningococcal	____/____/____
HPV	____/____/____
Other, Specify:	_____ ; _____

### RECOMMENDATIONS

Full physical activity  Full diet  
 Restrictions (specify) \_\_\_\_\_  
**Follow-up Needed**  No  Yes, for \_\_\_\_\_ Appt. date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Referral(s):**  None  Early Intervention  Special Education  Dental  Vision  
 Other \_\_\_\_\_

### ASSESSMENT

Well Child (V20.2)  Diagnoses/Problems (list) \_\_\_\_\_ ICD-9 Code \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Health Care Provider Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

DOHMH ONLY

PROVIDER I.D.

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Health Care Provider Name and Degree (print)

Provider License No. and State

TYPE OF EXAM:

NAE Current  NAE Prior Year(s)

Facility Name

National Provider Identifier (NPI)

Comments

Address

City

State

Zip

Date

I.D. NUMBER

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

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REVIEWER:

**NOTE: Parent signature required on reverse side of this form. Current photograph of student MUST be attached to upper left corner of this form.**

<b>MEDICATION ADMINISTRATION FORM</b> <b>Authorization for Administration of Medication to Students for School Year 2012-2013</b>	Student's Name (Last, First, Middle)		Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	I.D. Number
	DOE District	School (PS, IS, etc. and Name)		Grade	Class
	School Address				Borough
					Zip Code

<b>1. Diagnosis ASTHMA</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Choose Severity: <input type="checkbox"/> Intermittent <input type="checkbox"/> Moderate Persistent* <input type="checkbox"/> Mild Persistent* <input type="checkbox"/> Severe Persistent* *National guidelines recommend inhaled corticosteroids for children with persistent asthma. <u>Stock supply only available for Ventolin HFA. (see back)</u> Choose One: <input type="checkbox"/> Ventolin HFA (may be provided by school for shared usage). <input type="checkbox"/> _____ HFA (to be provided by parent). ADD MEDICATION NAME <input type="checkbox"/> May substitute stock ventolin <input type="checkbox"/> May not substitute stock ventolin <b>INDICATE HOME MEDS IN BOTTOM LEFT BOX.</b>	<i>Choose all that apply</i> <input type="checkbox"/> <b>Standard order.</b> 2 puffs q 4 hrs. via MDI and spacer prn cough, wheeze, tightness in chest, difficulty breathing or shortness of breath. May repeat in 15 mins x 2 if no improvement (3 total). <input type="checkbox"/> <b>Pre exercise.</b> 2 puffs via MDI with spacer 15-30 minutes before exercise. <input type="checkbox"/> <b>URI or recent asthma flare</b> (within 3 days). 2 puffs @noon via MDI inhaler and spacer for 3-5 days. URI sx can include: Itchy watery eyes, nasal drainage and/or congestion, sneezing, sore throat, cough, headache Asthma flare: sx can include: Shortness of breath, chest tightness or pain, coughing, wheezing ICD9: _____	<i>Instructions for lack of improvement or adverse reaction</i> If improved, but not enough to return to class, call parent. If significant respiratory distress persists, call 911 and notify parent and PMD. May provide additional puffs as needed until EMS arrives.	<i>Choose all that are appropriate</i> <input type="checkbox"/> Student may carry medication and may self-administer. (PARENT MUST INITIAL REVERSE SIDE). <input type="checkbox"/> Store medication in medical room and student to self-administer under observation. <input type="checkbox"/> Store medication in medical room and nurse to administer. <input type="checkbox"/> Can this student self administer their personal MDI on school trips. Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>2. Diagnosis: Anaphylaxis</b> Select One: <input type="checkbox"/> EpiPen Auto-Injector: 0.3 mg/0.3 ml [1:1000] <input type="checkbox"/> EpiPen Jr. Auto-Injector: 0.15 mg/0.3 ml [1:2000] Intramuscularly into anterolateral aspect of thigh 911 will be called immediately	<input type="checkbox"/> prn _____ <i>specific signs, symptoms or situations</i> Any repeats if no improvement? <input type="checkbox"/> Yes, in _____ mins, max _____ times ICD9: _____	Conditions under which medication should not be given: _____ _____ _____	<input type="checkbox"/> Student may carry medication (includes epi pen and MDI) and may self-administer. (PARENT MUST INITIAL REVERSE SIDE). NOT FOR CONTROLLED SUBSTANCES. <input type="checkbox"/> Store medication in medical room and student to self-administer under observation. <input type="checkbox"/> Store medication in medical room and nurse to administer.
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<b>3. Diagnosis</b> _____ _____ Medication/Preparation/Concentration _____ Dose/Route _____ <input type="checkbox"/> Diagnosis substantially controlled with medication. <input type="checkbox"/> Diagnosis not substantially controlled with medication.	<input type="checkbox"/> <b>Standing daily dose.</b> Specify time(s): _____ _____ <i>AND/OR</i> _____ <input type="checkbox"/> prn _____ <i>specific signs, symptoms or situations</i> Time interval: q _____ hours as needed Any repeats if _____? <input type="checkbox"/> Yes, in _____ hr/mins, max _____ times ICD9: _____	Conditions under which medication should not be given: _____ _____ _____	<input type="checkbox"/> Student may carry medication (includes epi pen and MDI) and may self-administer. (PARENT MUST INITIAL REVERSE SIDE). NOT FOR CONTROLLED SUBSTANCES. <input type="checkbox"/> Store medication in medical room and student to self-administer under observation. <input type="checkbox"/> Store medication in medical room and nurse to administer.
--	--	---	---

<b>List medication(s) student takes at home and at what time:</b>	Health Care Practitioner (HCP) Name (PLEASE PRINT) LAST NAME FIRST NAME		HCP Signature		<b>FOR DOHMH USE:</b> Revisions per DOHMH after consultation with prescribing provider  <b>D IEP</b>
	HCP/Clinic Address		Medicaid No.	NPI No.	
	HCP/Clinic Tel. No.	HCP/Clinic Fax No.	HCP/Email	NYS Registration No. (Required) Date	

INCOMPLETE PROVIDER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS

AT



**MEDICATION ADMINISTRATION FORM (MAF): PARENT/GUARDIAN'S CONSENT AND AUTHORIZATION**

**2011-2012**

I hereby authorize the storage and administration of medication, as well as the storage and use of necessary equipment to administer the medication, in accordance with the instructions of my child's physician. I understand that I must provide the school with the medication and equipment necessary to administer medication, including non-Ventolin inhalers. Medication is to be provided in a properly labeled original container from the pharmacy (another such container should be obtained by me for my child's use outside of school); the label on the prescription medication must include the name of the student, name and telephone number of the pharmacy, licensed prescriber's name, date and number of refills, name of medication, dosage, frequency of administration, route of administration and/or other directions; over the counter medications and drug samples must be in the manufacturer's original container, with the student's name affixed to that container. I understand that if I provide an asthma inhaler, it must be supplied in its original and UNOPENED medication box. I further understand that I must immediately advise the principal and/or his/her designee(s) especially the school nurse of any change in the prescription or instructions stated above.

**I understand that no student will be allowed to carry or self-administer controlled substances.**

I understand that this Authorization is only valid until the earlier of: (1) **June 29, 2012** (This prescription may be extended through August if the student is attending a New York City Department of Education (the "Department") sponsored summer instruction program); or (2) such time that I deliver to the principal or his/her designee(s) and nurse a new prescription or instructions issued by my child's physician regarding the administration of the above-prescribed medication. By submitting this MAF, I am requesting that my child be provided with specific health services by the Department and the New York City Department of Health and Mental Hygiene ("DOHMH") through the Office of School Health ("OSH"). I understand that part of these services may entail an assessment by an OSH physician as to how my child is responding to the prescribed medication. Full and complete instructions regarding the provision of the above-requested health service(s) are included in this MAF. I understand that the Department, DOHMH and their agents, and employees involved in the provision of the above-requested health service(s) are relying on the accuracy of the information provided in this form. It is my intention that my child will be provided with health service(s) according to the information and instructions that are provided in this MAF. I further understand that the Department, DOHMH and their agents are not responsible for any adverse reaction to this medication.

I recognize that this form is not an agreement by the Department or DOHMH to provide the services requested, but, rather, my request, consent and authorization for such services. If it is determined that these services are necessary, a Student Accommodation Plan may also be necessary and will be completed by the school.

I hereby authorize the Department, DOHMH and their employees and agents, to contact, consult with and obtain any further information they may deem appropriate relating to my child's medical condition, medication and/or treatment, from any health care provider and/or pharmacist that has provided medical or health services to my child.

**SELF-ADMINISTRATION OF MEDICATION: Initial this paragraph for use of an Epi-Pen, asthma inhaler and other approved self-administered medications):**

\_\_\_\_\_ I hereby certify that my child has been fully instructed and is capable of self-administration of the prescribed medication. I further authorize my child's carrying, storage and self-administration of the above-prescribed medication in school. I acknowledge that I am responsible for providing my child with such medication in containers labeled as described above, for any and all monitoring of my child's use of such medication, as well as for any and all consequences of my child's use of such medication in school. I further hereby authorize the Department, DOHMH, their agents and employees; including the principal, his/her designee(s), school nurse and my child's teacher(s), to administer such medication in accordance with the instructions of my child's physician should my child be temporarily incapable of self-administering such medication. I understand that the school nurse will confirm my child's ability to self carry and self administer in a responsible manner with the school. In addition, I agree to provide "back up" medication in a clearly labeled bottle to be kept in the medical room in the event my child does not have sufficient medication to self administer.

\_\_\_\_\_ I also authorize the principal, his/her designee(s) and school nurse to store and/or administer to my child such medication in the event that my child is temporarily incapable of self-storage and self-administration of such medication. \_\_\_\_\_ **I hereby certify that I have consulted with my child's health care provider and that I authorize the Office of School Health to administer stock Ventolin in the event that my child's asthma prescription medication is unavailable.**

*You must send your child's **Personal Metered Dose Inhaler(MDI)** with your child on a **school trip day** in order that he/she has it available . The stock Ventolin is **only** for use while your child is in the school building.*

**Please Print Parent/Guardian's Name & Address Below:**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date Signed

# Cubs Camp Departure/Release Form

“We/I hereby request you accept camper’s application for enrollment in the 2012 Summer Cubs Camp. In consideration of your acceptance of this application, we/I hereby agree to release, indemnify and hold harmless Columbia University, its agents, trustees, employees, representatives or assigns, including the Department of Intercollegiate Athletics and Physical Education, the coaching and training staff and camp employees, from all claims resulting from any injury sustained by my child while traveling and participating in the camp. We/I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

Name of Camper (please print): \_\_\_\_\_

- My Child HAS Permission to Leave Cubs Camp Unattended.
- My Child DOES NOT Have Permission to Leave Cubs Camp Unattended.

He/she may leave only with one of the following guardians listed below. Photo identification may be requested.

1. \_\_\_\_\_  
Name Phone

2. \_\_\_\_\_  
Name Phone

3. \_\_\_\_\_  
Name Phone

4. \_\_\_\_\_  
Name Phone

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Hello everyone,

If your child is able to swim and would like to do so, please sign the waiver below and return it by the first day of camp. Please send a swimsuit and towel with your child to camp as well, if he or she would like to swim. To swim at the pool, campers must pass the swim test that is approved by the New York City Department of Health, which is to swim one length of the pool (25 yards). For those children who are unable to swim or do not wish to do so, we will offer other activities during that time.

Please do not hesitate to contact us if you have any questions.

Thanks,  
The Cubs Camp Staff

We / I certify that my child, \_\_\_\_\_, is able to swim and may do so under the supervision of the Columbia University Cubs Camp. We / I hereby agree to release, indemnify and hold harmless Columbia University, its agents, trustees, employees, representatives or assigns, including the Department of Intercollegiate Athletics and Physical Education, the coaching and training staff and camp employees, from all claims resulting from any injury sustained by my child while traveling and participating in camp. We / I further hereby give permission to the camp staff, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Child's Name (First and Last): \_\_\_\_\_

# CUBS CAMP CODE OF CONDUCT

## Camp Philosophy and Behavioral Expectations

Every camper has the right to a happy and safe experience at Cubs Camp. All Cubs Camp sessions focus on developing the sports skills of every camper and addressing the collective needs of the group. Our goal is to help each camper develop new skills and a greater appreciation of his/her capabilities. We hope to provide a community setting in which children will have the ability and confidence to explore new activities and meet new friends. Every experience is a learning experience and it is the responsibility of the counselors to provide a well-rounded program for all children. We aspire to create a safe and stimulating environment for all campers- an environment where sensitivity, respect for others, and cooperation are valued.

## Code of Conduct

The code is intended to be a guide for general behavior for the Cubs Camp community and includes the following expectations:

1. Each person is respected and valued.
2. Each person has a responsibility to help make camp a better place.
3. Each person is expected to choose appropriate behaviors and language and encourage others to do so.
4. Each person is expected to think about the results of one's actions and how they impact others.
5. Each person is expected to solve disagreements by talking, listening and compromising

## Consequences for Inappropriate Behavior

If a counselor is unable to resolve a conflict through discussions, redirections, and reviewed expectations, staff will proceed with the following steps:

1. The Counselor gives an official warning, which includes a clear explanation of the concern and suggestions for alternative behaviors that should be used in the future. Age appropriate activity adjustments and/or time-outs may be used.
2. The Counselor gives a second warning. The Camp Director talks with the camper about expectations and communicates with parent(s) explaining the concern.
3. A conference with the camper, parent(s), Camp Director will be arranged to discuss a plan of action for resolution of the concern. This could include suspension from camp for a period of time. No refunds will be made for any time a camper is suspended due to inappropriate behavior.

**If the situation is judged by the administration to be very serious, the above steps may be waived and a parent/guardian may be asked to pick up the child from camp and the camper may be asked not to return to camp for a designated period of time.**

- Please read and discuss this code of conduct form with your child. Sign this form and return it to camp in order to complete your registration.

Camper name \_\_\_\_\_ Signature of Camper \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_