



Application Cover Sheet

Políticas de registración	Enrollment Packet
<p>Los paquetes de inscripción solo se aceptarán si el formulario está completa en su totalidad incluyendo todos los documentos requeridos.</p> <p>Los paquetes de inscripción deben ser presentados por el padre / tutor nombrado en la aplicación.</p> <p>Los participantes del Programa Después de la Escuela y del campamento de verano de PAL deben tener entre 5 a 13 años de edad para cuando entren al programa. Además, todos los solicitantes de 5 años también deben estar inscritos en Kindergarten durante el año escolar actual.</p>	<p><u>Enrollment packets will only be accepted if this form is completely filled out, and all required documents are enclosed.</u></p> <p>Enrollment packets <u>must be submitted by the Parent/Guardian named on the application.</u></p> <p>PAL After School and Summer Day Camp participants must be between 5 and 13 years of age by the time they join the program. Furthermore, all 5-year-old applicants must also be enrolled in Kindergarten during the current school year.</p>
Los siguientes documentos deben presentarse junto con este formulario.	Documentation
<ul style="list-style-type: none"> Registros médicos y record de vacunas Requerido por el departamento de salud del estado de Nueva York y requeridos para todos los participantes de PAL Certificado de nacimiento / pasaporte Factura o "lease" actual (la dirección debe coincidir con la información del padre / tutor) Reporte de calificación reciente Foto "Headshot" actual <p>** uso de cualquier dispositivo para tomar la foto documentos son aceptadas</p>	<ul style="list-style-type: none"> Current Medical and Immunization Records Mandated by NYS and required of all PAL participants Birth Certificate/Passport Current Bill or Lease (address must match Parent/Guardian's information) Recent Report Card Current headshot picture only. <p>** use of any device to take the picture and documents are accepted**</p>
Importante Noticas	Important Notices
<ul style="list-style-type: none"> Esta solicitud se puede firmar electrónicamente. Si no puede firmarlo, firmelo en el sitio.. Solo las aplicaciones que estén completa recibirán una respuesta dentro de siete (7) días hábiles Envíe la solicitud completa al correo electrónico del centro que seleccionó. <p>** ¡No se aceptará aplicaciones que no tengan documentación.</p>	<ul style="list-style-type: none"> This application can be signed electronically. If you cannot sign it please sign it at the site. Only applications that are completed will get a response within seven (7) business days. Email the completed application to the site email. <p>** Applications missing any documentation will not be accepted!**</p>

PAL Sites	PAL Sites
<p>Armory Center- armory@palnyc.net Breukelen Cornerstone- breukelen@palnyc.net William J Duncan Center- duncan@palnyc.net Edward Byrne Center- ebc@palnyc.net Goldie Maple Academy- gma@palnyc.net Harlem Center - harlem@palnyc.net Pathways Prep - pathways@palnyc.net Petrides Campus- petrides@palnyc.net PS 13- thirteen@palnyc.net PS 41 fortyone@palnyc.net PS 47- fortyseven@palnyc.net PS 48 fortyeight@palnyc.net PS 78 seventyeight@palnyc.net Port Richmond Center- prc@palnyc.net MS 118- oneeighteen@palnyc.net New South Bronx- nsbc@palnyc.net Polo Grounds Cornerstone- pologrounds@palnyc.net Webster Center - webster@palnyc.net Wynn Center - wynn@palnyc.net</p>	<p>Armory Center- armory@palnyc.net Breukelen Cornerstone- breukelen@palnyc.net William J Duncan Center- duncan@palnyc.net Edward Byrne Center- ebc@palnyc.net Goldie Maple Academy- gma@palnyc.net Harlem Center - harlem@palnyc.net Pathways Prep - pathways@palnyc.net Petrides Campus- petrides@palnyc.net PS 13- thirteen@palnyc.net PS 41 fortyone@palnyc.net PS 47- fortyseven@palnyc.net PS 48 fortyeight@palnyc.net PS 78 seventyeight@palnyc.net Port Richmond Center- prc@palnyc.net MS 118- oneeighteen@palnyc.net New South Bronx- nsbc@palnyc.net Polo Grounds Cornerstone- pologrounds@palnyc.net Webster Center - webster@palnyc.net Wynn Center - wynn@palnyc.net</p>

How to complete the application

1. Please download the PDF Application.
2. Using Adobe Acrobat Reader, please use sign and fill (entirely free for download) and enter all the necessary information. If you cannot sign, it can be done at the mandatory orientation.
3. Once completed, save the PDF as LASTNAME_FIRSTNAMESDCAPPLICATION. Please use your child's name.
4. Please read the cover sheet* for the required documents.
5. Email completed application to your center of choice (emails are included on the cover sheet).
6. You will receive an email confirmation from the center that your application was received. The email confirmation is not an acceptance into the program.

Thank you for your interest in the PAL After-school or Summer Day Camp!

Cómo completar la solicitud

1. Descargue la aplicación del campamento de verano versión PDF haciendo.
2. Usando Adobe Acrobat Reader, use firmar y completar (totalmente gratis para descargar) e ingrese toda la información necesaria. Si no puede firmar, puede hacerlo en la orientación de padres la cual es mandatorio.
3. Una vez completado, guarde el PDF como APELLIDO_PRIMERNOMBREAPLICACIONSDC. Por favor use el nombre de su hijo/a.
4. Lea la portada * para ver los documentos requeridos.
5. Envíe por correo electrónico la solicitud completa a su centro de elección (los correos electrónicos están incluido en la portada).
6. Recibirá un correo electrónico del centro que eligió confirmado que su solicitud fue recibida. Esta confirmación por correo electrónico no es una aceptación en el programa.

¡Gracias por su interés en el campamento de verano o después de la escuela de PAL!

For more information call 1-800-PAL-4KIDS (725-4543)

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:
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Applicant's Date of Birth (MM/DD/YEAR):	Applicant's Primary Address (Number and Street):
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Applicant's Apt. Number:	Applicant's City:	Zip Code:
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Applicant's Sex at Birth (Select One): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X (not female or male) <input type="checkbox"/> Not sure	Applicant's Race (Select all that Apply): <input type="checkbox"/> American Indian and Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other _____	Applicant's Ethnicity (Select One): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
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Applicant's Gender Identity (For Applicants Ages 14+, Select all that Apply): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary (not Female or Male) <input type="checkbox"/> Gender Nonconforming <input type="checkbox"/> Two Spirit (Native American/First Nations) <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Do Not Understand the Question <input type="checkbox"/> Not Sure <input type="checkbox"/> Another Gender: _____	Does The Applicant Identify As Transgender? (For Applicants Ages 14+, Select One): <input type="checkbox"/> Yes <input type="checkbox"/> Decline to answer <input type="checkbox"/> No <input type="checkbox"/> Do Not Understand The Question <input type="checkbox"/> Not Sure
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Applicant's Gender Pronoun (<i>For Applicants Ages 14+, Select One</i>): <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> Decline to Answer <input type="checkbox"/> He/Him/His <input type="checkbox"/> Another Pronoun: <input type="checkbox"/> They/Them/Theirs _____	Applicant's Sexual Orientation (<i>For Applicants Ages 14+</i>): <input type="checkbox"/> Heterosexual (straight) <input type="checkbox"/> Queer <input type="checkbox"/> Gay <input type="checkbox"/> Questioning <input type="checkbox"/> Lesbian <input type="checkbox"/> Not Sure <input type="checkbox"/> Bisexual <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Pansexual <input type="checkbox"/> Another Sexual Orientation: <input type="checkbox"/> Asexual _____
<input type="checkbox"/> 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:

<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:
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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
	Address: <input type="checkbox"/> Same as Participant	City:	State:	Zip Code:
2	Emergency Contact #2 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:

Home _____ Cell _____
 Work _____ Email _____ No Email

Address: <input type="checkbox"/> Same as Participant	City:	State:	Zip Code:
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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

<p>Does the applicant have health insurance? (Select One):</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer </p>	<p>If yes, what kind of health insurance does the applicant have? (Check all that Apply):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Medicaid</td> <td><input type="checkbox"/> Medicare</td> <td><input type="checkbox"/> State Children's Health Insurance Program</td> </tr> <tr> <td><input type="checkbox"/> Employment-Based</td> <td><input type="checkbox"/> Direct-Purchase</td> <td><input type="checkbox"/> State Children's Health Insurance for Adults</td> </tr> <tr> <td><input type="checkbox"/> Military Health Care</td> <td><input type="checkbox"/> Decline to Answer</td> <td></td> </tr> </table>	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> State Children's Health Insurance Program	<input type="checkbox"/> Employment-Based	<input type="checkbox"/> Direct-Purchase	<input type="checkbox"/> State Children's Health Insurance for Adults	<input type="checkbox"/> Military Health Care	<input type="checkbox"/> Decline to Answer	
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<p>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):</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer </p>	<p>If you would like to be contacted about signing up for public health insurance, what is your preferred method of contact? (Select One):</p> <p style="text-align: center;"> <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> US Mail <input type="checkbox"/> Via provider <input type="checkbox"/> Decline to Answer </p>									

Part V: Additional Applicant Information

<p>How well does the applicant speak English? (Select One):</p> <p> <input type="checkbox"/> Fluent/Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not well at all </p>	<p>Applicant's Primary Language (Select One):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> Albanian</td> <td><input type="checkbox"/> Arabic</td> </tr> <tr> <td><input type="checkbox"/> Bengali</td> <td><input type="checkbox"/> Chinese*</td> <td><input type="checkbox"/> French</td> </tr> <tr> <td><input type="checkbox"/> Fulani</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Gujarati</td> </tr> <tr> <td><input type="checkbox"/> Haitian Creole</td> <td><input type="checkbox"/> Hebrew</td> <td><input type="checkbox"/> Hindi</td> </tr> <tr> <td><input type="checkbox"/> Hungarian</td> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Japanese</td> </tr> <tr> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Kru, Ibo, or Yoruba</td> <td><input type="checkbox"/> Mande</td> </tr> <tr> <td><input type="checkbox"/> Punjabi</td> <td><input type="checkbox"/> Persian</td> <td><input type="checkbox"/> Polish</td> </tr> <tr> <td><input type="checkbox"/> Portuguese</td> <td><input type="checkbox"/> Romanian</td> <td><input type="checkbox"/> Russian</td> </tr> <tr> <td><input type="checkbox"/> Spanish</td> <td><input type="checkbox"/> Tagalog</td> <td><input type="checkbox"/> Turkish</td> </tr> <tr> <td><input type="checkbox"/> Urdu</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Yiddish</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table> <p style="text-align: right; font-size: small;">*including Cantonese and Mandarin</p>	<input type="checkbox"/> English	<input type="checkbox"/> Albanian	<input type="checkbox"/> Arabic	<input type="checkbox"/> Bengali	<input type="checkbox"/> Chinese*	<input type="checkbox"/> French	<input type="checkbox"/> Fulani	<input type="checkbox"/> German	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Hindi	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Kru, Ibo, or Yoruba	<input type="checkbox"/> Mande	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Persian	<input type="checkbox"/> Polish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Romanian	<input type="checkbox"/> Russian	<input type="checkbox"/> Spanish	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Turkish	<input type="checkbox"/> Urdu	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Yiddish	<input type="checkbox"/> Other: _____		
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<p>Other Languages Spoken by Applicant (Select all that Apply):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> Albanian</td> <td><input type="checkbox"/> Arabic</td> </tr> <tr> <td><input type="checkbox"/> Bengali</td> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> French</td> </tr> <tr> <td><input type="checkbox"/> Fulani</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Gujarati</td> </tr> <tr> <td><input type="checkbox"/> Haitian Creole</td> <td><input type="checkbox"/> Hebrew</td> <td><input type="checkbox"/> Hindi</td> </tr> <tr> <td><input type="checkbox"/> Hungarian</td> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Japanese</td> </tr> <tr> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Kru, Ibo, or Yoruba</td> <td><input type="checkbox"/> Mande</td> </tr> <tr> <td><input type="checkbox"/> Punjabi</td> <td><input type="checkbox"/> Persian</td> <td><input type="checkbox"/> Polish</td> </tr> <tr> <td><input type="checkbox"/> Portuguese</td> <td><input type="checkbox"/> Romanian</td> <td><input type="checkbox"/> Russian</td> </tr> <tr> <td><input type="checkbox"/> Spanish</td> <td><input type="checkbox"/> Tagalog</td> <td><input type="checkbox"/> Turkish</td> </tr> <tr> <td><input type="checkbox"/> Urdu</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Yiddish</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table> <p><input type="checkbox"/> Not applicable (only one language spoken by applicant)</p> <p style="text-align: right; font-size: small;">*including Cantonese and Mandarin</p>	<input type="checkbox"/> English	<input type="checkbox"/> Albanian	<input type="checkbox"/> Arabic	<input type="checkbox"/> Bengali	<input type="checkbox"/> Chinese	<input type="checkbox"/> French	<input type="checkbox"/> Fulani	<input type="checkbox"/> German	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Hindi	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Kru, Ibo, or Yoruba	<input type="checkbox"/> Mande	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Persian	<input type="checkbox"/> Polish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Romanian	<input type="checkbox"/> Russian	<input type="checkbox"/> Spanish	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Turkish	<input type="checkbox"/> Urdu	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Yiddish	<input type="checkbox"/> Other: _____			<p>Would the applicant like to receive information/ be contacted about registering to vote?* (Select One):</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p style="font-size: small;">**Applicant is eligible to vote in U.S. federal elections if:</p> <ol style="list-style-type: none"> 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.
<input type="checkbox"/> English	<input type="checkbox"/> Albanian	<input type="checkbox"/> Arabic																																
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Is the applicant any of the following:

- Parent/Legal Guardian? Yes No
- Offender/Justice Involved? Yes No
- Foster Care Participant? Yes No
- Runaway Youth? Yes No
- Veteran? Yes No
- Active Military Personnel? Yes No
- An Individual with a Disability? Yes No 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):

- Single Parent - Female
- Single Parent - Male
- Single Person - No children
- Non-related adults with children
- Two Adults – No Children
- Two Parent Household
- Multigenerational Household
- Other: _____

Applicant's Housing Type (Select One):

- Own
- Rent
- NYCHA
- Shelter
- Homeless
- Other Permanent Housing
- Other: _____

Applicant's Household Size (Select One):

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

Total Household Income in the last 12 Months (Select One):

- \$0
- \$16,241 to \$20,420
- \$28,781 to \$32,960
- \$41,321 to \$50,000
- \$70,001 to \$80,000
- \$100,000+
- \$1 to \$12,060
- \$20,421 to \$24,600
- \$32,961 to \$37,140
- \$50,001 to \$60,000
- \$80,001 to \$90,000
- Decline to Answer
- \$12,061 to \$16,240
- \$24,601 to \$28,780
- \$37,141 to \$41,320
- \$60,001 to \$70,000
- \$90,001 to \$100,000

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

- Employment Wages
- Childcare Voucher
- Housing Choice Voucher
- Permanent Supportive Housing
- Retirement Income from Social Security
- Temporary Assistance for Needy Families (TANF)
- WIC
- Affordable Care Act Subsidy
- Earned Income Tax Credit (EITC)
- HUD-VASH
- Private Disability Insurance
- Social Security Disability Income (SSDI)
- Unemployment Insurance
- Worker's Compensation
- Alimony or other Spousal Support
- Employment Tax Credit
- LIEHEAP
- Public Housing
- Supplemental Security Income (SSI)
- VA Non-Service Connected Disability Pension
- Other: _____
- Child Support
- General Assistance
- Pension
- Safety Net/Home Relief
- Supplemental Nutrition Assistance Program (SNAP)
- VA Service-Connected Disability Compensation
- 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): _____



CBO: _____

School: _____

Parent Consent for Participation in Afterschool Evaluation Data Collection (SONYC and COMPASS High Participants Only)

Dear Parent:

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

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

- Administer 10-minute surveys to children asking about the DYCD afterschool program in which they participate and their perceptions of youth leadership development in the afterschool program
- Invite children to attend 45-minute focus group and/or interview about the DYCD afterschool program in which they participate, focused on their experience in the afterschool program and their perceptions of youth leadership development

AIR may also collect and analyze of 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 children or their families.

Any information we collect will be used only to assess the DYCD afterschool program and will not be made public. The only people who will have access to this information are members of the AIR evaluation team. Choosing not to participate in the evaluation will not affect your child in school, in the afterschool program, or in any other way. We will not use your name or your child's name in any report. There are no known risks to participating in this study. Participation is voluntary and participants may withdraw at any time. 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.

TURN THE PAGE TO COMPLETE AND SIGN →

Parent Consent for Participation in Afterschool Evaluation Data Collection

Please select from the options below:

- Yes, I GIVE PERMISSION FOR MY CHILD, _____, TO PARTICIPATE IN THE FOLLOWING AIR DATA COLLECTION ACTIVITIES:
- My child CAN complete AIR surveys about youth leadership development.
 - My child CAN attend focus groups and interviews about their experience in the afterschool program and their perceptions of youth leadership development.
 - Additionally, 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.
- No, I DO NOT WANT MY CHILD, _____, TO PARTICIPATE IN THE AIR DATA COLLECTION ACTIVITIES.

Signature

Date

Consent for Audio Recording

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



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Medication Policy, Medical Release and Consent

I understand that it is the responsibility of the child, parent, or guardian to ensure that required medication is taken when needed. The medication should be kept in the child’s backpack or cooler. PAL is not responsible for dispensing any medication or reminding any child to take his/her medication. Additionally PAL staff cannot administer any over-the-counter medication.

If my child requires emergency medical care and I cannot be reached, I give my consent to PAL to obtain the necessary medical care for my child. I agree to pay all of the 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 the PAL program.

Signature of Parent/Guardian

Date

YES, I give permission to PAL personnel to administer over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent that I provide for my child.

NO, I DO NOT give permission to PAL personnel to administer over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent that I provide for my child.

Signature of Parent/Guardian

Date

Póliza de Medicamentos, Absuelto de Tratamiento de Emergencias Médica, Consentimiento

Es la responsabilidad del niño(a), del padre o del guardián legal de asegurarse de que la medicina requerida sea tomada cuando necesario. La medicina debe ser mantenida por el niño(a). PAL no es responsable de dispensar ninguna medicina o de recordar a ningún niño(a) de tomar su medicina. El personal de PAL no puede administrar ningún tipo de medicamento

Si mi niño(a) requiere asistencia de emergencia y yo no puedo ser ubicada doy mi consentimiento a PAL para que mi niño(a) puedan recibir asistencia médica en caso de una emergencia. Así mismo acepto los cargos que sean relacionados con cualquier tratamiento de emergencia recibida. Entiendo que todo lo posible será hecho para contactarme antes y después de que se proporciona la asistencia médica

Entiendo que este consentimiento tendrá validez a partir de la fecha en que yo firme el presente formulario y se mantendrá mientras mi hijo(a) esté inscrito en el programa de PAL.

Firma

Fecha

Si, doy permiso al personal de PAL a administrar ungüentos tópicos de venta libre, incluyendo loción protector solar y repelente de insectos aplicados tópicamente que yo proveo.

No, no doy permiso al personal de PAL a administrar ungüentos tópicos de venta libre, incluyendo protector solar ni repelentes de insectos aplicados tópicamente.

Firma

Fecha



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Waiver of Liability

Parents, guardians, participants, and Police Athletic League recognize that the activities to be engaged in by the participants may occasionally result in injury to a child. The staff of PAL will make sure the proper attention is given in the event of illness/accidents, and emergency care. No liability will be asserted nor claim made against PAL or any of the individuals employed by PAL by reason of such an event. I acknowledge that I have read this consent form, and knowingly, on behalf of my child, assume all of the risks associated with participating in any way in the Police Athletic League program.

I have read the above information and I give permission for my child to participate in the PAL

Parent/Guardian Signature: _____ Date _____

Los padres, tutores, participantes y la Liga Atlética de la Policía reconocen que las actividades en las que los participantes pueden participar pueden ocasionar lesiones a un niño. El personal de PAL se asegurará de que se preste la atención adecuada en caso de enfermedad / accidente y atención de emergencia. No se asumirá ninguna responsabilidad ni se reclamará a PAL ni a ninguna de las personas empleadas por PAL como consecuencia de dicho evento. Reconozco que he leído este formulario de consentimiento y, a sabiendas, en nombre de mi hijo, asumo todos los riesgos asociados con participar de alguna manera en el programa de la Liga Atlética de la Policía.

___ He leído la información anterior y doy permiso para que mi hijo participe en el PAL

Firma

FECHA



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PHOTO/VIDEO/INTERVIEW CONSENT

I understand that PAL special events where media, photographers, and news personnel may be present. In some cases, they may interview or photograph participants in these events, including my child. Their photographs, videos, and interviews will only be used to promote PAL.

I understand that PAL personnel will be supervising the interview or photo session. I understand that there may not be PAL 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 give permission for my child to be photographed or otherwise recorded during PAL events and activities, and for any and all such photographs and/or recording to be displayed by Police Athletic League 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.

No, I DO NOT give permission for my child to be photographed or otherwise recorded.

SIGNATURE OF GUARDIAN/PARTICIPANT

DATE

Entiendo que PAL eventos especiales donde los medios de comunicación, fotógrafos y personal de noticias pueden estar presentes. En algunos casos, pueden entrevistar y / o fotografiar a los participantes en estos eventos, incluido mi hijo. Las fotografías, los videos y las entrevistas solo se utilizarán para promocionar PAL.

Entiendo que el personal de PAL supervisará la entrevista o la sesión de fotos. Entiendo que es posible que no haya supervisión del personal de PAL si las fotografías o las grabaciones de video o de voz forman parte de una escena de fondo general en la que entiendo que mi hijo no está identificado.

Doy permiso para fotografiar a mi hijo para que no sea recerrado de otra manera durante los eventos y actividades PAL, y para que cualquiera y todas esas fotografías y / o grabaciones sean mostradas por la Liga Atlética de la Policía, ya sea de ahora en adelante conocida o desarrollada, para la cual ni mi hijo ni Recibiré compensación monetaria o derechos de propiedad.

___ Sí, doy permiso para que mi hijo sea fotografiado o registrado de otra manera

___ NO Doy permiso para fotografiar o grabar a mi hijo

FIRMA DEL TUTOR / PARTICIPANTE

FECHA