

**SAYYES
BUFFALO**



Dear Parent or Guardian:

Buffalo Public Schools, Say Yes Buffalo, the City of Buffalo, and Erie County are offering a free, six-week Summer Camp from July 6 – August 14, 2026, Monday – Friday. Please see the back of this letter for site locations, hours, and contact information. To be eligible, students must be in grades PK-8, enrolled through Buffalo Public School District at either a district, charter, agency or BPS-contracted Universal Pre-K (UPK) school during the 2025-2026 school year. (Please note: Select sites will serve PK-8 and all remaining sites will serve PK-6). Also, students must be five years old by July 6, 2026.

Summer camp activities will include reading, writing, math, recreational activities, and field trips. Healthy meals will be served daily. **Transportation to and from camp will not be provided.**

There are three ways to submit your application: 1) Apply online at www.sayyesbuffalo.org/summer , 2) Complete the attached paper application and deliver/mail it to the site of your choosing, or 3) Complete the attached paper application and deliver/mail it to Say Yes Buffalo, 1166 Jefferson Ave, Suite A, Buffalo, NY 14208.

Applications are due no later than June 16, 2026. Enrollment is on a first-come, first-serve basis, and space is limited. The online application is highly encouraged.

Once enrolled, attendance for Summer Camp is very important. If your child has more than 5 unexcused absences, your child may lose their Summer Camp slot and be placed on the site's waiting list.

If you have any site-specific questions, please contact the camp site directly (contact information is on the back of this letter). For general questions please call or text Say Yes Buffalo at (716) 218-3347.

We look forward to having a fun and engaging summer with you and your child!

Sincerely,

Dr. Pascal Mubenga
Superintendent
Buffalo Public Schools

David Rust
Executive Director
Say Yes Buffalo

+ EXTENDED HOURS AVAILABLE

ADDITIONAL

PAPERWORK REQUIRED BY SITE

(before first day of attendance, please contact site directly for more information)

ADA ACCESSIBLE

SERVING PK-8th GRADE


East Side, Broadway-Fillmore, Lovejoy

Police Athletic League at Hennepin Community Center

24 Ludington St, 14206   +
8:00am-3:00pm
Contact: Terri Porter
(716) 563-4217
Tporter@buffalony.gov
Submit Applications to: 65 Niagara Square Floor 21 Buffalo, NY 14202

East Side, Cold Springs, Masten Park



African American Cultural Center

350 Masten Ave, 14209  +
8:00am-12:00pm
Contact: Thembi Duncan
(716) 884-2013
info@aaccbuffalo.org

Bethesda World Harvest International Church

1365 Main St, 14209 
8:00am-3:00pm
Contact: Lisa Scott
(716) 884-3607
secretary@bwhic.com

Buffalo Commons Summer Camp

833 Michigan Ave, 14203   +
8:30am-3:30pm
Contact: Sha'yne Bradley
(716) 815-2672
sbradley@buffalocommonscharter.org

Cold Spring Bible Chapel

100 Northland Ave, 14208
8:00 am-3:00 pm
Contact: Jamelle Williams-Simmons
(716) 541-4380
jamellewilliams1979@gmail.com

King Urban Life Center

938 Genesee St, 14211 
9:00am-4:00pm
Contact: Ryan Lotocki
(716) 844-8045
info@kingurbanlifecenter.org
Capaz de comunicarse en español!

Mount Moriah Baptist Church

400 Northampton St, 14208
8:30am-3:30pm
Contact: Pastor Jeffrey C. Chambless
(716) 864-8162
jchambless1125@gmail.com

Police Athletic League at Agape AME Church

224 Northland Ave, 14208  +
8:00am-3:00pm
Contact: Dawn Roberts
(716) 510-3766
DawnR61@aol.com
Submit Applications to: 65 Niagara Square Floor 21 Buffalo, NY 14202

East Side, Humboldt Park



Antioch Baptist Church

1327 Fillmore Ave, 14211
8:00am-3:00pm
Contact: JoAnna Wingo
(716) 895-0198
joannawingo@gmail.com


House of Mercy Evangelical Ministries

629 East Delavan, 14211  +
8:00am-3:00pm
Contact: Arlene Thedford
(716) 235-8060
Homeministries716@gmail.com

Resource Council of WNY


378 Urban Street Buffalo, NY 14211
8:30am-3:30pm   +
Contact: Katrina Thompson
(716) 783-8259
kthompson@rcwny.org
Submit Applications to 8

Tru-Way Community Center

2056 Genesee St, 14211   +
8:00am-3:00pm
Contact: Byron Trice
(716) 563-9863
truway@roadrunner.com

Elmwood Village

WEDI Summer Camp at Westminster Presbyterian Church

724 Delaware Ave, 14209 
8:00am-3:00pm
Contact: Donna Glasgow
(716) 449-6193
dglasgow@wedibuffalo.org
Awe na uwezo wa kuwasiliana kwa kiswahili!

مكن التواصل بالله العربية



Kaisertown, Lower East Side

Win Life at Love Alive Fellowship

145 Lewis St, 14206  +
8:30 am-12:30 pm
Contact: Bruce Ty Shaw
(716) 263-3277
winlifewny@gmail.com
Submit applications to: 106 Appenheimer Ave Buffalo, NY 14214

Lower East Side


CAOWNY @ JFK Community Center

114 Hickory St, 14204  
8:00am-3:00pm
Contact: Destini Wilson
(716) 533-1384
dwilson@caowny.org
Submit applications to: 45 Jewett Avenue, Suite 150 Buffalo, NY 14214


True Bethel Baptist Church

472 Swan Street, 14204  
8:30am-3:30pm
Contact: Ashlee Jones
(716) 895-8222
Ajones@truebethel.com
Submit applications to: 907 East Ferry Street, Buffalo, NY 14211

First Shiloh STEAM Discovery Camp



15 Pine Street, 14204  +
8:00am-3:00pm
Contact: Rev. Dr. Jonathan Staples
(716) 847-6555
firstshilohyouthfoundation@gmail.com

Friendship Baptist Church

402 Clinton Street, 14204  +
8:30am-3:30pm
Contact: Yulanda McVay
(716) 847-1020
ymcvay@friendshipbaptistbuffalo.org

North Buffalo, University Heights

Gloria J. Parks Community Center

3242 Main St, 14214   +
8:00am-3:00pm
Contact: Ashley Stewart
(716) 832-1010 x209
a.stewart@udcda.org
Able to communicate in Hindi, Punjabi, Bangla/Bengali!



Northeast Buffalo, Kensington

BestSelf at Greater Faith Bible Tabernacle



391 Edison Ave, 14215
8:30am-3:30pm
Contact: Manny Fuentes
(716) 458-2075
bbfprograms@bestselfwny.org
Submit applications to 768 Delaware Ave Buffalo, NY 14209
Capaz de comunicarse en español!

CAOWNY @ Edward

Saunders Community Center

2777 Bailey Ave, 14215  
8:00am-3:00pm
Contact: Dominique Anderson
(716) 332-4381
danderson@caowny.org
Submit applications to 45 Jewett Ave, Suite 150, Buffalo, NY 14214

Police Athletic League at Martha Mitchell Community Center


175 Oakmont Ave, 14215   +
8:00am-3:00pm
Contact: Alonzo Wallace
(716) 220-5350
Alonzowallace5@gmail.com
Submit Applications to: 65 Niagara Square Floor 21 Buffalo, NY 14202

Old First Ward, Valley, South Buffalo

Parker Academy

49 Indian Church Rd, 14210
8:00am-3:00pm
Contact: Jamie Parker
(716) 821-7704
parkeracademy1@gmail.com
Capaz de comunicarse en español!

Ubuntu Leadership Summer Camp

10 McClellan Cir, 14220 
8:30am-3:30pm
Contact: LeAnthony Freeman
(716) 994-1823
lfreeman@yaleacademyinc.org

Valley Community Association

93 Leddy St, 14210  +
8:30am-3:30pm
Contact: Megan Michlaski
(716) 823-4707 x3
youthdirector@thevalleycenter.com

Riverside, Blackrock

BestSelf at Renovation Church

567 Hertel Ave, 14207
8:30am-3:30pm
Contact: Manny Fuentes
(716) 458-2075
bbfprograms@bestselfwny.org
Submit applications to
768 Delaware Ave Buffalo, NY 14209
Capaz de comunicarse en español!



BNCCI @ Northgate Hertel Campus

410 East St, 14207
8:30am-3:30 pm
Contact: Justin Diaz
(610) 780-8344
justin.northgatebuffalo@gmail.com
Capaz de comunicarse en español!

El Batey Puerto Rican Center

175 Rano St, 14207 
8:30am-12:30pm
Contact: Beatriz Flores
(716) 348-0156
beatriz21flores@gmail.com
Capaz de comunicarse en español.

YWCA of Western New York

1005 Grant St, 14207   +
8:30am-3:30pm
Contact: Shakhia Carson
(716) 447-1494
scarson@ywca-wny.org
Capaz de comunicarse en español!

West Side

The Belle Center

104 Maryland St, 14201   +
8:00am-12:00pm
Contact: Tyler Boehm
(716) 845-0485
tboehm@thebellecenter.org
Capaz de comunicarse en español!

PUSH Buffalo

271 Grant Street, 14213 
8:30am-3:30pm
Contact: Brandon Gaiter
(716) 884-0356
brandon@PushBuffalo.org

West Side Community Services

161 Vermont Street, 14213
8:30am-3:30pm 
Contact: Fatima Elabed
(716) 884-6616 x103
felabel@wscsbuffalo.org
Capaz de comunicarse en español!

FOR MORE INFORMATION VISIT

www.SayYesBuffalo.org/summer

OR CALL/TEXT 716-218-3347



Say Yes Summer Camp Enrollment Form

SITE CHOICES – FIRST: _____

SECOND: _____ **THIRD:** _____

If my site choice(s) are full, I'd like to (check one):

- Place my child on the waitlist of 1st choice
 Place my child on the general waitlist for all sites

I would like my confirmation letter (check one):

- Mailed to: _____
 Emailed to: _____

STUDENT/HOUSEHOLD INFORMATION

Student Name: _____ Grade in 2025-26 (PK-8): _____

Address: _____ Date of Birth: _____ Student ID #: _____

School: _____ Student's preferred language: _____

Student Gender: Girl Boy Non-Binary Prefer not to say Transgender Not Listed: _____

Does student have: Individualized Education Plan? Yes No 504 Plan? Yes No

IEP/504 Plan can be submitted directly to the Summer Camp site.

PARENT/GUARDIAN/CAREGIVER INFORMATION

Name: _____

Honorific: Miss Mrs. Ms. Mr. Mx. Prefer not to say Not listed: _____

Relationship to child: _____ Preferred Language: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Email Address: _____ **(required)**

Disclaimer: If a second parent is listed below, Say Yes and the site partner will be authorized to communicate with them regarding the student, including all application details.

Name: _____

Honorific: Miss Mrs. Ms. Mr. Mx. Prefer not to say Not listed: _____

Relationship to child: _____ Preferred Language: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Please submit copies of Guardianship/Custody/Order(s) of Protection directly to the Summer Camp site.

_____ I approve pictures, video recording, etc. to be taken of my child at summer camp, and to be (Initial) used in marketing efforts and publications, including social media.

Say Yes Summer Camp Enrollment Form

From 4/15-4/29, priority enrollment will be given to families with economic need. Are you willing to report your household size and income? If you select "No," your child will not be considered for priority enrollment.

Yes No

Household size: _____ Household income (inc. public benefits): \$_____ per Year Month Week

EMERGENCY CONTACT

Name: _____ Relationship: _____ Preferred Language: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Email Address: _____

Able to pick up child from camp? Yes No

Name: _____ Relationship: _____ Preferred Language: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Email Address: _____

Able to pick up child from camp? Yes No

DISMISSAL PREFERENCE

_____ My child will be dismissed to walk _____ I will pick up my child from camp daily.
(Initial) home each day at the end of camp. * (Initial)

**Children can only be dismissed to walk home if they live within 0.7 miles of the summer camp site.*

The following are the ONLY other individuals authorized to pick up my child from camp (must present photo ID).

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I understand participation in camp involves certain inherent risks of injury, despite all safety precautions taken by camp staff. Therefore, as the guardian I will assume all risks, injury or illness, for my child that may occur during the participation in camp activities. I certify that my child is fully covered by medical insurance and/or that I am financially responsible for costs associated with any medical/dental treatment as deemed necessary by camp staff and/or medical professionals. I agree to hold harmless Say Yes Buffalo, Buffalo Public School District, Buffalo Board of Education, partnering organizations operating camp sites, their respective subsidiaries or affiliates, or their respective management, agents, employees, directors, officers, and other representatives in the event of injury to my child. I do further release, absolve, indemnify, and hold harmless the same parties against any claim of injury or death to my child in connection with any and all camp activities.

I HAVE READ AND I UNDERSTAND THIS AGREEMENT AND VOLUNTARILY SIGN THIS INDEMNITY AGREEMENT.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Say Yes Summer Camp Health Form

SECTION I – BASIC CONTACT INFORMATION

Child's Name: _____ Date of Birth: _____ Gender: _____
 Family Physician Name: _____ Phone: _____
 Dentist/Orthodontist Name: _____ Phone: _____

SECTION II – INSURANCE INFORMATION

Is the child covered by family medical/hospital insurance? Yes No
 If yes, Insurance Carrier: _____ Group #: _____ Policy #: _____
 Policy Holder's Name: _____ Relationship to participant: _____

SECTION III – HEALTH HISTORY

Does the camper have a history of or is prone to any of the following (Please check all that apply).

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 1. Chronic illness | <input type="checkbox"/> 9. Eating Disorder | <input type="checkbox"/> 17. Frequent ear infections | <input type="checkbox"/> 24. Frequent headaches |
| <input type="checkbox"/> 2. Asthma | <input type="checkbox"/> 10. Tuberculosis | <input type="checkbox"/> 18. Seizures or convulsions | <input type="checkbox"/> 25. Diarrhea/constipation |
| <input type="checkbox"/> 3. Chicken Pox | <input type="checkbox"/> 11. Hepatitis | <input type="checkbox"/> 19. Heart defect/disease | <input type="checkbox"/> 26. Frequent stomachaches |
| <input type="checkbox"/> 4. Measles | <input type="checkbox"/> 12. Fractures | <input type="checkbox"/> 20. Mononucleosis (in last year) | <input type="checkbox"/> 27. ADHD |
| <input type="checkbox"/> 5. Mumps | <input type="checkbox"/> 13. Joint problems | <input type="checkbox"/> 21. Dizziness/chest pain | <input type="checkbox"/> 28. Obesity |
| <input type="checkbox"/> 6. Diabetes | <input type="checkbox"/> 14. Corrective lens | <input type="checkbox"/> 22. Bleeding/clotting disorder | <input type="checkbox"/> 29. Serious Emotional Disturbance |
| <input type="checkbox"/> 7. Hypertension | <input type="checkbox"/> 15. Medic Alert ID | <input type="checkbox"/> 23. Recent injury, illness or infectious disease | <input type="checkbox"/> 30. Complex Trauma |
| <input type="checkbox"/> 8. Head Injury | <input type="checkbox"/> 16. Been hospitalized | | <input type="checkbox"/> 31. Other: _____ |

Please explain any items checked above: _____

Physical activities to be limited or restricted at camp: _____

SECTION IV – ALLERGIES

Does child have any allergies? Yes No *(If yes, please complete below. Attach additional information as needed)*

- Hay Fever _____ (type of reaction) _____ Poison Ivy/Oak _____ (type of reaction) _____
- Bees/Insects _____ (type of reaction) _____ Penicillin _____ (type of reaction) _____
- Food _____ (type of reaction) _____
- Other allergies _____ (type of reaction) _____

Child requires EPIPEN (check one): No Yes – stored on-site by camp Yes – carried by child
 Child requires INHALER (check one): No Yes – stored on-site by camp Yes – carried by child

SECTION V – MEDICATIONS

MEDICATIONS ADMINISTERED AT CAMP? Yes No *(If yes, a medical action plan is required from the prescribing physician)*

Medication Name	Dosage	Time(s) Given

I give permission for site staff to apply sunscreen and/or bug spray. If "yes", I will send such to camp with my child. Yes No N/A
 I give permission for my child to self-administer their INHALER at camp. Yes No N/A
 I acknowledge that my child can self-administer their EPIPEN as prescribed by a physician. Yes No N/A

SECTION VI – AUTHORIZATION

My child has permission to engage in all camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury. Should my child be a candidate for the Health Home program, I give consent for Say Yes Buffalo staff to contact me with more information.

Parent or Guardian Printed Name: _____

Parent or Guardian Signature: _____ Date: _____

Say Yes Buffalo Summer Camp Supplemental Student Information

Please describe any vision, hearing, mobility, healthcare and/or behavioral needs your child may have.

What motivators (e.g., toys, activities, foods) will be strong reinforcers for your child?

Please list any triggers that might agitate your child (e.g., loud noises, large groups, etc.).

What is the best way to assist your child if he/she gets overwhelmed or upset?

How does your child prefer to communicate?

- | | |
|--|---|
| <input type="checkbox"/> Speaks clearly | <input type="checkbox"/> Uses a communication board |
| <input type="checkbox"/> Uses sign language | <input type="checkbox"/> Gestures |
| <input type="checkbox"/> Speaks but may be difficult to understand | <input type="checkbox"/> Other: _____ |

Does your child have a caseworker? Yes No

If "yes," please provide:

Caseworker name: _____ Organization: _____

Email address: _____ Phone number: _____

PLEASE NOTE: A signed Consent for Release of Information is required by Say Yes Buffalo to disclose your child's summer camp status and/or enrollment details to a case worker.

With whom does your child live?

What are your child's favorite activities?

Please list any of your child's dislikes or fears of which we should be aware.

How well does your child follow directions?

Extremely well Fairly well Not too well Poorly

Has your child previously attended a summer camp? Yes No

If yes, was it a positive experience? Yes No

Please explain your child's previous experience:

Say Yes Buffalo Summer Camp Release of Information Form (Optional)

By signing this form, I, _____ hereby authorize Say Yes
Parent/guardian name

Buffalo, _____, Buffalo Public Schools, and if applicable,
Organization coordinating summer camp site

my child's charter school _____ to exchange academic and
Charter school name (write "N/A" if not applicable)

medical records pertaining to my child identified below.

Child's First Name	Child's Last Name	Child's Middle Initial	Child's Date of Birth

I understand that this form is optional and that I do not need to sign it for my child to attend Summer Camp. If I do not sign this form, Buffalo Public Schools, and if applicable, my child's charter school will not release any information to the above-named parties. I also understand that Say Yes Buffalo may not deny me any services simply because I choose not to sign this authorization. I understand that the information to be released is confidential and protected from sharing. If I choose to sign this authorization, I know that I have the right to cancel my authorization to the release of information in writing at any time, except to the extent that the above-named parties have already used it to exchange records. Written cancellations must be mailed to the following: Leah Rush, Say Yes Buffalo, 1166 Jefferson Ave. Suite A, Buffalo, NY 14208.

My authorization to the exchange of information shall expire one year from the date that I signed below.

Exceptions or limitation to this authorization are as follows:

None

Specify:

Signature	Date Signed

Reading Rules Release of Information

I hereby authorize Say Yes Buffalo to distribute academic, demographic and mailing records to the City of Buffalo for the purpose of the collection/distribution pertaining to the Mayor's Reading Rules Challenge. I understand I have the right to cancel my authorization in writing at any time. Written cancellations must be mailed to the following: Leah Rush, Say Yes Buffalo, 1166 Jefferson Ave. Suite A, Buffalo, NY 14208.

Signature	Date Signed

Code of Conduct

To ensure safety for all, we ask individuals to act appropriately while they are participating in Say Yes Summer Camp. We expect people interacting with our Summer Camp Partners to behave in a respectful and responsible way.

Our code of conduct does not permit language or action that can harm another person or that falls below a generally accepted standard of conduct. This includes, but is not limited to:

- Angry or vulgar language which includes swearing, name calling, shouting, and negative remarks.
- Physical contact with another person in an angry or threatening way.
- Any demonstration of sexual activity or sexual contact with another person.
- Harassment or intimidation with words, gestures, body language, or other menacing behavior.
- Behavior which intends to or results in the theft or destruction of property.
- Carrying or concealing any weapons or devices that may be used as weapons.

The signature below indicates understanding and agreement of this Code of Conduct.

Signature	Date Signed