

## 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.

### RETURNING PARTICIPANT UPDATE FORM OVERVIEW

**Welcome Back to BBBSNYC SONYC Afterschool Program! We are excited to see you have you join us for another wonderful year of programming. In order to participant this year we as you update your contact information as well as authorized pick up for this year. If participant has developed any allergies please list in space below**

Please answer all the questions below to help us provide quality services. If there is a question that you do not understand, please seek help. You can speak with a BBBS SONYC staff member or call 311 and request the DYCD Youth Hotline. DYCD also has a website [www.nyc.gov/dycd](http://www.nyc.gov/dycd) and can be followed on Facebook and Twitter for additional information on DYCD services.

### PROGRAM OVERVIEW

#### SONYC (School's Out New York City)

At BBBS NYC's SONYC we aim to provide middle school students with a pathway for success through a structured program with instruction in sports, literacy, art, computers and leadership activities. We offer 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> graders positive choices in how they spend their after school hours, and enhance opportunities for instruction beyond a traditional learning setting.

This program is operated by: **Big Brothers Big Sisters of New York City**

#### Description of the Community-Based Organization

Big Brothers Big Sisters of NYC, a renowned 100+ year nonprofit organization whose vision is that all children achieve success in life, is operating the School's Out NYC program at MS 447. We partner with families, volunteers, organizations and the community to inspire positive change in all. This free afterschool program for middle school students is filled with daily activities to support children in continuing their knowledge through fun and engaging learning opportunities.

#### Contact:

Antonio Capellan  
Big Brothers Big Sisters of New York City  
SONYC Program Director @ MS 447  
Office: 718-330-9328 ext. 3052 (Rm 305A- 3<sup>rd</sup> Floor)  
Cell: 646-647-5862  
Email: [acapellan@bigsnyc.org](mailto:acapellan@bigsnyc.org)

**PARTICIPANT BACKGROUND**

*Returning Participant UPDATE FORM*

Program Year: FY 2015-2016

Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zipcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Gender:  Female  Male  No Response

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino  
 No Response

Race:  American Indian or Alaskan Native  Asian  Black/African American  
 Native Hawaiian/Pacific Islander  
 White  Other  No Response

Country of Origin: \_\_\_\_\_  
Primary Language: \_\_\_\_\_

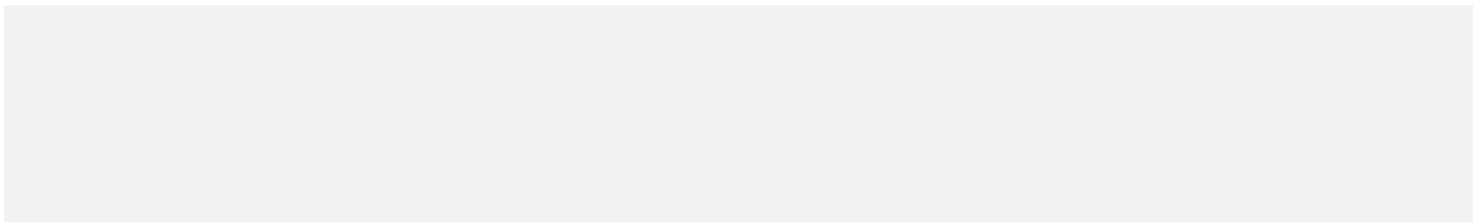
Allegeries Yes \_\_\_\_ No \_\_\_\_  
If yes please List \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

English Proficient:  Yes  No  
Additional Languages: \_\_\_\_\_

Current Grade: \_\_\_\_\_  
(As of 09/01/15)

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

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 you would like to share with us.



**STUDENT COMMITTED TO ATTEND ON: Please circle**

**Mon      Tues      Wed      Thurs      Fri**

**PROGRAM CONSENT**

I give permission for my child to participate in the BBBS NYC SONYC program. To the best of my knowledge the information below is true. I agree to its verification and understand that falsification may be grounds for termination of service. Information provided may be used by the City of New York to improve City services or to access additional funding.

I have completed this application for my child.

Parent/Guardian: \_\_\_\_\_  
(Print) (Sign) (Date)

Parent/Guardian Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

<b>NAME</b>			<b>Relationship to Participant:</b>
<b>Pick Up</b>	<input type="checkbox"/> This person may pick up my child.		Write down all numbers and check 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 _____  *Email is mandatory for program notifications
<b>Address</b>	<input type="checkbox"/> Check here if address is same as participant		
<b>Apartment</b>	_____		
<b>City, State</b>	_____		
<b>Zip Code</b>	_____		

<b>NAME</b>			<b>Relationship to Participant:</b>
<b>Pick Up</b>	<input type="checkbox"/> This person may pick up my child.		Write down all numbers and check 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 _____  *Email is mandatory for program notifications
<b>Address</b>	<input type="checkbox"/> Check here if address is same as participant		
<b>Apartment</b>	_____		
<b>City, State</b>	_____		
<b>Zip Code</b>	_____		

<b>NAME</b>			<b>Relationship to Participant:</b>
<b>Pick Up</b>	<input type="checkbox"/> This person may pick up my child.		Write down all numbers and check 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 _____  *Email is mandatory for program notifications
<b>Address</b>	<input type="checkbox"/> Check here if address is same as participant		
<b>Apartment</b>	_____		
<b>City, State</b>	_____		
<b>Zip Code</b>	_____		

**PICK UP/DISMISSAL INFORMATION.**

My child has permission to walk home alone at dismissal.  Yes  No

My child MAY NOT be picked up by: \_\_\_\_\_