



Dear Families,

We are pleased to invite you to enroll in our 2018 Summer Camp program!

Tentative Details*

Camp will run in two 3-week cycles, from 9 am – 5 pm:
Cycle 1: July 9, 2018 - July 27, 2018 **Cycle 2:** July 30, 2018 - August 17, 2018

We will run three specialty camps, including Art, STEAM, Sports, each 3-week cycle. A separate Test Prep program for the Specialized High Schools Admissions Test (SHSAT) will run on Tuesday - Thursday from July 5th - Aug 17 and Saturdays from Sep 8th to Oct 13th (** This is a full dates commitment) - ONLY current 6th and 7th graders.

Due to possible construction projects at the PS 191 building, there is a possibility that programming will be relocated.

*All details subject to change. We will inform parents/guardians of final details once finalized.

Camp cycle and specialty choice. (Rank each in order of preference, with 1 being your top choice.)

Cycle	Preferred Cycle	STEAM	Art	Sports	SHSAT
1 - July 9 – July 27					
2 - July 9 – July 27					
SHSAT- July 5 – Aug. 17 (T, W, Th only)					

How to Submit this Application

Please give applications directly to Jose Manzano, SONYC Director @ PS 191. Please return the application to the After School Office at PS 191, Room 423, from 2 – 7 pm, from June 18 – June 22. You may also give the application to Damaris Carrion, the Parent Coordinator, in the Main Office, 2nd Floor, from 9 am – 2 pm.

You may scan and email the form to Jose at jmanzano@hudsonguild.org and you must still provide us with the original, hard copy as soon as possible.

Important Policies

- Camp spots are awarded based on time/date of submission within the enrollment period and based on your child’s attendance rate during the school year program.
- Submitting an application does not guarantee acceptance into camp.
- Medical forms must be completed and be valid until at least August 17, 2018
- A 90% attendance rate is required. Your child cannot exceed 1 absence in a 3 week cycle.
- All children must be dropped off between 9 – 9:30 am and picked up between 4:30 - 5:00 pm

Office Use Only	
Date Application Received:	
Enrollment Start Date:	
Intake Specialist/Staff:	
Additional Information:	



DYCD Universal Participant Intake: Youth & Adult Application

Welcome to the Department of Youth and Community Development (DYCD)! DYCD is a New York City agency that funds programs for youth and families. These programs are operated by Community Based Organizations (CBOs). This form will allow you or your child to apply to a DYCD Comprehensive Afterschool System (COMPASS), Beacon, or Cornerstone youth or adult program. Please complete this form fully and return to the CBO that operates the program. One application will be accepted per person per site. **Submission of an application does not guarantee enrollment in the program.** Further paperwork and information may be required to determine program eligibility. If accepted, program will be at **no cost** to the participant. The following application items are collected for informational and program planning purposes only: *Income, Gender, Race, Ethnicity, Language, Population Type, Household Information and Health Insurance Status.* Responses to these questions will not impact your eligibility to receive services and will not be shared outside of DYCD without the applicant's permission.

Part I: Applicant Information

For the purposes of this application, *applicant* refers to the person applying to receive services. Select one:

- I am completing this application for myself
- I am a parent or guardian completing this application for my child
- I am a relative/non-relative, completing this application on behalf of the applicant

Applicant's First Name:		Applicant's Last Name:		MI:
Applicant's Date of Birth (MM/DD/YEAR):				
Applicant's Gender (Select One):		Applicant's Race (Select all that Apply):		Applicant's Ethnicity (Select One):
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Nonconforming		<input type="checkbox"/> American Indian and Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African- American <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic or Latino(a) <input type="checkbox"/> Not Hispanic or Latino(a)
Applicant's Primary Address (Number and Street):				Apt. Number:
City:				Zip Code:
<input type="checkbox"/> Applicant lives in a NYCHA Development (please provide name) _____				

Part II: Contact Information

Applicant's Contact Information

For youth without contact information, skip to the next section to provide parent/guardian contact information

Write down phone numbers for the applicant and circle the preferred method of contact:

Home _____ Cell _____
 Work _____ Email _____ No Email

Parent/Guardian Information

This section is required for Applicants under 18

Parent/Guardian Name: _____

Write down all phone numbers and circle the best number to call in case of an emergency:

Home _____ Cell _____
 Work _____ Email _____ No Email

Address: <input type="checkbox"/> Same as Participant	City:	State:	Zip Code:
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Emergency Contact Information

At least one emergency contact must be identified

1	Emergency Contact #1 Name:	Relationship to Participant: <input type="checkbox"/> Emergency contact is parent/guardian of participant		
	Write down all phone numbers and circle the best number to call in case of an emergency: <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email _____ <input type="checkbox"/> No Email			
	Address: <input type="checkbox"/> Same as Participant	City:	State:	Zip Code:
2	Emergency Contact #2 Name:	Relationship to Participant: <input type="checkbox"/> Emergency contact is parent/guardian of participant		
	Write down all phone numbers and circle the best number to call in case of an emergency: <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email _____ <input type="checkbox"/> No Email			
	Address: <input type="checkbox"/> Same as Participant	City:	State:	Zip Code:



This section is for parents/guardians enrolling their children

Emergency contacts listed in Section II are authorized to pick up the child unless otherwise noted.

The following additional people are authorized to pick up my child:

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

The following people MAY NOT pick up my child:

Name: _____ Name: _____ Name: _____

Part III: Applicant's Education/Work Status

Applicant's Education Status (Select One):

- Full-Time Student*** Part-Time Student*** Not in School****

***If applicant is a *Part-Time Student* or *Full-Time Student*: Select applicant's current grade (Select One):

****If applicant is *Not in School*: Select the last grade completed by the applicant (Select One):

Elementary School: Pre-K K 1st 2nd 3rd 4th 5th

Middle School: 6th 7th 8th

High School: 9th 10th 11th 12th

Community College: 1st year 2nd Year 3rd year 4th Year 5th year 6th Year+

College/University: Freshman Sophomore Junior Senior

Other: High School Equivalence (HSE) Vocational/Trade School Foreign Degree

Applicant's Current Work Status (Select One):

- Employed Full-Time Employed Part-Time Retired
 Unemployed (Short-Term, 6 months or less) Unemployed (Long-term, more than 6 months) Unemployed (Not in labor force)
 Migrant Seasonal Farm Worker Not applicable (applicant is under 14 years of age)

Required for Full-Time Students

Student ID/ OSIS:

School Type:

- Public Charter Private Other _____

School Name:

School Address:

City:

Zip Code:



Part IV: Health Information

Applicant's Health Information

Please answer the questions below and provide additional details in the space provided. Many needs or health challenges can be accommodated and may not limit enrollment in the program.

Does the applicant have any allergies? (food, medication, etc.)

No Yes _____

Does the applicant have asthma?

No Yes

Does the applicant have special health care needs?

No Yes _____

Does the applicant take medication for any condition or illness?

No Yes _____

Are there activities the applicant cannot participate in?

No Yes _____

Please provide any additional health information details:

N/A

Please list any accommodation(s) you are requesting for yourself/the applicant:

N/A

Applicant's Health Insurance Status

Does the applicant have health insurance? (Select One):

Yes No
 Decline to Answer

If yes, what kind of health insurance does the applicant have? (Check all that Apply):

Medicaid Medicare State Children's Health Insurance Program
 Employment-Based Direct-Purchase State Children's Health Insurance for Adults
 Military Health Care Decline to Answer

If you do not have health insurance, do you want to be contacted by someone else with information about signing up for public health insurance? (Select One):

Yes No Decline to Answer

If you would like to be contacted about signing up for public health insurance, what is your preferred method of contact? (Select One):

Email Phone US Mail Via provider
 Decline to Answer

Part V: Additional Applicant Information

How well does the applicant speak English?
(Select One):

- Fluent/Very well
- Well
- Not well
- Not well at all

Applicant's Primary Language (Select One):

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Albanian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Chinese* | <input type="checkbox"/> French |
| <input type="checkbox"/> Fulani | <input type="checkbox"/> German | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> Hungarian | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Kru, Ibo, or Yoruba | <input type="checkbox"/> Mande |
| <input type="checkbox"/> Punjabi | <input type="checkbox"/> Persian | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Romanian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Yiddish |

Other: _____
**including Cantonese and Mandarin*

Other Languages Spoken by Applicant (Select all that Apply):

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Albanian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Chinese* | <input type="checkbox"/> French |
| <input type="checkbox"/> Fulani | <input type="checkbox"/> German | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> Hungarian | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Kru, Ibo, or Yoruba | <input type="checkbox"/> Mande |
| <input type="checkbox"/> Punjabi | <input type="checkbox"/> Persian | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Romanian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Yiddish |

Other: _____
 Not applicable (only one language spoken by applicant)
**including Cantonese and Mandarin*

Would the applicant like to receive information/
be contacted about registering to vote?***
(Select One):

- Yes No

***Applicant is eligible to vote in U.S. federal elections if:
1) You are a U.S. citizen;
2) You meet your state's residency requirements;
3) You are 18 years old. Some states allow 17-year-olds to
vote in primaries and/or register to vote if they will be 18
before the general election. Check your state's voter
registration age requirements.

Is the applicant any of the following:

- | | |
|----------------------------------|---|
| Parent/Legal Guardian? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Offender/Justice Involved? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Foster Care Participant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Runaway Youth? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Veteran? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Active Military Personnel? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| An Individual with a Disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer |

If the applicant is an individual with a
disability, please select disability type(s)
(Select all that Apply):

- Cognitive impairment
- Hearing-related
- Learning disability
- Mental or Psychiatric
- Physical/Chronic Health Condition
- Physical/Mobility Impairment
- Vision-related
- Other: _____
- Decline to Answer

Part VI: Household Information

For all the next set of questions, **HOUSEHOLD** is defined as any individual or group of individuals (family or non-family members) who are living together as one economic unit. **INCOME** is defined as the total annual gross income of all family and non-family members 18+years old living within the household.

The applicant lives in a household that is headed by (Select One):

- | | |
|---|--|
| <input type="checkbox"/> Single Parent - Female | <input type="checkbox"/> Two Adults – No Children |
| <input type="checkbox"/> Single Parent - Male | <input type="checkbox"/> Two Parent Household |
| <input type="checkbox"/> Single Person - No children | <input type="checkbox"/> Multigenerational Household |
| <input type="checkbox"/> Non-related adults with children | <input type="checkbox"/> Other: _____ |

Applicant's Housing Type (Select One):

- | | | |
|--|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Own | <input type="checkbox"/> Rent | <input type="checkbox"/> NYCHA |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Homeless | |
| <input type="checkbox"/> Other Permanent Housing | | |
| <input type="checkbox"/> Other: _____ | | |

Applicant's Household Size (Select One):

- | | | |
|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> One | <input type="checkbox"/> Two | <input type="checkbox"/> Three |
| <input type="checkbox"/> Four | <input type="checkbox"/> Five | <input type="checkbox"/> Six |
| <input type="checkbox"/> Seven | <input type="checkbox"/> Eight | <input type="checkbox"/> Nine |
| <input type="checkbox"/> Ten | <input type="checkbox"/> Eleven | <input type="checkbox"/> Twelve |
| <input type="checkbox"/> Thirteen | <input type="checkbox"/> Fourteen | <input type="checkbox"/> Fifteen |
| <input type="checkbox"/> Sixteen | <input type="checkbox"/> Seventeen | <input type="checkbox"/> Eighteen |
| <input type="checkbox"/> Nineteen | <input type="checkbox"/> Twenty+ | |

Total Household Income in the last 12 Months (Select One):

- | | | |
|---|---|--|
| <input type="checkbox"/> \$0 | <input type="checkbox"/> \$1 to \$12,060 | <input type="checkbox"/> \$12,061 to \$16,240 |
| <input type="checkbox"/> \$16,241 to \$20,420 | <input type="checkbox"/> \$20,421 to \$24,600 | <input type="checkbox"/> \$24,601 to \$28,780 |
| <input type="checkbox"/> \$28,781 to \$32,960 | <input type="checkbox"/> \$32,961 to \$37,140 | <input type="checkbox"/> \$37,141 to \$41,320 |
| <input type="checkbox"/> \$41,321 to \$50,000 | <input type="checkbox"/> \$50,001 to \$60,000 | <input type="checkbox"/> \$60,001 to \$70,000 |
| <input type="checkbox"/> \$70,001 to \$80,000 | <input type="checkbox"/> \$80,001 to \$90,000 | <input type="checkbox"/> \$90,001 to \$100,000 |
| <input type="checkbox"/> \$100,000+ | <input type="checkbox"/> Decline to Answer | |

Sources of Applicant's Household Income (Select all that Apply):

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Employment Wages | <input type="checkbox"/> Affordable Care Act Subsidy | <input type="checkbox"/> Alimony or other Spousal Support | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Childcare Voucher | <input type="checkbox"/> Earned Income Tax Credit (EITC) | <input type="checkbox"/> Employment Tax Credit | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> Housing Choice Voucher | <input type="checkbox"/> HUD-VASH | <input type="checkbox"/> LIEHEAP | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Private Disability Insurance | <input type="checkbox"/> Public Housing | <input type="checkbox"/> Safety Net/Home Relief |
| <input type="checkbox"/> Retirement Income from Social Security | <input type="checkbox"/> Social Security Disability Income (SSDI) | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> VA Non-Service Connected Disability Pension | <input type="checkbox"/> VA Service-Connected Disability Compensation |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Other: _____ | |

Decline to Answer

Part VII: Consents and Signatures

Pick-up/Dismissal Information

This question must be answered for parents/guardians enrolling their children

My child has permission to travel home alone at dismissal:

Yes No

Consent to Participate

To the best of my knowledge the information above is true. I agree to its verification and understand that falsification may be grounds for termination of service. Information provided may be used by the City of New York to improve City services and access to those services, and to access additional funding.

If participant is 18 and over:

I acknowledge that I am 18 years of age or older and am authorized to give consent.

Yes No

Participant's Signature

Participant: Print Name

Date

If participant is under 18 years old:

Parent/Guardian's Signature

Parent/Guardian: Print Name

Date

Consent for Emergency Medical Treatment

If participant is 18 and over

I am enrolled as a participant in a DYCD-funded program. In the event of a medical emergency, I hereby give consent for necessary emergency medical treatment to be obtained on my behalf. I further authorize the emergency contact(s) listed to be contacted.

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

Participant's Signature

Participant: Print Name

Date

If participant is under 18 years old:

My child is enrolled as a participant in a DYCD-funded program. In the event of a medical emergency, I hereby give consent for necessary emergency medical treatment for my child to be obtained, with the understanding that I will be notified as soon as possible. I understand that every effort will be made to contact me, or, if I am unavailable, the emergency contact(s) listed, before and after medical care is provided.

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

Parent/Guardian's Signature

Parent/Guardian: Print Name

Date



Consent for Photography/Videotaping and Use of Original Work

As a participant enrolled in a DYCD-funded program, please be aware that from time to time DYCD and the City of New York, its contracted providers, authorized agents, third-party organizations with which it collaborates, or other government, representatives (collectively, "Authorized Parties") may be present during program activities and special events associated with program services, both at the usual program location and at off-site events. In some cases, they may photograph, videotape, interview or otherwise record participants and their families and friends in these programs. The resulting images, videos, and interviews may be used, with or without the participant's name, in printed and electronic media such as brochures, books, print and email newsletters, DVDs and videos, websites, social media and blogs (collectively, "Media").

I hereby authorize and permit the Authorized Parties, without compensation and without further approval, to photograph and/or record my and my child's image, name, likeness, and the sound of my and my child's voice during DYCD-funded program activities and special events, and I hereby consent to the resulting images, videos and interviews being used, without compensation and without further approval by the Authorized Parties solely for non-profit, non-commercial purposes in any and all Media.

Yes No

If, in the course of participating in DYCD-funded program activities and special events, any original work such as art, music, choreography, poetry, or prose (collectively, "Original Work") is created by me or my child, I hereby consent to such Original Work being used by the Authorized Parties, without compensation and without further approval, solely for non-profit, non-commercial purposes in any and all Media.

Yes No

If participant is 18 and over:

I acknowledge that I am 18 years of age or older and am authorized to give consent.

Yes No

Full Name of Participant Participant's Signature Date

If participant is under 18 years old:

Full Name of Participant Parent/Guardian's Signature Date



Parent/Guardian Consent to Collect and Share Student Information

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.

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 needs.

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, and 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 (optional): _____

Additional Parent/Guardian Signature (optional): _____



CBO: _____

School: _____

Parent Consent for Participation in Afterschool Evaluation Data Collection (SONYC and COMPASS High Participants Only)

Dear Parent:

Your child is enrolled in an afterschool program that is supported by the Department of Youth and Community Development (DYCD). American Institutes for Research (AIR) is doing a study of the afterschool programs that are part of COMPASS. In order to monitor the effectiveness of these programs and ensure their future success, DYCD, and its evaluation partner AIR, are collecting information about participants and their experiences in the afterschool program, specifically around youth leadership development. This project has been approved by the Department of Education (DOE). AIR will visit some of the afterschool programs and survey its staff as well as youth and their families to learn more about DYCD afterschool programs and how they can be improved.

We ask permission from parents to conduct the following study activities:

- Administer 10-minute surveys to children asking about the DYCD afterschool program in which they participate and their perceptions of youth leadership development in the afterschool program
- Invite children to attend 45-minute focus group and/or interview about the DYCD afterschool program in which they participate, focused on their experience in the afterschool program and their perceptions of youth leadership development

AIR may also collect and analyze of your child's school records from New York City Department of Education, including demographic data, school day attendance, disciplinary referrals, grade promotion, and academic performance data (e.g., test scores and grades). These data are anonymous and completely confidential. The data will be combined to the school-level and we will not be able to link this school information to individual children or their families.

Any information we collect will be used only to assess the DYCD afterschool program and will not be made public. The only people who will have access to this information are members of the AIR evaluation team. Choosing not to participate in the evaluation will not affect your child in school, in the afterschool program, or in any other way. We will not use your name or your child's name in any report. There are no known risks to participating in this study. Participation is voluntary and participants may withdraw at any time. Please contact Jessica Newman by phone (312-588-7341) or email (jnewman@air.org) with questions about the study.

If you have concerns or questions about your child's rights as a participant, please contact AIR's Institutional Review Board (which is responsible for the protection of project participants) at IRB@air.org, toll free at 1-800-634-0797, or c/o IRB, 1000 Thomas Jefferson St. NW, Washington, DC 20007.

TURN THE PAGE TO COMPLETE AND SIGN →

Parent Consent for Participation in Afterschool Evaluation Data Collection

Please select from the options below:

- Yes, I GIVE PERMISSION FOR MY CHILD, _____, TO PARTICIPATE IN THE FOLLOWING AIR DATA COLLECTION ACTIVITIES:*
- My child CAN complete AIR surveys about youth leadership development.*
 - My child CAN attend focus groups and interviews about their experience in the afterschool program and their perceptions of youth leadership development.*
 - Additionally, I would like to receive SMS text message updates about the evaluation of DYCD afterschool programs. AIR can send me text messages for future voluntary surveys. I understand that standard messaging may apply, and I can cancel at any time.*
- No, I DO NOT WANT MY CHILD, _____, TO PARTICIPATE IN THE AIR DATA COLLECTION ACTIVITIES.*

Signature

Date

Consent for Audio Recording

If you gave your child permission to participate in focus groups and interviews, AIR researchers may record the student focus group and interviews for note-taking purposes. If you allow AIR to record the focus group and interviews, please sign below. No one outside of the research team will hear the recording, and the recording will be deleted when the study is concluded. Students can request to have the recorder turned off at any point.

- Yes, I allow my child to be audio-recorded in the focus groups and interviews.*
- No, I do not allow my child to be audio-record in the focus groups and interviews.*

Signature

Date

If you have any questions or concerns about the evaluation, please contact Jessica Newman, the project manager at AIR, at (312) 588-7341 or by email at jnewman@air.org. If you have questions about DYCD afterschool programs, visit DYCD Youth Connect <http://www1.nyc.gov/site/dycd/connected/youth-connect.page> or call by phone at 1-800-246-4646.

COMPASS PROGRAM

Hudson Guild SchoolBridge Summer Day Camp Attendance and Lateness

To meet our contractual obligations all participants must maintain a 90% attendance rate in each cycle. Participants should not miss more than 1 day of camp in each cycle, for a total of 2 absences in 6 weeks. In addition, all participants are expected to attend programming every day and stay for the duration of programming. Pick up should be between 4:30 – 5 pm. If a participant is frequently absent or leaves early daily, they may lose their spot in the program. If your child will be absent for an extended period of time, they may lost their spot in camp.

Parents are expected to pick up their children no later than 5:00 pm. If you cannot be here by 6 pm, then you must arrange for someone on your authorized escort list to pick up your child. Staff are scheduled to work until 5 pm and we only have access to space until 5 pm.

Parents are expected to adhere to the following lateness policies and procedures:

- Children are expected to be picked at the end of the camp day by 5:00 pm
- If child is picked up after 5:05 pm, the child will be suspended for one day after the lateness occurs.

I have read, understand, and agree to adhere to the policies stated above. If I do not sign and return these policies, my child will not be able to participate in the SchoolBridge Summer Camp Program.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Participant Name _____

Date _____

SchoolBridge Expectations

At SchoolBridge Summer Camp, we follow **SAFE**. Please go over **SAFE** with your children. Participants will go over these expectations in their groups and will agree to follow it by signing a copy.

S – Stay with your group at all times

(at no time can a child leave their designated area without an adult)

A – Always treat participants and staff with respect

(participants must follow directions, and use respectful language)

F – Feet and Hands to yourself

(participants may not inflict harm to other participants)

E – Everyone helps clean up

(participants may not destroy property and litter)

Handling Misbehaviors

Positive discipline encourages participants to learn self control for appropriate and responsible behavior. In helping us accomplish this, we use a 'Warning System' for behaviors that don't affect safety and are considered misbehaviors:

Step 1- After a first misbehavior (that is not considered unsafe), staff will use an appropriate intervention to redirect the behavior. If not successful staff will issue 1st warning and staff will ask child to correct behavior.

Step 2- If the misbehavior continues, the participant will receive their second warning. Staff will let the child know that they will be given a consequence if they do not improve their behavior.

Step 3- If a third warning is provided, staff will assign an appropriate consequence. Consequences include time ins/outs, conversations with staff, community service, writing apology letters, etc. In most circumstances, participants will be given an option to fulfill their consequence.

Step 4- If a participant declines completing the assigned consequence or if misbehavior continues after the consequence, the child will be brought to a SchoolBridge Manager. At that time, a plan will be developed and may include notifying parents, a conversation with the child, an additional consequence, a schedule modification, etc.

In addition to our Warning System, below is our Safety Policy. This policy demonstrates our commitment to creating a positive environment.

- If unsafe behavior continues, participants will need to be picked up upon return to the camp site, and participant will be automatically suspended for the day of the next trip.
- At the next instance of unsafe behavior on a trip, the participant will need to be picked up upon return to the camp site, and will no longer be permitted to attend camp on trip days.
- Parents will be notified of behavior concerns.

I have read, understand, and agree to adhere to the policies stated above. If I do not sign and return these policies my child will not be able to participate in the SchoolBridge Summer Camp Program.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Participant Name _____

Date _____



Hudson Guild SchoolBridge Consent for Participation on Social-Emotional and Academic Enrichment
Groups and Activities

Throughout the school year and summer camp participants will engage in activities that will be lead by qualified staff and/or interns specializing in academic and socialization skills. The purpose of these services is to facilitate the academic and social emotional growth of our participants. Academic enrichment groups focus on the NY State Common Core Standards. Social Emotional groups focus on the Nationally Accepted CASEL 2001 Social and Emotional Core Competencies. These include:

Self-Awareness: Recognizing feelings as they occur; having a realistic assessment of one's own abilities and a well-grounded sense of self-confidence.

Social Awareness: Sensing what others are feeling; being able to take their perspective; appreciating and interacting positively with diverse groups.

Self Management: Handling emotions so they facilitate rather than interfere with the task at hand; delaying gratification to pursue goals; persevering in the face of setbacks.

Relationship Skills: Handling emotions in relationships effectively; establishing and maintaining healthy and rewarding relationships based on cooperation; negotiating solutions to conflict; seeking help when needed.

Responsible Decision Making: Accurately assessing risks; making decisions based on a consideration of all relevant factors and the likely consequences of alternative courses of actions; respecting others; taking personal responsibility for one's decisions.

Parent/guardian

Relationship to child

Of _____ give permission for my child to participate in both the

Name of participant

Socia-Emotional groups and academic enrichment groups available in the Hudson Guild SchoolBridge program.

Parent/Guardian Signature

Date

Hudson Guild
SchoolBridge Program

Memo

Parent/Guardian

Relationship to Child

Of _____

Name of Child

Give Hudson Guild permission to apply any over the counter topical ointment, sunscreen or topically applied insect repellent in accordance with OCFS regulations. Any over the counter ointment will be applied in accordance with the package directions for use.

Parent/Guardian Signature

Date

As part of Hudson Guild programming your child participates in a variety of programming at the Elliott Center (441 West 26th Street) and P.S. 191 (210 West 61st Street). In addition we occasionally take neighborhood walks in the community to local parks, museums, to take pictures etc. Please sign below to give your child permission to travel with our staff on neighborhood walks throughout the 2018 session.

Parent / Guardian Signature

Date

CHILD & ADOLESCENT HEALTH EXAMINATION FORM
 NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

TO BE COMPLETED BY THE PARENT OR GUARDIAN

Child's Last Name: _____ First Name: _____ Middle Name: _____ Sex: Female Male Date of Birth (Month/Day/Year): ____/____/____

Child's Address: _____ Hispanic/Latino? Yes No Race (Check ALL that apply): American Indian Asian Black White
 Native Hawaiian/Pacific Islander Other

City/Borough: _____ State: _____ Zip Code: _____ School/Center/Camp Name: _____ District Number: _____ Phone Numbers: Home: _____ Cell: _____ Work: _____

Health Insurance: Yes No Parent/Guardian Last Name: _____ First Name: _____ Email: _____
 (Including Medicaid)? No Foster Parent

TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

Birth history (age 0-6 yrs): Uncomplicated Premature: _____ weeks gestation Complicated by _____

Allergies: None Epi pen, prescribed Drugs (list): _____ Foods (list): _____ Other (list): _____

Attach MAF in in-school medications needed

Does the child/adolescent have a past or present medical history of the following?
 Asthma (check severity and attach MAF): Intermittent Mild Persistent Moderate Persistent Severe Persistent
 If persistent, check all current medication(s): Quick Relief Medication Inhaled Corticosteroid Oral Steroid Other Controller None
 Well-controlled Poorly Controlled or Not Controlled

Asthma Control Status: Anaphylaxis Seizure disorder Behavioral/mental health disorder Speech, hearing, or visual impairment Congenital or acquired heart disorder Tuberculosis (latent infection or disease) Developmental/learning problem Hospitalization Diabetes (attach MAF) Surgery Orthopedic injury/disability Other (specify): _____
 Explain all checked items above. Addendum attached.

Medications (attach MAF if in-school medication needed): None Yes (list below)

PHYSICAL EXAM Date of Exam: ____/____/____

Height: _____ cm (____ %ile) Weight: _____ kg (____ %ile) BMI: _____ kg/m² (____ %ile) Head Circumference (age <2 yrs): _____ cm (____ %ile)

Blood Pressure (age >3 yrs): ____/____

General Appearance: Physical Exam WNL

NI Abnl Psychosocial Development HEENT Lungs Cardiovascular Abnl Abdomen Genitourinary Extremities Abnl Skin Neurological Back/spine

Describe abnormalities:

DEVELOPMENTAL (age 0-6 yrs) Validated Screening Tool Used? Yes No Date Screened: ____/____/____

Screening Results: WNL Delay or Concern Suspected/Confirmed (specify area(s) below):
 Cognitive/Problem Solving Adaptive/Self-Help Communication/Language Gross Motor/Fine Motor Social-Emotional or Personal-Social Other Area of Concern:

Describe Suspected Delay or Concern:

HEARING Date Done: ____/____/____ Results: NI Abnl Referred
 < 4 years: gross hearing NI Abnl Referred
 DAE NI Abnl Referred
 ≥ 4 yrs: pure tone audiometry NI Abnl Referred

VISION Date Done: ____/____/____ Results: NI Abnl Referred
 < 3 years: Vision appears: NI Abnl Referred
 Acuity (required for new entrants and children age 3-7 years) Right: _____ Left: _____
 Unable to test Yes No

SCREENING TESTS Date Done: ____/____/____ Results: _____
 Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk) _____ ug/dL
 _____ ug/dL
 Lead Risk Assessment (annually, age 6 mo-6 yrs) At risk (do BLL) Not at risk

DENTAL Visible Tooth Decay: Yes No Urgent need for dental referral (pain, swelling, infection): Yes No Dental Visit within the past 12 months: Yes No

Child Receives E/C/P/S/E services Yes No

CIR Number: _____ Physician Confirmed History of Varicella Infection: Yes No Report only positive immunity:

IMMUNIZATIONS - DATES	IgG Titers	Date
DTP/DTaP/DT	Hepatitis B	____/____/____
Td	Measles	____/____/____
Polio	Mumps	____/____/____
Hep B	Rubella	____/____/____
Hib	Varicella	____/____/____
PCV	Polio 1	____/____/____
Influenza	Polio 2	____/____/____
HPV	Polio 3	____/____/____

ASSESSMENT Well Child (200.129) Diagnoses/Problems (list): _____ ICD-10 Code: _____

RECOMMENDATIONS Full physical activity Restrictions (specify): _____
 Follow-up Needed: No Yes, for ____ Appt. date: ____/____/____
 Referral(s): None Early Intervention IEP Dental Vision Other: _____

Health Care Practitioner Signature: _____ Date Form Completed: ____/____/____

Health Care Practitioner Name and Degree (print): _____ Practitioner License No. and State: _____

Facility Name: _____ National Provider Identifier (NPI): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

DOHMH ONLY PRACTITIONER ID: _____

TYPE OF EXAM: NAE Current NAE Prior Year(s)

Comments: _____

Date Reviewed: _____ I.D. NUMBER: _____

REVIEWER: _____

FORM ID: _____

Hudson Guild School Bridge Program
ASTHMA/ALLERGY ACTION PLAN

Child has Asthma and/or Allergies: Yes

Name: _____ DOB: _____
Parent/Guardian Name: _____ Address: _____
Phone (H): _____ (W): _____ (C): _____
Emergency Phone Contact Name: _____ Telephone Number: _____
Physician Child Sees for Asthma/Allergies: _____ Telephone Number: _____

DAILY ASTHMA/ALLERGY MANAGEMENT PLAN

Identify the things that start an asthma/allergy episode (Check all that apply)

Animals ___ Bee/Insect Sting ___ Chalk Dust ___ Latex ___ Change in Temperature ___ Dust Mites ___ Exercise ___ Molds
Pollens ___ Respiratory Infections ___ Smoke ___ Strong Odors ___ Foods such as: _____

Emergency action is necessary when the child has symptoms such as _____

Steps to take during an asthma/allergy episode:

1. _____
2. _____
3. _____
4. Allow child to stay at child care setting if: _____

Physician's Signature _____ Date _____ Parent/Guardian's Signature _____ Date _____ Staff Member's Signature _____ Date _____

Asthma Action Plan

Name	Date
Doctor	Medical Record #
Doctor's Office Phone #: Day	Night/Weekend
Emergency Contact	
Doctor's Signature	



The Colors of a traffic light will help you use your asthma medicines.

Green means Go Zone!
Use preventive medicine.

Yellow Means Caution Zone!
Add quick-relief medicine.

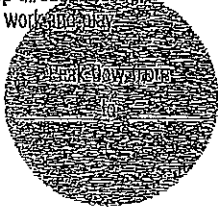
Red means Danger Zone!
Get help from a doctor.

Personal Best Peak Flow _____

GO

You have *all* of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play



CAUTION

You have *any* of these:

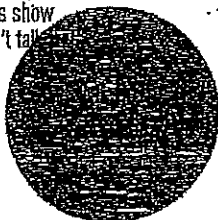
- First signs of a cold
- Exposure to known trigger
- Cough • Mild wheeze
- Tight chest • Coughing at night

Peak flow from _____
to _____

DANGER

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk



Use these daily preventive anti-inflammatory medicines:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

For asthma with exercise, take:

--	--	--

Continue with green zone medicine and add:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

CALL YOUR PRIMARY CARE PROVIDER.

Take these medicines and call your doctor now:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. **DO NOT WAIT.**

Make an appointment with your primary care provider within two days of an ER visit or hospitalization.