

# Federation of Italian American Organizations of Brooklyn, Ltd.

8711 18th Avenue, Brooklyn, New York 11214

Tel: 718-259-2828 Fax: 718-236-4405

April 13, 2026

Dear Parents/Guardians:

It is with great pleasure to inform you that once again FIAO will facilitate FREE Summer Programming. This year's Summer Programming will commence on July 6, 2026, and will operate for a five-week period ending on August 5, 2026.

The summer program site and operational times are as follows:

**St. Dominic located at 2001 Bay Ridge Parkway, Brooklyn, NY 11204**

**Operational days: Mondays, Tuesdays, and Wednesdays  
from 9:30am - 12:30pm**

We will be accepting students who are currently in grades kindergarten (K) through fifth (5th) grade. Children who have not yet entered kindergarten but will be five (5) years old by July 1, 2026 will also be accepted. If you have a child who is 13-15 years old that would like to be a volunteer, please let me know.

Our summer program will offer the following activities: recreation, health & fitness, arts and crafts, and social and emotional learning.

If you are interested in applying for your child(ren), please complete the attached application form and return it to FIAO's office. Please complete all 5 PAGES of the application. FAXED or EMAILED APPLICATIONS WILL NOT BE ACCEPTED. Children will be accepted on a first come, first served basis. Additional applicants will be placed on a waiting list.

Please be advised that an Orientation will be held for the parents of those children who will be attending our Summer Program. Acceptance letters will be EMAILED by the first week of June 2026. Please make sure your email is written clearly on the application.

Please contact Mark at FIAO's office at (718) 259-2828 Ext 110 for questions.

Sincerely,

Nancy Sottile  
Executive Director

Mark Senatore  
Program Director

John Kessler  
Site Supervisor

Orsola Bonilla  
Prevention Specialist

# St. Dominic Summer Program 2026

Federation of Italian American Organizations of Brooklyn, Ltd.

## SAPP Summer Program (Funded by OASAS)

8711 18th Avenue, Brooklyn, NY 11214 | Tel: 718-259-2828 | m.senatore@fiaobrooklyn.org

This form must be completed and signed by the parent or guardian of a student enrolling in the summer program.

Student Last Name

Student First Name

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
MM	DD	YYYY

Grade/Class

Teacher

Home Address

Zip Code

Email Address

Parent's Status:

Single

Married

Widowed

Partners

Separated

Divorced

With whom does the student reside?

## Parent/Guardian Information

### Parent/Guardian #1

Name

Relationship to Student

Address

Home Phone

Cell Phone

### Parent/Guardian #2

Name

Relationship to Student

Address

Home Phone

Cell Phone

## Emergency Contacts

Please identify two persons other than parents who may be called during program hours if you are not available.

Name

Name

Relationship to Student

Relationship to Student

Address

Address

Home Phone

Home Phone

Alternative Phone

Alternative Phone

## Release of Child

A. I give my child permission to walk home alone at dismissal.

Yes  No

B. My child will be picked up by myself or one of the following individuals:

Name

Relationship

Telephone

Name

Relationship

Telephone

**C. DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:**

Name

Relationship to Child

Name

Relationship to Child

## Health Information

**A. Please check any box that applies to your child:**

YES  NO

Allergies to Food (Please Specify)

YES  NO

Allergies to Medicine (Please Specify)

YES  NO

Allergies Other (Please Specify)

YES  NO

Other (Please Specify)

YES  NO Convulsions/Seizures

YES  NO Corrective Devices (glasses, etc)

YES  NO Diabetes

YES  NO Asthma

YES  NO Physical Disabilities

YES  NO Behavioral Issues

B. Children who have special health care needs are those who have chronic physical, developmental, behavioral, or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs, please discuss these with your childcare provider. Please explain:

C. Does your child have special health care needs that require treatment and/or medication?  YES  NO

D. Does your child take medication for any condition or illness?  YES  NO

E. Are there any activities your child cannot participate in?  YES  NO

### Medical Allergy/Condition Certification & Waiver

**Please sign this portion if applicable:**

As a parent/guardian of a child with a medical allergy or medical condition, I attest that I take full responsibility and release FIAO from all liability should a medical situation/emergency occur.

Parent/Guardian Signature

Date

### Medical Insurance Information

Name of Insurance Company

Address

Phone Number

## Parent/Guardian Consent

I, the undersigned, certify that all information on this form is true and correct. I give my child permission to participate in the activities which I have indicated. I attest that my child is physically capable of participating in the activities indicated below. I also agree to assume full responsibility and voluntarily expressly waive all claims for any injury, illness, or physical damage, known or unknown, caused for whatever reason which might occur while my child participates in any of these programs. If there is a problem which requires immediate action and neither the alternate contact nor I can be reached, I give permission for the staff to act in the best interest of my child. I also understand that my child must abide by all the rules and regulations of the program. I also give permission for my child to be photographed during program activities, and for all such photographs to be displayed by FIAO or the NYS OASAS (funding agency) in any medium, whether now or hereafter known or developed.

Parent/Guardian Signature

Date

Applications Must Be Dropped Off In Person At FIAO Il Centro To Mark Senatore. Mark can be reached at (718) 259-2828 Ext 11. Hard Copies Are Also Available At Il Centro and Can be Filled Out In Person.

The Funding Agency (OASAS) is requesting the following information.

	MALE	FEMALE	X	UNKNOWN
SEX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	0-5yrs	6-12yrs	13-17yrs	18-20yrs
AGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Primary Language	Arabic	Bengali	Chinese	English	French	Greek	Haitian Creole	Hindi
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Italian	Japanese	Korean	Polish	Portuguese	Russian	Spanish	Yiddish
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sign Language		Other		Unknown				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Hispanic/Latino	Non Hispanic/Latino	Unknown
Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hispanic Origin	**ETHNICITY: If selecting Hispanic, also please select a Hispanic Origin**						
	Mexican	Cuban	Puerto Rican	Dominican	Guatemalan	Salvadorian	Honduran
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Central American	Columbian	Ecuadorian	Peruvian	Other South American	Hispanic/Latino Not Specified	Unknown	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*\*RACE: If selecting Asian, Middle East, North African, or Pacific Islander, please choose an origin as well\*\***

RACE	White	Asian	Black or African American	More than one race	Native American, Indigenous or American Indian	Alaska Native	Some other race, ethnicity or origin	Unknown
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Middle East or North African		Hawaiian or Pacific Islander					
	<input type="checkbox"/>	<input type="checkbox"/>						

**Origin**

Asian Origin	Asian Indian	Bangladeshi	Burmese	Cambodian	Chinese	Filipino	Hmong
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Indonesian	Japanese	Korean	Laotian	Malaysian	Nepalese	Pakistani
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sri Lankan	Taiwanese	Thai	Tibetan	Vietnamese	Asian Not Specified	Unknown
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Middle East or North African	Egyptian	Moroccan	Algerian	Tunisian	Libyan	Yemeni	Iranian
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Palestinian	Iraqi	Lebanese	Israeli	Syrian	Armenian	Saudi
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Middle Eastern or North African Origin		Other	Unknown			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Pacific Islander	Fijian	Guamanian	Hawaiian	Samoan	Tongan	Pacific Islander Not Specified	Unknown
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>