



Sports & Arts in Schools Foundation

58-12 Queens Boulevard, Suite 1

Woodside, NY 11377

Dear Parents/Guardians,

Sports & Arts in Schools Foundation would like to grant your child the chance to join us in our **FREE** Summer Camp. Your child has a great opportunity to participate in exciting recreational and enrichment activities. In addition, a healthy breakfast and lunch will be provided to each child.

The program is open to all children currently in grades 5 – 8. Registration will open on March 22, 2017. As space is very limited, we will only be able to accept the first 115 children. If your child is one of those students, we will contact you. There will be a waiting list for those students not initially accepted into the program. When space becomes available, our staff will notify you via phone.

When registering your child, you will need to have the following information for your child's enrollment application:

- Pediatrician's Name and Phone Number
- Your Child's OSIS number
- 2 Emergency Contacts With Phone Numbers
- Physical Exam Form Completed No Earlier Than 8/5/2016

If any part of an application is left incomplete, your child **will not** be registered for the program or placed on the waiting list. Please complete all necessary information. Applications are available in the main office.

Camp Details

Location: The Mott Hall School, I.S. 223M

Address: 71-111 Convent Avenue, New York, NY 10027

Dates: From 7/5/17 thru 8/3/17, Monday- Thursday

Time: 9am – 2pm

If you have any questions, or are interested in volunteering your time in any capacity, please contact me by phone at (212) 281-5028 or by email at ms223m@sasfny.org.

Sincerely,

James C. Edwards

Program Director

Champions Club @ Mott Hall

Sports & Arts in Schools Foundation

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 (before taxes) of all family and non-family members 18+ years old *living* within the household. All sources of income must be counted from all persons in the household based on the last 12 months.

Household Size

- One Six Eleven Sixteen
- Two Seven Twelve Seventeen
- Three Eight Thirteen Eighteen
- Four Nine Fourteen Nineteen
- Five Ten Fifteen Twenty

Total gross annual income in last 12 months

- \$0 \$1 to \$11,880 \$11,881 to \$16,020 \$16,021 to \$20,160
- \$20,161 to \$24,300 \$24,301 to \$28,440 \$28,441 to \$32,580 \$32,581 to \$36,730
- \$36,731 to \$40,890 \$40,891 to \$50,000 \$50,001 to \$60,000 \$60,001 to \$70,000
- \$70,001 to \$80,000 \$80,001 to \$90,000 \$90,001 to \$100,000 \$100,000+
- Decline to answer

Head of Household Type: (Select all that apply)

- Single Parent – Female Two Adults – No Children Single Person – No children
- Single Parent – Male Two Parent Household Other

Applicant's housing type: (Select One)

- Own Rent Shelter
- Homeless Runaway Youth Other: _____
- NYCHA: Development _____

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

- Employment Wages Unemployment Wages
- Supplemental Nutrition Assistance Program (SNAP) Temporary Assistance for Needy Families (TANF)
- Social Security Supplemental Security Insurance (SSI)
- Workers' Compensation Safety Net/Home Relief
- Pension

Applicant's School Type (Select One)

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

Current Grade (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 yr. 2nd yr. 3rd yr. 4th yr. 5th yr. 6th yr. + **College/University:** Freshman Sophomore Junior Senior
- Other:** High School Equivalency (HSE) Vocational/Trade School Foreign Degree

Is applicant or is any member of the household (0 – 64 years of age) covered by Medicare, Medicaid, Child Health Plus, or private medical insurance? (Select One)

- Yes No

Is the applicant any of the following: (Select all that Apply)

- Disabled Parent/Guardian Foster Care Participant
- Offender/Justice Involved Veteran Decline to answer

If no, do you want to be contacted by someone else with information about signing up for public health insurance programs? (Select One)

- Yes No

If yes, how would you like to be contacted about this issue? (Select One)

- Email Phone U.S. Mail Via provider

Would you be interested in registering to vote? (Select One)

- Yes No

Please answer all the COMPASS specific questions below to help us provide quality services. Those marked with an asterisk (*) are mandatory. If there is a question that you do not understand, please seek help. You can speak with a worker at the CBO that operates the program or call 311 and request the DYCD Youth Hotline. DYCD also has a website www.nyc.gov/dycd and can be followed on Facebook and Twitter for additional information on DYCD services.

School Information

- Student ID/OSIS: _____
- School Type: Public Charter Private Other
- School Name: _____
- School Address: _____ Borough: _____ Zip Code: _____

Participant Safety: If there is an emergency, please contact the following individuals.

1	<p>NAME: _____</p> <p>Pick Up* <input type="checkbox"/> This person may pick up my child.</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip Code: _____</p>	<p>RELATIONSHIP TO PARTICIPANT:</p> <p>Write down all numbers and circle the best number to call in case of an emergency:</p> <p>Contact <input type="checkbox"/> Home _____</p> <p><input type="checkbox"/> Cell _____</p> <p><input type="checkbox"/> Work _____</p> <p><input type="checkbox"/> Email* _____ <input type="checkbox"/> No Email</p>
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2	<p>NAME: _____</p> <p>Pick Up* <input type="checkbox"/> This person may pick up my child.</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip Code: _____</p>	<p>RELATIONSHIP TO PARTICIPANT:</p> <p>Write down all numbers and circle the best number to call in case of an emergency:</p> <p>Contact <input type="checkbox"/> Home _____</p> <p><input type="checkbox"/> Cell _____</p> <p><input type="checkbox"/> Work _____</p> <p><input type="checkbox"/> Email* _____ <input type="checkbox"/> No Email</p>
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Participant Health Information: Please check any of the following that pertain to the participant. Many needs or health challenges can be accommodated and may not limit enrollment in the program.

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Allergies to food | <input type="checkbox"/> Behavioral/Emotional Issues | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Allergies to medications | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Individualized Education Plan | <input type="checkbox"/> Disabilities |
| <input type="checkbox"/> Allergies other
(please Specify) | <input type="checkbox"/> Congestive Illness (e.g., heart murmur/disease, blood pressure) | <input type="checkbox"/> Obesity | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Corrective Devices (e.g., crutches, hearing aid, eye glasses) | <input type="checkbox"/> Other
(please specify) | |

Check off all that apply.

- Does your child have special health care needs that require treatment and/or medication?
- Does your child take medication for any condition or illness?
- Updated Medical Information on File:
- Are there any activities your child cannot participate in? (If so, please specify below)

Activities your child cannot participate in:

⚠ This section is only for parents enrolling their children. ⚠

Pick-up/Dismissal Information:

My child has permission to walk home alone at dismissal. Yes No

My child MAY NOT be picked up by: _____

Signatures:

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 or to access additional funding.

I have completed this application for my child.

Parent/Guardian: _____
(Print) (Sign) (Date)

I have completed this application for myself.

Applicant: (18 and older) _____
(Print) (Sign) (Date)

Organization: _____

Intake Specialist/Staff: _____ Date: _____

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 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: _____

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 at off-site events and events taking place in the usual program location. In some cases, they may photograph, videotape, 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 in printed and electronic media such as brochures, books, print and email newsletters, DVDs and videos, websites, social media and blogs (collectively, "Media"). These images, videos and interviews may be used by DYCD and third-party organizations that collaborate with DYCD, without compensation and without further approval, solely for non-profit, non-commercial purposes.

If, in the course of participating in program activities or special events, any original work is created by a participant, DYCD may use the created work in any and all Media to promote the program or for other informational, non-profit and non-commercial purposes, without compensation and without further approval.

- 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

DYCD PROGRAM

Agency: _____ School: _____

Parent Consent for Participation in Data Collection: SONYC Applicants Only

Dear Parent:

Your child is enrolled in a program that 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, and its evaluation partner American Institutes for Research (AIR), are collecting information about participants and their experiences in the program. AIR is doing a study of the middle school programs that are part of COMPASS – known as School’s Out New York City (SONYC) programs; the study is called *School’s Out NYC: Out-of-School Time Middle School Expansion Evaluation Services*. This project has been approved by the Department of Education (DOE). AIR will visit some of the programs to learn more about SONYC and how it can be improved and will collect information from young people in the program.

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

- Survey children about the DYCD program.
- Survey children about themselves (what they have learned).
- We may access your child’s school information from NYC DOE, including demographic data, school day attendance, disciplinary referrals, grade promotion, and academic performance data (e.g., test scores and grades). We will not be able to link their school information to their name or to your family.

This information will help DYCD learn how the program helps students and how it can be improved. **Any information we collect will be used only to assess the DYCD program and will not be made public.** The only people who will have access to this information are members of the AIR evaluation team. **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 voluntary and participants may withdraw at any time. Please contact Deborah Moroney by phone (312-288-7609) or email (dmoroney@air.org) with questions about the study.

If you have concerns or questions about your child’s rights as a participant, 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.

Please select one of the options below:

Yes, I GIVE PERMISSION FOR MY CHILD, _____, TO PARTICIPATE in the following:

- My child WILL complete AIR surveys for SONYC Out-of-School Time Middle School Expansion Evaluation
- AIR CAN access my child’s school information for SONYC Out-of-School Time Middle School Expansion Evaluation. AIR will look at my child’s school data such as attendance, disciplinary referrals, grade promotion, and academic performance data; however, this data is not linked to their name or my family.
- 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 AIR data collection activities.

Signature _____

Date _____

For questions about the evaluation, please contact Yael Bat-Chava, ybat-chava@dycd.nyc.gov, 646-343-6237. For all other questions please contact Youth Connect, 1-800-246-4646, or http://www.nyc.gov/html/dycd/html/contact/email_youth.shtml.

SASF



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Engaging Students' Minds and Bodies

Certification Statement

In consideration of your accepting my child into this program, I the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages, that I may have against the Sports & Arts in Schools Foundation, its consultants, contractors, and employees and all sponsors, and their representatives and successors and assigns for any and all injuries suffered by my child virtue of his or her participation in this program.

I 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.

Parent/Guardian Print: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



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 Engaging Students' Minds and Bodies

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58-12 Queens Boulevard, Suite 1

Woodside, NY 11377

Student Behavioral Contract

The Champions Club is a program of excellence. By enrolling in the program, we agree to the following code of responsibility and commitment for participation in the program.

Student:

1. I will regularly and actively attend the program.
2. I will arrive in the Cafeteria on time, directly after school dismissal.
3. I will respect my tutors, teachers and other staff responsible for my safety and education.
4. I will remain in my assigned activity at the program or building until I am dismissed by staff.
5. I will come prepared for, and work to the best of my abilities during the academic period.
6. I will remain focused and work hard during the sports and arts activities.
7. I will behave in the appropriate manner and not act disruptively in the halls or during activities.
8. I will refrain from using profanity and racial, ethnic, gender, sexual orientation, religious and national origin slurs.
9. I will refrain from lying and giving false information, either verbally or written to any staff.
10. I will refrain for any acts of intimidation, coercion and extortion.
11. I will refrain from fighting or using physical force against other students or staff.
12. I will not steal; carry weapons; or use tobacco, alcohol or other drugs.
13. I commit to improving my academic, artistic, athletic, and personal growth.

Student Name: _____

Grade: _____

Student Signature: _____

Date: _____

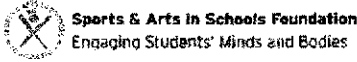
Parent / Guardian:

1. I will actively support my child's participation in the Champions Club Program and his/her agreement to the above Student Behavioral Contract.
2. I acknowledge that my child is bound by the Champions Club Participant Requirements and Discipline Code and that I will comply and cooperate with the Parent Handbook.
3. I will notify the Champions Club staff if my child is unable to attend the program on a certain day, or for an extended period of time.
4. I will notify the Champions Club staff in writing if my child must leave the program before program dismissal.

Parent Name: _____

Parent Signature: _____

Date: _____



Sports & Arts in Schools Foundation
PHOTO/VIDEO/INTERVIEW CONSENT

(To be completed by the parent or guardian)

I certify that I am the parent or legal guardian of _____, whose date
of birth is _____
Name of child
month/day/year

I understand that SASF holds events both in-school and away from school. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events, including my child. These photographs, videos, and interviews will only be used to promote SASF.

I am aware that my child may be asked a variety of questions concerning SASF and SASF related activities and programs, and that the contents of the interview may be published or aired publicly. I understand that my child will be under the supervision of SASF personnel during the interview or photo session. However, there may not be SASF personnel supervision if the photographs or video or voice recordings are part of a general background scene in which my I understand that my child is not identified.

I understand that my child reserves the right to refuse to answer any questions or participate in any discussions that make him/her feel uncomfortable or embarrassed and that my child and/or the supervising SASF personnel may terminate the interview, photo or video session at any time for any reason.

I give permission for my child to be photographed or otherwise recorded during SASF events and activities, and for any and all such photographs and/or recordings to be displayed by the Sports and Arts in Schools Foundation Champions Club, in any medium (books, newsletters, web sites, etc.), whether now or hereafter known or developed, for which neither my child or I shall receive monetary compensation or ownership rights.

YES, I give permission for my child to be photographed or otherwise recorded during after-school events and activities. As a result, my child may not be able to participate in these events and activities.

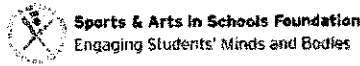
SIGNATURE OF PARENT OR GUARDIAN

DATE

NO, I do not give permission for my child to be photographed or otherwise recorded during after-school events and activities. As a result, my child may not be able to participate in these events and activities.

SIGNATURE OF PARENT OR GUARDIAN

DATE



Sports & Arts in Schools Foundation

Parent Consent to Participate in the Evaluation of the After-School Program

Dear Parent/Guardian,

Your child, _____, is enrolled in the after school program at _____. In order to monitor the effectiveness of the after school program and ensure its future success, SASF is conducting ongoing evaluations. It is the intention of the evaluations to learn how these services help students and how they can be improved in order to meet the grant requirements.

Specifically we ask permission from parents to:

- Contact their children’s school and obtain records showing their progress, including report cards, grades, citywide and statewide test scores, attendance, and school choice.
- Talk to teachers and after-school staff about children’s progress and participation in the after-school program, and review program records on participation in the after-school program.
- Survey and/or interview parents and children about the after-school program and its effects. There will be up to four surveys over the course of the year. Each will take approximately 15 minutes. Group discussions may also be held, that would take up to 30 minutes.

Any information we collect will be used only to assess the after-school program and will not be made public. Participating in the evaluation will not affect your child in school, in the after-school program, or in any other way. Personal information will not be used for any purposes after the evaluation is complete. Participation in the study is completely voluntary and participants may withdraw at any time with no consequences.

Please select **ONE** of the options below and return this form to the program coordinator/director.

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 evaluation of the after-school program. I also consent for the above organizations to obtain my child's records and to interview program and school staff for evaluation and support purposes.

SIGNATURE OF PARENT OR GUARDIAN **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 evaluation of the after-school program.

SIGNATURE OF PARENT OR GUARDIAN **DATE**

SASF



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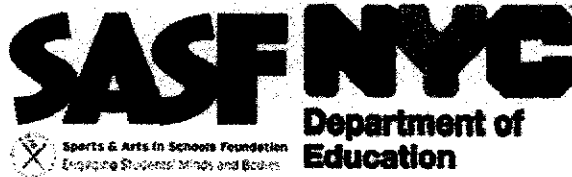
Waiver of Liability

WAIVER OF LIABILITY: Parents, guardians and SASF recognize that the activities to be engaged in by the children may occasionally result in injury to a child. The staff of SASF will undertake the steps outlined herein under the heading **ILLNESS/ACCIDENTS, MEDICINE AND EMERGENCY CARE** to make sure that the proper attention is given to these events. However, absent the active negligence of the staff of SASF during the activity involved, no liability will be asserted nor claim made against SASF or any of the individuals employed by SASF by reason of such an event.

- € I have read the above information and I give permission for my child to participate in the Champions Club after-school program.

Parent/Guardian Signature: _____

Date: _____



Parent/Guardian Data Release Consent Form

I. Information being requested.

SASF is requesting your permission to collect academic performance and enrollment data on your child. This information will be used for the purposes of establishing program outcomes and may be used in an aggregated format to help advocate for continued funding.

II. What information from your child's student records is SASF requesting?

We are requesting your permission to allow/authorize SASF to obtain personally identifiable information from your child's student records from NYC Department of Education (DOE). Simultaneously, you are authorizing the DOE to release personally identifiable information from your child's student records with SASF. The following 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 fitness gram 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.

III. How will your child's data remain confidential?

The only people authorized to view your child's information are the SASF Data Department and DOE staff who manage the data systems and prepare research reports and program analyses. A limited number of SASF 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 SASF and will be secured and protected in the SASF data base. We will not use your name or your child's name in any published report. While we request your consent, your responses to the requests below will not affect your child's participation in our programs.

Please check Yes or No to the following statement:

- I understand why SASF 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 SASF on an ongoing basis.

Yes, I authorize SASF and DOE to share my child's information/student records.

No, I do not authorize SASF and DOE to share my child's information/student records

Student/Applicant Name: _____

Parent/Guardian Name: *(Please Print)* _____

Parent/Guardian Signature: _____ Date: _____

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

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

