GLOBAL KIDS

GIRL HACK

ROOM 421

Wednesdays, 2:45PM-5PM

For more info, come to Global Kids Room 430
Global Kids Enrollment Programs

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>OSIS Number:</th>
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YES, I give my child _______________________________ permission to be involved in the Global Kids program, which is possible through funding from 21st CLCC. I understand that my child may attend one or more of the following program(s). Please make sure to check which program(s) you wish your child to attend. I understand that each program has its own set of requirements and goals. For more information, contact Global Kids at (718) 721-5404 ext. 4300. Global Kids programs will start from September 23 to June 1, 2020.

_________________________________________  ________________________________
Parent Signature                                      Parent Contact Number

- **Power of Citizenry Leadership Program: Room 150, Mondays, 2:45PM-5PM**
  Students will have an opportunity to grow as a leader by understanding contemporary issues and what it means to be a global citizen in weekly after-school workshops. Issues discussed will be on women's rights, poverty, islamophobia, etc. After the end of each module, GK leaders will participate in civic engagement projects and community service activities such as volunteering at hospitals and community gardens, speaking to their elective officials, and educating their peers about issues affecting us around the world.

- **Human Rights Activist Project: Room 150, Tuesdays, 2:45PM-5PM**
  Students will explore contemporary social justice issues, brainstorm ideas on how we can find solutions, and put ideas into action in the local community. The primary theme will be climate justice and students will have the opportunity to build a campaign and become involved in civic engagement. In the past, students were selected to speak to their local representatives and attended international trips like Poland for COP 24. Students will have the opportunity to gain community service hours.

- **Girl Hack: Room 321, Wednesdays, 2:45PM-5PM**
  Through sharing their stories and connecting to global issues affecting women, students will exercise their power voice. Students will work on projects related to STEM that will delve into bullying, disability awareness, reversing the damsel in distress narrative, and defying stereotypes. Students will also work on a project that they will present in the Annual Emoticon Conference, NYC's biggest annual showcase for young designers, engineers, artists, gamers, coders, and multimedia storytellers.
Global Kids Enrollment Programs

- **Maker and Preservation Squad (MAPS): Room 150, Wednesdays, 2:45PM-5PM**
  Students will explore the concept of culture vis-à-vis UNESCO World Heritage Sites. Who/what makes culture? What do physical displays of culture look like? When these cultural sites are threatened by weather or conflict, how are they protected? How can damaged cultural sites be rebuilt? Students will first study global cultural sites, and engage in STEM activities relating to their maintenance, and then research local cultural sites in Queens.

- **College & Career Readiness Program: Room 150, Thursdays, 2:45PM-5PM**
  Students will participate in a series of interactive workshops where topics of discussion will include: the different components of the college application, financial aid, scholarships, Naviance, internships, resume help, and much more. Students will be invited to go on trips to universities in and out of New York City. As part of the program, students will have the opportunity to apply for GK scholarships that range from $500 to $20,000.

- **Queer Alliance: Room 430, Fridays, 2:45PM-5PM**
  This group is open to all students, with a specific focus on how to make spaces more inclusive for LGBTQ+ people. Topics discussed include pronouns, intersex issues, and poetry slams about the LGBTQ+ community. We also discuss how gender and sexuality intersect with other identities such as race, ethnicity, class, and religion.

- **Tutoring: Check W.C. Bryant tutoring schedule for time and location**
  Students will be able to attend tutoring sessions led by teachers on subjects such as English, Math, Music, and Science. The sessions will take place during various rooms and time. Please refer to the W.C. Bryant tutoring schedule for the sessions needed.
## Student Information

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>School:</th>
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<tbody>
<tr>
<td>Student OSIS (I.D Number):</td>
<td>Gender: Male_______ Female_______</td>
</tr>
<tr>
<td>Grade:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Home Email:</td>
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Racial/Ethnic Group (Optional):  
1. American Indian/Alaska Native  
2. Black or African American  
3. Hispanic or Latino  
4. Asian  
5. White  
6. Pacific Islander  
7. Other _________________________

Language(s) Spoken At Home:

Math Teacher: | English Teacher: |

## Parent/Guardian Information

Name of Primary Parent/Guardian 1:

Guardian Title (please circle one): Mother Father Grandmother Grandfather Other:_________  
Language(s) Spoken:

Address:

Home Phone: | Work Phone:  
Cell Phone: | E-Mail: |

Name of Primary Parent/Guardian 2:

Guardian Title (please circle one): Mother Father Grandmother Grandfather Other:_________  
Language(s) Spoken:

Address:

Home Phone: | Work Phone:  
Cell Phone: | Email: |
After-School Program Student Participation Release Form

I give my child, ______________________________, permission to enroll and participate in the 21st Century Community Learning Centers (21st CCLC) program at _______________________.

Parent/Guardian Name (Print) Parent/Guardian Signature Date

Release of Child at Dismissal

I give my child permission to walk home alone at dismissal: Yes__________ No__________

If no, my child will be picked up after-school by me or one of the following individuals:

<table>
<thead>
<tr>
<th>Name 1:</th>
<th>Relationship to Student:</th>
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</thead>
<tbody>
<tr>
<td>Home Phone:</td>
<td>Cell Phone:</td>
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<table>
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<tr>
<th>Name 2:</th>
<th>Relationship to Student:</th>
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<tr>
<td>Home Phone:</td>
<td>Cell Phone:</td>
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My child MAY NOT be picked up by the following individuals:

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<th>Relationship to Student:</th>
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<tbody>
<tr>
<td>Name 2:</td>
<td>Relationship to Student:</td>
</tr>
<tr>
<td>Name 3:</td>
<td>Relationship to Student:</td>
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</tbody>
</table>

If I am not available during emergencies, my child may be released to one of the following individuals:

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</thead>
<tbody>
<tr>
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| Name 2:          | Relationship to Student: |
| Home Phone:      | Cell Phone:              |
* To be completed by the parent/guardian. This confidential health information will only be used to ensure the safety of the children in this program.

Please provide your child’s medical history:

Allergies to food:  
Yes____ No____  Specify______________________________

Behavioral/Emotional:  
Yes____ No____  Specify______________________________

Physical Disabilities:  
Yes____ No____  Specify______________________________

Corrective Device:  
Yes____ No____  Specify______________________________

Asthma:  
Yes____ No____  Does your child use an inhaler: Yes_____ No____

Allergies to penicillin:  
Yes____ No____  Allergy to plants:  
Yes_____ No____

Allergy to insect stings:  
Yes____ No____  Hay Fever:  
Yes_____ No____

Convulsions/Seizures:  
Yes____ No____  Diabetes:  
Yes_____ No____

Other:  
____________________________________________________________________________________

Does your child have special health care needs that require treatment or medication?  
Yes_____ No____

Please explain:  
____________________________________________________________________________________

Does your child take medication for any condition or illness?  
Yes_____ No____

Please explain:  
____________________________________________________________________________________

Are there any activities your child cannot participate in:  
Yes_____ No____?

Please explain:  
____________________________________________________________________________________

If my child requires emergency medical care and I cannot be reached, I give my consent to the 21st CCLC program to obtain the necessary medical care for my child. I agree to pay all costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this program.

Parent/Guardian Name (Print)  
_______________________________  
Parent/Guardian Signature  
_______________________________  
Date  
_______________________________
Consent to Photograph, Film, or Videotape a Student for Non-Profit Use
(E.G., Educational, Public Service or Health Awareness Purposes)

Student Name: ___________________________ School: ___________________________

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of the Student named above by the New York City Department of Education. I also grant to the New York City Department of Education the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

______________________________
Parent/Guardian Name (Print)    Parent/Guardian Signature    Date

Address of Parent/Guardian: ______________________________________________________
### Student Data and Evaluation Consent Form

Your child, ________________________________, is enrolled in the program funded by the 21st Century Community Learning Center grant (21st CCLC). In order to monitor the effectiveness of the program and ensure its future success, an independent evaluator is conducting an ongoing evaluation. It the intentions of the evaluation to learn how these services help students, and how they can be improved in order to meet the grant requirements.

Specifically we ask permission to:

- Obtain demographic data including: racial/ethnic group, gender, grade level, English proficiency, free or reduced price lunch eligibility, and special needs from the New York City Department of Education for students in the 21st CCLC program.
- Contact your child’s school and/or the NYC Department of Education to obtain records showing his or her progress, including information about enrollment, grades, citywide and statewide test scores, and 21st CCLC program attendance.
- Survey and/or interview you and your child about the 21st CCLC program and its effects.
- Talk to teachers and staff about your child’s progress and participation in the 21st CCLC program, and review program records on participation in the program.

Individual student data we collect will only be used to assess the 21st CCLC program and will not be made public. Participating in the evaluation will not affect your child in school, in the 21st CCLC program, or in any other way. We will not use your name or your child’s name in any report. At the end of the evaluation, we will destroy all records that include personal information. 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 21st CCLC program. I also consent for the evaluator and the New York City Department of Education to obtain my child’s records, interview program and school staff, and interview me and my child for evaluation purposes.
- _____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 21st CCLC program.

If at any time you change your mind about this decision, you may contact the site coordinator and/or evaluator directly at:

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