

Please Fax or Email complete forms to:

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OST PROGRAM

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 optional. 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.

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 (pages 2, 3)
- Participant Health and Safety (pages 3, 4)
- Signatures (pages 5, 6)
- Parent Consent Form
- Other _____

PROGRAM OVERVIEW

Out of School Time (OST): The OST initiative is the City's public after-school program and focuses on providing engaging academic, recreational, civic and cultural activities for students. The programs serve students in grades K- 8 after school, on many school holidays and during part of the summer, and are typically divided between elementary and middle school. Programs are operated by community based organizations and emphasize strong CBO and school partnerships, as well as family engagement. OST programs are primarily school based, and also operate from community based centers, public housing developments and city parks.

OST Transition to High School: This initiative provides students entering the 9th Grade the support they need to adjust to the academic, social and emotional demands of high school. Counselor advocates foster peer bonding and parental involvement and ensure student access to critical support services with a goal of having participants promoted to 10th grade with the requisite number of credits and on the path to graduation and post-secondary success. http://www.nyc.gov/html/dycd/html/afterschool/out of school time,shtml

This program is operated by: HAI + Mark Twain

Description of the Community-Based Organization Name, short description, and contact information

For more into about HAI (Healing Arts Initiative)
please visit: www.hainyc.org

Please save this page for your records and future reference.

OST PROGRAM

O PARTICIPANT BACKGROUND

DUND	Department of Youth & Community Development
Who is enrolling in this program?	

1		Who is enrolling in this program? ☐ Me ☐ My character yourself, you must be 18+ years old. Phone number (2):		
Date		Program Year	SY 113-114	
Last Name		First Name		
Home Address		Apartment Number		
City		State		
Zip Code		Borough		
Home Phone		Cell Phone		
Email		*SSN		
Gender	☐ Female ☐ Male ☐ No Response		☐ Birth Certificate ☐ Passport	
Date of Birth		*Proof of ID	☐ Driver's License ☐ Non-Driver State ID	
Ethnicity	☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ No Response		□ Other	
Race	☐ American Indian or Alaskan Native ☐ Asi ☐ Native Hawaiian/Pacific Islander ☐ Wi	an Black/Afric		
Country of Origin		Primary Language		
English Proficient	☐ Yes ☐ No	Additional Language(s)		
Student Status	Is the participant a student: Yes No	If yes:	☐ Full-time ☐ Part-time	
School Type	□Public □Charter □Private □Other	Student ID / OSIS #		
School Name		School Address		
Teacher/ Advisor		Current Grade Level		
		· ·	last grade: lency	
If you are N	(II a student are vou:	yed for wee		
who is parti	nyone else in your household cipating in this program. and last names.			

O PARTICIPANT BACKGROUND



Section 1. Participant Background (continued)

The participant lives in housing that OR The participant		ply) ☐ Rental ☐ Family Owner ☐ Homeless ☐ Other	
Is or has the participant ever been in	foster care:		☐ Yes ☐ No
Has the participant been enrolled in Children's Services (ACS)?	programs operate	ed by the Administration for	☐ Yes ☐ No
Is the participant or any member of t Medicaid, Child Health Plus, Family H			☐ Yes ☐ No
If you answered no to the previous q someone for assistance with health i		ou like to be contacted by	☐ Yes ☐ No
Number of individuals in your housel	hold:		
* Is the participant or any member o	f your household	receiving public assistance?	☐ Yes ☐ No
* Is the participant or any member of	f 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

PARTICIPANT SAFETY

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

NAME		Total de Calabration	Relationship to Participant:	
Pick Up Address Apartment City, State Zip Code	☐ This person may pick up my child.	Contact	Write down all numbers and circle the best number to call in case of an emergency: Home Cell Work Email	
NAME	ESTATE OF THE PERSON OF THE PE	The Print Print State of the Pri	hip to Participant:	
Pick Up Address Apartment City, State	☐ This person may pick up my child.	Contact	Write down all numbers and circle the best number to call in case of an emergency: Home Cell Work	
Zip Code			□ Email	



Department of Youth & Community Development

Section 2. Participant Safety (continued)

ergies to fo	ood	☐ Behavioral/Emotional Issues	☐ Diabetes	☐ Obesity
The state of the s		☐ Convulsions/Seizures	☐ Medication	☐ Physical Disa
thma		☐ Congestive Illness (e.g., heart murmur/disease, blood pressure)	☐ Corrective Devices (e.g., crutches, hearing aid, eye glasses	☐ Pregnancy
		above OR there are other importa rticipant MAY NOT do, please prov		articipation in the pr
	H	This section is only for paren	ts enrolling their children. ¶	rit
		The second secon		
K UP/DIS	MISSAL IN	FORMATION.		
		FORMATION. tion to walk home alone at dismis	sal. 🗆 Yes 🗀 No	
My chile	d has permiss	THE RESERVE OF THE PARTY OF THE		
My child	d has permiss	ion to walk home alone at dismis		
My child	d has permiss	sion to walk home alone at dismis		
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My child	d has permiss I MAY NOT be ing individual Write down	sion to walk home alone at dismis picked up by: s are authorized to pick up my ch	ild: Relationship to Participant pest number to call in case of an e	
My child My child The follow	d has permiss MAY NOT be ing individual Write down	sion to walk home alone at dismist picked up by: s are authorized to pick up my character and circle the bases.	ild: Relationship to Participant pest number to call in case of an e	
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My child My child The follow NAME Phone	d has permiss I MAY NOT be ing individual Write down Home Work	sion to walk home alone at dismise picked up by: s are authorized to pick up my che all phone numbers and circle the b	Relationship to Participant Dest number to call in case of an element of the call of the	
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PARTICIPANT INTERESTS.

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Youth			nity
Devel	opme	ent	

Interests/Activities	☑ Likes/Strengths	P 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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Sports (team, individual)			
Video Games			
Board Games			+
Cooking & Nutrition		1000 04400 550000 044000 0440 0440 0440	
Gardening			

How we can be helpful to you/your child? Are the helpful to you/your child?			g and or
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 i	ist goals you would like to shar	e with us.
OTHER SERVICES.			
*Please check any other DYCD services you or you	ur family might be intereste	d in learning more about?	
☐ Education/Literacy/High School		☐ Senior Services	
	nigrant Services	☐ Summer Youth Em	ployment
	TQ Support Services	☐ Young Adult Intern	
	away and Homeless Youth		
□ Workshops/Fairs (College Prep, Financial Plann			
Workshops/rairs (College Prep, Pinancial Planin	ing, ratetiting, etc.,		
SIGNATURES.			
To the best of my knowledge the information at	ove is true. I agree to its v	ennication and understand the	II Nam Vock
falsification may be grounds for termination of s		ed may be used by the City of	HEW TOTK
to improve City services or to access additional i	unding.		
the second of the second of the second of the			
I have completed this application for my child.			
Parent/Guardian: (Print)	(Sign)	(Date)	
(Print)	(Sign)	(Cate)	
I have completed this application for myself.			
Applicant: (18 and older)			
(Print)	(Sign)	(Date)	
(rinit)	/9/	1-2001	
Organization:			
Intake Specialist/Staff:	Da Da	te:	
A CONTRACTOR OF THE STATE OF TH			



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's 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 safeguar ded?

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.

rieasi	e check les of the to each of the following	g statements.
П	I understand why DYCD is asking my p from my child's student records, and I g with DYCD on an ongoing basis.	ermission to access the information listed above ive permission to DOE to share that information
	Yes, I give my permission	No, I do not give my permission
٥	I understand why DYCD is asking my p collected by DYCD with DOE staff and information with DOE on an ongoing ba Yes, I give my permission	ermission to share information about my child I give my permission to DYCD to share sis. No, I do not give my permission
	nt/Applicant Name:	
	t/Guardian Name:	Deter
Paren	t/Guardian Signature:ional Parent/Guardian Name:	Date:
Addit	ional Parent/Guardian Signature: (optional)	
	Consent for Photo/Videotaping	
repres specia interv video progra as bro	sentatives and public relations personnel made events, both in-school and away from some or otherwise record children who part is and interviews may be used solely for not am to promote the programs in printed and ochures, books, print and email newsletter, is may also be used by DYCD in its public I understand my child may be photograp program activities and special events and	l electronic media published by our agency, such DVDs and videos, websites and blogs. These ations for non-profit educational purposes. The purposes of the purposes of the purposes of the purposes.
-		
	for non-profit, non-commercial purposes	be used in materials that promote programs, solely
		or me brokram.
	Vac I give my nermission	No you do not have permission
	Yes, I give my permission	No, you do not have permission

for my child with the understanding that the fan understand that every effort will be made to con	o obtain necessary emergency medical treatment only will be notified as soon as possible. I stact 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 a wishes. I understand that consent is voluntary a	ll the above consent statements and indicated my 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



Agency:	HAI	
School:	Mantwain	IS 239

Parent Consent for Participation in Data Collection

Dear Parent:		
effectiveness of this program	, is enrolled in a program at t of Youth and Community Development (DYCD). In order to and ensure its future success, DYCD is collecting information al This information will help DYCD learn how the program helps spect has been approved by the Department of Education.	your participants
Specifically we ask permis	ssion from parents to:	
☐ Survey children about	t the DYCD program.	
public. Participating in the other way. We will not use	liect will be used only to assess the DYCD program and will e evaluation will not affect your child in school, in the program and will your name or your child's name in any report. Participation is consequences.	am, or in any
Please select one of the o	options below.	
You only need to comp participate."	plete and return this form if you select "No, I do not want my	y child to
YES, I GIVE PERMISSI permission for my drild to perticip	ION FOR MY CHILD TO PARTICIPATE. I have read the above in the DYCD survey.	nformation and I give
Sgnature	Date	
NO, I DO NOT WANT gvepsmission for my drild to par	MY CHILD TO PARTICIPATE. I have read the above information a rticipate in the DYCD data adjection activities.	and I DO NOT
Sgnature	Date	
If you have any questions or	concerns, please contact Lisa Gulick at DYCD at 212-676-8100.	

New York City

Department of Youth and Community Development

http://www.nyc.gov/html/dycd/