



Department of Youth and Community Development
Out-of-School Time Programs
Participant Enrollment Form



*= Required Field

Participant Information

1. Last Name* [grid] 2. First Name* [grid] 3. Middle [grid]

4. Social Security Number [grid] 5. Gender* [Male/Female] 6. Birth Date* [Month/Day/Year] [Birth Certificate/Passport/Official Letter]

7. Street Address (number and street)* [grid] 8. Apt #* [grid] 9. Zip Code* [grid]

10. Borough Code [] 1. Bronx 2. Brooklyn 3. Manhattan 4. Queens 5. Staten Island

11. Home Phone Number [Area code][grid] - [grid] - [grid] 12. Cell / Pager [Area code][grid] - [grid] - [grid]

13. Email Address: [grid]

14. Ethnicity* [] 1. American Indian 2. Asian (Non-Hispanic) 3. Black (Non-Hispanic) 4. Hispanic/Latino 5. Pacific Islander 6. White (Non - Hispanic) 7. Other

15. Emergency Contact Name Last Name [grid] First Name [grid]

16. Home Phone Number [Area code][grid] - [grid] - [grid] 17. Relationship to applicant [grid]

18. Emergency Contact 2 Name Last Name [grid] First Name [grid]

19. Home Phone Number [Area code][grid] - [grid] - [grid] 20. Relationship to applicant [grid]

21. School * Attending: [] School Type: [Public School/Private School] 22. Grade* [grid]

23. Public School Student ID# (OSIS): [grid] 24. Class Room # [grid]

25. Primary Teacher: [grid]

26. Primary Language Spoken* [grid]

27. English Proficient* [Yes/No]

Parent / Guardian Information

59. Last Name*

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60. First Name*

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61. Middle

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62. Street Address (number and street)

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63. Apt #

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64. Zip Code

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65. Borough Code

1. Bronx 2. Brooklyn 3. Manhattan 4. Queens 5. Staten Island

66. Birth Date:

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Month

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Day

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Year

67. Home Phone Number*

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(Area code)

68. Work Phone

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(Area code)

69. Cell / Pager Number

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70. Email Address*:

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71. Ethnicity

1. American Indian 2. Asian (Non-Hispanic) 3. Black (Non-Hispanic) 4. Hispanic/Latino
5. Pacific Islander 6. White (Non - Hispanic) 7. Other

72. Relationship to applicant

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73. Primary Language Spoken

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74. English Proficient

Yes

No

Additional Parent / Guardian Information

75. Last Name

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76. First Name

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77. Middle

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78. Street Address (number and street)

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79. Apt #

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80. Zip Code

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81. Borough Code

1. Bronx 2. Brooklyn 3. Manhattan 4. Queens 5. Staten Island

82. Birth Date:

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Month

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Day

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Year

83. Home Phone Number

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(Area code)

84. Work Phone

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(Area code)

85. Cell / Pager Number

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86. Email Address:

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87. Ethnicity

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5. Pacific Islander 6. White (Non - Hispanic) 7. Other

88. Relationship to applicant

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89. Primary Language Spoken

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90. English Proficient

Yes

No

Health Information

91. Please check any box that applies to your child:

	YES	NO
Allergies to food (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
Allergies to medicine (please specify) :	<input type="checkbox"/>	<input type="checkbox"/>
Allergies Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral/Emotional issues	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Device (glasses, hearing aid, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Individualized Education Plan	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>

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 are required by children generally. If your child does have special health care needs please discuss these with your child care provider.

Please explain: _____

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

Please explain: _____

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

Please explain: _____

94. Are there any activities your child cannot participate in? YES NO (if yes, please specify)

Please explain: _____

CERTIFICATION STATEMENT*

I, the undersigned, certify that all information on this form is true and correct. I understand that my statements are subject to verification. I agree and accept that I will abide by all applicable rules and regulations of this program. I consent to the enrollment and participation of the child listed above in this program.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Intake Officer Signature _____ Date _____

Agency: _____

School: _____

Parent Consent for Participation in Data Collection

Dear Parent:

Your child, _____, is enrolled in a program at _____ which is supported by the Department of Youth and Community Development (DYCD). In order to monitor the effectiveness of this program and ensure its future success, DYCD is collecting information about participants' experiences in the program. This information will help DYCD learn how the program helps students and how it can be improved. This project has been approved by the Department of Education.

Specifically we ask permission from parents to:

- Survey children about the DYCD program.

Any information we collect will be used only to assess the DYCD program and will not be made public. Participating in the evaluation will not affect your child in school, in the program, or in any other way. We will not use your name or your child's name in any report. Participation is completely voluntary and participants may withdraw at any time with no consequences.

Please select one of the options below.

You only need to complete and return this form if you select "No, I do not want my child to participate."

YES, I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE. I have read the above information and I give permission for my child to participate in the DYCD survey.

Signature

Date

*NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the above information and I **DO NOT** give permission for my child to participate in the DYCD data collection activities.*

Signature

Date

If you have any questions or concerns, please contact Lisa Gulick at DYCD at 212-676-8100.



Parent/Guardian Consent

The **Department of Youth and Community Development (DYCD)** provides funding for this program as part of its mission to help you assist your child reach his or her full potential. Many of our programs are run by community based organizations. We work to make sure the services you and your children receive are of the highest quality. DYCD is requesting your permission to allow us to collect information we need on your child, their participation and the quality of the services provided.

Consent to Collect and Share Student Information

What information from your child's student records is DYCD requesting?

We are requesting your permission for the **NYC Department of Education (DOE)** to share personally identifiable information from your child's student records with DYCD. The information we would like to collect consists of biographical and enrollment information (specifically consisting of your child's name, address, date of birth, student identification number, grade, school(s) attended and transfer, discharge, and graduation data about your child); data concerning your child's school attendance (including number of days attended and absences); and academic performance data (including your child's results on state and national exams, credits earned, grades, promotion and retention status, and fitnessgram score); and data related to any disciplinary actions taken against your child (including number and type of suspensions).

We are requesting to collect the information listed above about your child on a past, present and future (i.e., ongoing) basis.

We are also requesting your permission for DYCD to share information we collect on the enrollment form from you and/or your child with DOE staff. The information includes registration information, student's interests and challenges, type of program enrolled in and frequency of participation. This information will be used to help the school and community organization work together to meet you and your child's need.

Who will see my child's information and how will it be safeguarded?

The only people who will see your child's individual information are DYCD and DOE staff who manage the data systems and prepare research reports and program analyses. The limited number of DYCD staff identified to receive personal information is screened, provided extensive training to follow strict guidelines on protecting the confidentiality of information that would personally identify you or your child. Personally identifiable information collected from student records will only be shared electronically between DOE and DYCD and will be secured and protected in the DYCD data base. Personally identifiable information will not be shared with any community based organizations or their staff members.

We will not use your name or your child's name in any published report. While we request your consent, your responses to the below requests will not affect your child's participation in DYCD sponsored programs.

Please check Yes or No to each of the following statements:

- I understand why DYCD is asking my permission to access the information listed above from my child's student records, and I give permission to DOE to share that information with DYCD on an ongoing basis.

Yes, I give my permission No, I do not give my permission

- I understand why DYCD is asking my permission to share information about my child collected by DYCD with DOE staff and I give my permission to DYCD to share information with DOE on an ongoing basis.

Yes, I give my permission No, I do not give my permission

Student/Applicant Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Additional Parent/Guardian Name: _____

Additional Parent/Guardian Signature: *(optional)* _____

Consent for Photo/Videotaping and Use of Youth Work

Please be aware that sometimes, staff, photographers, newspapers, television reporters, media representatives and public relations personnel may be present during program activities and special events, both in-school and away from school. In some cases, they may photograph, interview or otherwise record children who participate in these events. The resulting images, videos and interviews may be used solely for non-profit, non-commercial purposes of the program to promote the programs in printed and electronic media published by our agency, such as brochures, books, print and email newsletter, DVDs and videos, websites and blogs. These images may also be used by DYCD in its publications for non-profit educational purposes.

- I understand my child may be photographed, interviewed or otherwise recorded during program activities and special events and give permission for my child to be photographed, interviewed or otherwise recorded solely for non-profit, non-commercial purposes of the program.

Yes, I give my permission No, you do not have permission

- I understand that my child's work may be used in materials that promote programs, solely for non-profit, non-commercial purposes of the program.

Yes, I give my permission No, you do not have permission

Consent for Emergency Medical Treatment

I give authority to the Program Agency's staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. I understand that every effort will be made to contact me before and after medical care is provided.

___ Yes, I give permission

___ No, I do not give permission

Consent Statement

I the undersigned, certify that I have reviewed all the above consent statements and indicated my wishes. I understand that consent is voluntary and I can withdraw it in writing at any time.

Student/Applicant Name

Student Signature (*if 18 or older*)

Parent/Guardian Name

Parent/Guardian Signature Date

Additional Parent/Guardian Name (*optional*)

Additional Parent/Guardian Signature Date