

# OPEN ENROLLMENT FOR THE 2016-2017 SCHOOL YEAR

## For the CAMBA SONYC After-School Program At Andries Hudde JHS



*The After-School Program is Free of Charge!*

### IMPORTANT INFORMATION:

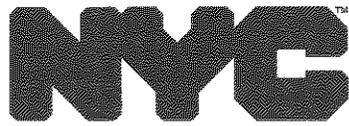
- The CAMBA SONYC @ Andries Hudde JHS After-School Program operates from Monday through Friday from 2:20pm to 5:20pm, from September 13<sup>th</sup>, 2016 to June 23<sup>rd</sup>, 2017.
- Activities Include:
  - *Academic Enrichment*
  - *Sports & Recreation*
  - *Conflict Resolution*
  - *Creative Arts*
  - *Clubs*
  - *Supper*
  - *Fun & Educational Field Trips*
  - *And much more...*
- Please return forms directly to the CAMBA site coordinator. Please do not return the forms to your child's day school teacher or any other school staff member.
- After you submit a completed enrollment form, your child's final acceptance to the program is pending your attendance at a mandatory Parent Orientation, which will be held in early September.
- Parents will receive their child's start date at the Parent Orientation.

If you have any questions about the application process, please contact Michele Crea, Site Coordinator at (347) 461-6648 or [MicheleCrea@camba.org](mailto:MicheleCrea@camba.org).



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*Please note that the enrollment forms are double sided - please be sure to complete both sides of each page.*



# WELCOME!

## DYCD OVERVIEW

The Department of Youth and Community Development (DYCD) is a New York City agency that funds programs for youth and families. These programs are operated by community-based organizations (CBOs). DYCD thanks you for enrolling yourself or your child in this program.

## ENROLLMENT PACKET OVERVIEW

Please answer all the 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](http://www.nyc.gov/dycd) and can be followed on Facebook and Twitter for additional information on DYCD services.

This enrollment packet will allow you or your child to be enrolled in this program. The information captured through this form will help the program plan to provide a safe and healthy environment, and provide appropriate services. Enrollment packet sections:

- Welcome and Packet Overview (this page)
- Participant Background (page 2)
- Participant Health and Safety (page 3)
- Signatures (page 4)
- Parent Consent Forms
- Other \_\_\_\_\_

*Please save this page for your records and future reference.*

**BEACON** programs are school-based community centers serving children age 6 and older and adults. There are currently 80 Beacons located throughout the five boroughs of New York City, operating in the afternoons and evenings, on weekends, during school holidays and vacation periods, including summer.

- Elementary School (K-5<sup>th</sup> Grade)
- Middle School (6<sup>th</sup>-8<sup>th</sup> Grade)
- High School (9<sup>th</sup>-12<sup>th</sup> Grade)
- Adults (18 Years Old and Above)

**COMPASS** programs comprise more than 800 programs serving young people enrolled in grades K-12. Programs are offered at no cost to young people and are strategically located in public and private schools, community centers, religious institutions, public housing, and recreational facilities throughout the City.

- Elementary School (K-5<sup>th</sup> Grade)
- SONYC Middle School (6<sup>th</sup>-8<sup>th</sup> Grade)
- Transition to High School (THS) (9<sup>th</sup> Grade)
- Option II

**CORNERSTONE** programs provide engaging, high-quality, year-round programs for adults and young people. Programs are located at 70 New York City Housing Authority (NYCHA) Community Centers throughout the five boroughs.

- 5-12 Years Old
- 13-15 Years Old
- 16-21 Years Old
- Adult

DYCD PROGRAM

# 1 PARTICIPANT BACKGROUND

participant contact information

<b>Primary Parent / Guardian of Participant:</b>	<b>Who is enrolling in this program?</b> <input type="checkbox"/> My child <input type="checkbox"/> Me <i>To register yourself, you must be 18+ years old.</i>
<b>Primary Number:</b>	<b>Email Address:*</b> <input type="checkbox"/> No Email
<b>Date</b>	<b>Program Period</b>
<b>Last Name*</b>	<b>First Name*</b>
<b>Date of Birth*</b>	<b>Cell Phone</b>
<b>Home Address*</b>	<b>Apartment Number</b>
<b>City*</b>	<b>State*</b>
<b>Zip Code*</b>	<b>Borough</b>
<b>Home Phone</b>	<b>Proof of ID</b>
<b>NYCHA Resident*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Non-Driver State ID <input type="checkbox"/> Official Letter <input type="checkbox"/> Municipal ID
<b>Gender*</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other:	

demographics

<b>Country of Origin</b>	<b>English Proficient*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ethnicity*</b>	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> No Response
<b>Primary Language Spoken at Home*</b>	<b>Additional Language(s)</b>

student or employment status

<b>Current Grade Level</b>	<b>Student ID/OSIS #</b>
<b>Teacher/Advisor</b>	<b>School Type</b> <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Other
<b>School Name</b>	<b>School Address</b>
<b>Student Status</b> Is the participant a student: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
<b>If you are NOT a student, please provide the last school grade level completed:</b>	<input type="checkbox"/> Grade K-11; please list your last grade: _____ <input type="checkbox"/> HS Graduate <input type="checkbox"/> HS Equivalency <input type="checkbox"/> Some College <input type="checkbox"/> College Degree
<b>If you are NOT a student, are you:</b>	<input type="checkbox"/> Unemployed for _____ weeks <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time

other

**Please list anyone else in your household who is participating in this program. Provide first and last names.**

**DYCD PROGRAM**

# ■ PARENT/GUARDIAN INFORMATION



Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Parent #1:

Parent Last Name

Parent First Name

Parent Home Address

City

Zip Code

Home Phone

Cell Phone

Work Phone

Email

Birth Date (mm/dd/yyyy)

Relationship to student

Ethnicity  American Indian  Asian (non-Hispanic)  
 Black (non-Hispanic)  Hispanic/Latino  
 Pacific Islander  White (non-Hispanic)  
 Other

English proficient  Yes  No

Primary Language

## Parent #2:

Parent Last Name

Parent First Name

Parent Home Address

City

Zip Code

Home Phone

Cell Phone

Work Phone

Email

Birth Date (mm/dd/yyyy)

Relationship to student

Ethnicity  American Indian  Asian (non-Hispanic)  
 Black (non-Hispanic)  Hispanic/Latino  
 Pacific Islander  White (non-Hispanic)  
 Other

English proficient  Yes  No

Primary Language

Who are we authorized to share information about your child with? Please list:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## 2 PARTICIPANT SAFETY

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

**1** NAME\* \_\_\_\_\_

Pick Up\*  This person may pick up my child.

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

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

Contact  Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Email\* \_\_\_\_\_  No Email

**2** NAME\* \_\_\_\_\_

Pick Up\*  This person may pick up my child.

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

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

Contact  Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Email\* \_\_\_\_\_  No Email

## 3 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 Disabilities |
| <input type="checkbox"/> Allergies to medications         | <input type="checkbox"/> Convulsions/Seizures  | <input type="checkbox"/> Individualized Education Plan | <input type="checkbox"/> Pregnant              |
| <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"/> 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: \_\_\_\_\_

- Are you or any member of your household (0-64 years of age) covered by Medicaid, Child Health Plus, Family Health Plus or private medical insurance?
- If NO, do you want to be contacted with information about public health insurance program?

 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: \_\_\_\_\_



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## Supplemental Form for Authorized Pick-up

Please list any additional individuals who you are authorizing to pick-up your child at dismissal.

My child may be picked up by:

_____ Name (first and last)	_____ Relation	_____ Phone #
_____ Name (first and last)	_____ Relation	_____ Phone #
_____ Name (first and last)	_____ Relation	_____ Phone #
_____ Name (first and last)	_____ Relation	_____ Phone #
_____ Name (first and last)	_____ Relation	_____ Phone #
_____ Name (first and last)	_____ Relation	_____ Phone #
_____ Name (first and last)	_____ Relation	_____ Phone #

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

# 4 ADDITIONAL BACKGROUND

other family and household information

The participant lives in housing that is: *(Check all that apply)*  Rental  Family Owned  NYCHA housing  
 OR The participant is:  Homeless  Other:

Is or has the participant ever been in foster care:  Yes  No

Has the participant been enrolled in programs operated by the Administration for Children's Services (ACS)?  Yes  No

Number of individuals in your household: \_\_\_\_\_

Is the participant or any member of your household receiving public assistance?  Yes  No

Is the participant or any member of your household receiving food stamps?  Yes  No

Gross Yearly Household Income: \$ \_\_\_\_\_

The participant lives in a household that is headed by:  Self, Single, no children  Single Female Parent  Single Male Parent  Two Parents  Two Adults, no children

Sources of household income:

Employment  TANF  Social Security  Unemployment Insurance  
 Pension  SSI  General Assistance  Other \_\_\_\_\_

Would you like information on voter registration?  Yes  No  I am already a registered voter

## 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: \_\_\_\_\_

DYCD PROGRAM

**PARTICIPANT INTEREST SURVEY**

Interests/Activities	<input checked="" type="checkbox"/> Likes/Strengths	Dislikes/Challenges
Reading		
Math		
Media (digital art, photography, videography)		
Writing(poetry, short fiction, journaling)		
Art (painting, drawing, sculpturing)		
Performance (music, dance, drama)		
Science Technology Engineering Math/STEM		
Sports (team, individual)		
Video Games		
Board Games		
Cooking & Nutrition		
Gardening		

How we can be helpful to you/your child? Are there are other services or activities that would be interesting and or helpful to you/your child? \_\_\_\_\_

Does your child have an Individualized Education Plan and/or Special Needs?  Yes  No

Please use the space below or on the back of the page to provide details or list goals you would like to share with us.

**OTHER SERVICES**

\*Please check any other DYCD services you or your family might be interested in learning more about?

- Education/Literacy/High School Equivalency
- Adolescent Literacy
- Fatherhood Services
- Workshops/Fairs (College Prep, Financial Planning, Parenting, etc.)
- Housing Assistance
- Immigrant Services
- LGBTQ Support Services
- Runaway and Homeless Youth
- Senior Services
- Summer Youth Employment
- Young Adult Internships

## 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 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

<b>Agency:</b> _____  <b>School:</b> _____
--

**Parent Consent for Participation in Data Collection**

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](mailto: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](mailto: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](mailto: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](http://www.nyc.gov/html/dycd/html/contact/email_youth.shtml).

**DYCD PROGRAM**



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**PERMISSION AND RELEASE**

I hereby give my permission to and release CAMBA from any and all liability for having provided my identifying information including my name, contact information, and my child's name to the New York State Office of Children and Family Services, New York State Department of Education, New York City Department of Health and the New York City Administration for Children's Services.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_



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Permission and Release

In consideration of my child's participation in CAMBA programs, events or activities, I irrevocably give permission to CAMBA to utilize my name, voice, statements, photograph, image, likeness, actions, biographical data, artwork, written work or other work, in any media, developed or presented by me or with respect to which I have rights or claims, in connection with any CAMBA program or activity in video footage, print display or other transmission or reproduction, in whole or in part, for broadcast, promotional, commercial, sales related or other uses deemed suitable by CAMBA, in perpetuity worldwide, in any media whether now known or hereafter created without any additional consideration.

I hereby certify that I am the parent/legal guardian or \_\_\_\_\_  
release CAMBA from any and all claims, damages, liabilities, costs and expenses which I now have or hereafter have by reason of any use thereof. I further indemnify CAMBA against any and all claims, damages, liabilities, costs and expenses arising out of the use of ideas and words expressed by me.

I AGREE AND ACCEPTED THE ABOVE CONDITIONS:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

