

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 Primary Address (Number and Street):

Applicant's Apt. Number:

Applicant's City:

Zip Code:

Applicant's Sex at Birth (Select One):

- ☐ Female
☐ Male
☐ X (not female or male)
☐ Not sure

Applicant's Race (Select all that Apply):

- ☐ American Indian and Alaskan Native
☐ Asian
☐ Black or African-American
☐ Middle Eastern/North African
☐ Native Hawaiian and Other Pacific Islander
☐ White or Caucasian
☐ Other _____

Applicant's Ethnicity (Select One):

- ☐ Hispanic or Latinx
☐ Not Hispanic or Latinx

Applicant's Gender Identity (For Applicants Ages 14+, Select all that Apply):

- ☐ Female
☐ Male
☐ Non-Binary (not Female or Male)
☐ Gender Nonconforming
☐ Two Spirit (Native American/First Nations)
☐ Decline to Answer
☐ Do Not Understand the Question
☐ Not Sure
☐ Another Gender: _____

Does The Applicant Identify As Transgender? (For Applicants Ages 14+, Select One):

- ☐ Yes
☐ Decline to answer
☐ No
☐ Do Not Understand The Question
☐ Not Sure

Applicant's Gender Pronoun (For Applicants Ages 14+, Select One):

- ☐ She/Her/Hers ☐ Decline to Answer
☐ He/Him/His ☐ Another Pronoun: _____
☐ They/Them/Theirs _____

Applicant's Sexual Orientation (For Applicants Ages 14+):

- ☐ Heterosexual (straight) ☐ Queer
☐ Gay ☐ Questioning
☐ Lesbian ☐ Not Sure
☐ Bisexual ☐ Decline to Answer
☐ Pansexual ☐ Another Sexual Orientation: _____
☐ Asexual _____

☐ Applicant lives in a NYCHA Development (please provide name) _____

Part II: Applicant's (or Parent/Guardian's) 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:

<input type="checkbox"/> Home _____	<input type="checkbox"/> Cell _____	<input type="checkbox"/> No Email
<input type="checkbox"/> Work _____	<input type="checkbox"/> 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			
2	Emergency Contact #2 Name: _____	Relationship to Participant: _____ <input type="checkbox"/> Emergency contact is parent/guardian of participant		
	Address: _____ City: _____ State: _____ Zip Code: _____ <input type="checkbox"/> Same as 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:
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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: <input type="checkbox"/> Pre-K <input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	Middle School: <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th
High School: <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> Obtained High School Diploma <input type="checkbox"/> Obtained High School Equivalency	Community College: <input type="checkbox"/> 1st year <input type="checkbox"/> 2nd Year <input type="checkbox"/> 3rd year <input type="checkbox"/> 4th Year + <input type="checkbox"/> Obtained Associate's Degree
4-Year College/University: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Obtained Bachelor's Degree	Master's Degree: <input type="checkbox"/> Some Master's Degree credits, but no degree attained <input type="checkbox"/> Obtained Master's Degree
Doctorate Degree: <input type="checkbox"/> Some Doctorate degree credits, but no degree attained <input type="checkbox"/> Obtained Doctorate Degree	Professional Degree: <input type="checkbox"/> Some Professional Degree credits (e.g. MD, DDS, DVM, LLB, JD), but no degree attained <input type="checkbox"/> Obtained Professional Degree (e.g. MD, DDS, DVM, LLB, JD)
Other: <input type="checkbox"/> Obtained Foreign Degree <input type="checkbox"/> No Formal Schooling Attained	Vocational/Trade School: <input type="checkbox"/> Some Vocational or Trade School credits, but no certificate or degree attained <input type="checkbox"/> Obtained a certificate or degree from a Vocational or Trade school

Applicant's Current Work Status (Select One):

- | | | |
|--|--|--|
| <input type="checkbox"/> Employed Full-Time | <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Unemployed (Short-Term, 6 months or less) | <input type="checkbox"/> Unemployed (Long-term, more than 6 months) | <input type="checkbox"/> Unemployed (Not in labor force) |
| <input type="checkbox"/> Migrant Seasonal Farm Worker | <input type="checkbox"/> 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):

- ☐ English ☐ Albanian ☐ Arabic
☐ Bengali ☐ Chinese* ☐ French
☐ Fulani ☐ German ☐ Gujarati
☐ Haitian Creole ☐ Hebrew ☐ Hindi
☐ Hungarian ☐ Italian ☐ Japanese
☐ Korean ☐ Kru, Ibo, or Yoruba ☐ Mande
☐ Punjabi ☐ Persian ☐ Polish
☐ Portuguese ☐ Romanian ☐ Russian
☐ Spanish ☐ Tagalog ☐ Turkish
☐ Urdu ☐ Vietnamese ☐ Yiddish

☐ Other: _____
**including Cantonese and Mandarin*

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

- ☐ English ☐ Albanian ☐ Arabic
☐ Bengali ☐ Chinese ☐ French
☐ Fulani ☐ German ☐ Gujarati
☐ Haitian Creole ☐ Hebrew ☐ Hindi
☐ Hungarian ☐ Italian ☐ Japanese
☐ Korean ☐ Kru, Ibo, or Yoruba ☐ Mande
☐ Punjabi ☐ Persian ☐ Polish
☐ Portuguese ☐ Romanian ☐ Russian
☐ Spanish ☐ Tagalog ☐ Turkish
☐ Urdu ☐ Vietnamese ☐ 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):

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



Agency: _____

School: _____

Parent Consent for Participation in Program Evaluation Data Collection

Purpose

Your child is enrolled in a program that is supported by the Department of Youth and Community Development (DYCD). American Institutes for Research (AIR) is doing a study of the programs that are funded by DYCD. 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 youth programs**. This project has been approved by the Department of Education (DOE). AIR will visit some of the programs and survey its staff as well as youth and their families to learn more about DYCD programs and how they can be improved.

Procedures

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

- Administer **10-minute surveys** to youth asking about the DYCD program in which they participate and their perceptions of youth leadership development in the program
- Invite youth to attend a **1-hour focus group and/or interview** about the DYCD program in which they participate, focused on their experience in the program and their perceptions of youth leadership development
- Review youth **DYCD program records**, focused on their activity participation, enrollment dates, attendance, and demographic information

AIR may also collect and analyze 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 youth or their families.

Risks/Benefits

The risks involved in participating in this research are those individuals may normally experience when discussing their program experiences. There are no direct benefits to your child from participation, but they may benefit from having the chance to think critically about their program experiences and leadership development. The results of this research project will be used to inform future implementations of programs at DYCD and may expand on currently available research related to youth development leadership.

Confidentiality

Members of the AIR evaluation team will have access to your child's information. All information we collect will be used only to assess the DYCD program and will not be made public. **We will not use your name or your child's name in any report, and your child's information will not be used or distributed for future research studies.**

TURN THE PAGE TO COMPLETE AND SIGN →

Parent Consent for Participation in Program Evaluation Data Collection

Voluntary Participation

Participation in this study is voluntary. Even if you decide to allow your child to participate, your child is free not to answer any question or to withdraw from participation at any time without penalty. **Choosing not to participate in the evaluation will not affect your child in school, in the DYCD program, or in any other way.**

Contacts and Questions

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.

Statement of Consent

Review the options below and check the boxes where you agree:

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

- ☐ *My child CAN complete AIR surveys about youth leadership development.*
- ☐ *My child CAN attend focus groups and interviews about their experience in the program and their perceptions of youth leadership development.*
- ☐ *My child's DYCD program records CAN be shared with AIR.*
- ☐ *My child's school records CAN be shared with AIR.*
- ☐ *No, I DO NOT WANT MY CHILD, _____, TO PARTICIPATE IN THE AIR DATA COLLECTION ACTIVITIES.*
- ☐ *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.*

Signature

Date

Consent for Audio Recording

If you gave your child permission to participate in focus groups and interviews, AIR researchers may record the youth 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 AIR evaluation team will hear the recording, and the recording will be deleted when the study is concluded. Youth 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 director at AIR, at (312) 588-7341 or by email at jnewman@air.org. If you have questions about DYCD programs, visit DYCD Youth Connect <http://www1.nyc.gov/site/dycd/connected/youth-connect.page> or call by phone at 1-800-246-4646.

Waiver of Liability

I am aware and understand that participation in the activities to be engaged in by participants during the New York Junior Tennis League, Inc. (“NYJTL”) programs may result in personal injury, exposure to infectious syndromes or disease, death or property damage. In consideration of my child being able to participate in the NYJTL programs, I hereby knowingly and voluntarily, on behalf of myself and my child, (i) agree to accept and assume any and all such risks and (ii) waive any and all claims and release and hold harmless NYJTL and its directors, officers, agents, employees and volunteers (the “Releasees”) from any and all liability except to the extent resulting directly from the negligence of the Releasees.

This Waiver constitutes the sole and entire agreement of NYJTL and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Waiver is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Waiver or invalidate or render unenforceable such term or provision in any other jurisdiction.

I HAVE READ THIS WAIVER, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

I have read and fully understand the above and give my permission for my child to participate in NYJTL’s ACES Club after-school program.

Parent/Guardian Signature:

Printed Name:

Relationship to Minor:

Address:

Date:

Behavior Contract

All families are required to sign the following contract regarding the expectations of the New York Junior Tennis and Learning ACES Club. These rules and regulations are mirrored after the rules set forth by the Chancellor of the Department of Education.

PLEASE REVIEW THESE EXPECTATIONS WITH YOUR CHILD.

1. All participants must attend the program regularly and may not miss the program without prior consent except as set forth in Paragraph 16 below.
2. Participants must arrive at the designated arrival location immediately after class.
3. Participants may not leave the program or building. **Any participant who leaves the building without permission will be immediately dismissed from the program.**
4. Participants may not leave any activity or academic session without being escorted by a staff member (elementary and middle school). Middle School students must have written permission to leave a session in the form of a pass.
5. Participants should be respectful and responsible. They should behave in an appropriate manner and not act disruptively in the halls or during activities.
6. Participants are not to bring video games, iPods, cell phones, or any electronic devices to the ACES Club.
7. The use of profane or obscene language or gestures is prohibited.
8. Lying or giving false information verbally or in writing to ACES Club staff is prohibited.
9. The use of racial, ethnic, gender, sexual orientation, religious or national origin slurs is prohibited.
10. Acts of intimidation, coercion, extortion, or sexual harassment are prohibited.
11. Fighting is prohibited. **Physical force against other participants or staff is prohibited and will result in immediate dismissal.**
12. School and ACES Club property, including walls, books and other equipment, should be treated with respect and not defaced.
13. Stealing is prohibited.
14. Tobacco, Alcohol, any other Drugs, or weapons are prohibited. **Any participant who brings a weapon onto school property will be immediately dismissed from the program.**
15. Falsely activating a fire alarm or other disaster alarm is prohibited. **Any participant who falsely activates a fire alarm or other disaster alarm will be dismissed from the program.**
16. Participant and Parent/Guardian shall comply with all policies, procedures and instructions from NYJTL regarding COVID-19, including any COVID-19 screening procedures implemented by NYJTL and any requirements as to face coverings. Each day prior to participation in the program, participants will be subject to a temperature check. At the beginning of each week, Parent/Guardian shall submit a completed screening questionnaire to NYJTL as follows: [insert method of submission- can this be done online? Only upon successful completion of both may Participant participate in the program. For purposes of clarity, should a Participant be determined to have a fever in excess of 100 F, Participant will be denied entry to the program and either sent home or sent to a designated area for quarantine prior to being picked up.

Any participant who fails to comply with the above is subject to discipline, up to and including dismissal from the program, in the sole discretion of New York Junior Tennis and Learning.

Student Name: _____

Grade: _____

Student Signature: _____

Date: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Medical Consent Form

I am aware that Program will be legally unable to render medical care (including injection with an EpiPen, injection of Diphenhydramine, or use of asthma inhalers or nebulizers) to [____] should [he] /[she] have an allergic reaction, asthma attack or other medical issue and that NYJTL's sole duty in such event will be to call 911. By signing below, I hereby acknowledge that I am aware of such limitation and assume all risk and responsibility related thereto.



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 New York Junior Tennis and Learning 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.

I am aware that my child may be asked a variety of questions concerning New York Junior Tennis and Learning 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 New York Junior Tennis and Learning personnel during the interview or photo session. However, there may not be New York Junior Tennis and Learning personnel supervision if the photographs or video or voice recordings are part of a general background scene in which 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 New York Junior Tennis and Learning 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 New York Junior Tennis and Learning events and activities, and for any and all such photographs and/or recordings to be displayed by New York Junior Tennis and Learning, 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.

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



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, New York Junior Tennis and Learning 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 funding 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, school choice, and any other reports pertaining to academic progress.
- 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 two 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. Participation in the evaluation is completely voluntary, and Participant may withdraw at any time without consequence. Personal information will not be used for any purposes after the evaluation is complete.

Please select **ONE** of the options below and return this form to the Program Site Director / Coordinator

- ☐ 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



Parent/Guardian Data Release Consent Form

I. Information being requested.

New York Junior Tennis and Learning 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 a combined, not individualized, format to help advocate for continued funding.

II. What information from your child's student records is New York Junior Tennis and Learning requesting?

We are requesting your permission to allow/authorize New York Junior Tennis and Learning 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 to New York Junior Tennis and Learning. 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, grades, promotion and retention status); 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 New York Junior Tennis and Learning Data Department and DOE staff who manage the data systems and prepare research reports and program analyses. A limited number of New York Junior Tennis and Learning staff identified to receive personal information is screen and provided extensive training to follow strict guidelines on protecting the confidentiality of information that would personally identify you or your child. Personal identifiable information collected from student records will only be shared electronically between DOE and New York Junior Tennis and Learning and will be secured and protected in the New York Junior Tennis and Learning 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 New York Junior Tennis and Learning 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 New York Junior Tennis and Learning on an ongoing basis.

☐ **Yes, I authorize New York Junior Tennis and Learning and DOE to share my child's information/student records.**

☐ **No, I do not authorize New York Junior Tennis and Learning 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)* _____

EMERGENCY MEDICAL CARE FORM

(To be completed by the parent or guardian)

Participant's

Date of Birth:

Name:

1. I authorize New York Junior Tennis and Learning ("Program") to, if necessary, provided basic first aid in accordance to their level of training. Injury assessment and intervention will include the use of ice pack as appropriate.
2. If my child requires emergency medical care as determined by an appropriately trained employee of the Program, I give my consent to the above Program to obtain the necessary medical care for my child. I agree to pay all the costs associated with the emergency medical care that my child receives.
3. I hereby release the Program from any and all claims which I or my child may have against New York Junior Tennis and Learning arising from or in connection with the providing of First Aid as described herein, except where due to the negligence of New York Junior Tennis and Learning. This agreement is signed for the purpose of fully and completely releasing, discharging, and indemnifying the program from all liability as described herein.
4. Following emergency medical care, my child may be released to the following people:

Name:	_____	Relationship to Child:	_____	Age:	_____
Address:	_____	Employer:	_____		
Home Phone:	_____	Work Phone:	_____		

Name:	_____	Relationship to Child:	_____	Age:	_____
Address:	_____	Employer:	_____		
Home Phone:	_____	Work Phone:	_____		

Name:	_____	Relationship to Child:	_____	Age:	_____
Address:	_____	Employer:	_____		
Home Phone:	_____	Work Phone:	_____		

5. Health Information:

Allergies:	_____	Religious Preference: (optional)	_____
Last Tetanus:	_____	Medication(s) being taken:	_____

Student's Doctor
(Name and Phone) _____

Medical history or other pertinent facts that should be known: _____

6. I understand that this consent will be in effect as of the date of my signing this form and will continue if my child is enrolled in the Program.

Parent/Guardian Signature

Date

Parent Involvement

Parent First Name:

Parent Last Name:

Home Phone Number:

Work Phone:

Cell Number:

Email:

☐ I give New York Junior Tennis and Learning permission to email special alerts, announcements and student information. You may opt out at any time.

☐ I give New York Junior Tennis and Learning permission to text my mobile number with special alerts, announcements and student information. You may opt out anytime, standard text messaging rates may apply as provided in your wireless plan.

What kind of work do you do?

What is your company affiliation (optional):

**I would like to support New York Junior Tennis and Learning Programs by
(Check areas of interest):**

Becoming a volunteer:

- ☐ Fall (September-December)
- ☐ Winter (January-March)
- ☐ Spring (April-June)
- ☐ Summer (July- August
kind or monetary)

- ☐ Getting my company involved
- ☐ Advocating for after school programs
- ☐ Following New York Junior Tennis and Learning on social media
- ☐ Directing donations to New York Junior Tennis and Learning
- ☐ Other:

Certification Statement

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: _____