

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. 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 and can be followed on Facebook and Twitter for additional information on DYCD services.

This enrollment packet will allow 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.

PROGRAM OVERVIEW

SONYC (Schools 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 6th, 7th, and 8th 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- 3rd Floor)
Cell: 646-647-5862
Email: acapellan@bigsnyc.org

PARTICIPANT BACKGROUND

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: _____

STUDENT COMMITTD TO ATTEND: (PLEASE CIRCLE)
MON TUES WED THURS FRI

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.

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:

NAME	Relationship to Participant:	
Pick Up	<input type="checkbox"/> This person may pick up my child.	Contact	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
Address	<input type="checkbox"/> Check here if address is same as participant		
Apartment		
City, State		
Zip Code		

NAME	Relationship to Participant:	
Pick Up	<input type="checkbox"/> This person may pick up my child.	Contact	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
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Address	<input type="checkbox"/> Check here if address is same as participant		
Apartment		
City, State		
Zip Code		

PICK UP/DISMISSAL INFORMATION.

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

My child MAY NOT be picked up by: _____

PARTICIPANT SAFETY

Participant Safety

PARTICIPANT HEALTH INFORMATION.

Please check any of the following that pertain to the participant. Many needs or health challenges can be accommodated and may not limit enrollment in the program.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Allergies to food | <input type="checkbox"/> Behavioral/Emotional Issues | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Allergies to medications | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Medication | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Congestive Illness (e.g., heart murmur/disease, blood pressure) | <input type="checkbox"/> Corrective Devices (e.g., crutches, hearing aid, eye glasses) | <input type="checkbox"/> Pregnancy |

If you have checked any of the above OR there are other important health needs that may affect participation in the program, including activities that the participant MAY NOT do, please provide details:

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

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

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

Is the participant or any member of the household (0-64 years old) covered by Medicaid, Child Health Plus, Family Health Plus, or private health insurance? Yes No

If you answered no to the previous question, would you like to be contacted by someone for assistance with health insurance?
 Yes No

Number of individuals in your household: _____

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

Consent for Emergency Medical Treatment

I give authority to the Program Agency's staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. I understand that every effort will be made to contact me before and after medical care is provided.

___ Yes, I give my permission

___ No, I do not give permission

Consent for Photo/Videotaping and Use of Youth Work

Please be aware that sometimes, staff, photographers, newspapers, television reporters, media representatives and public relations personnel may be present during program activities and special events, both in-school and away from school. In some cases, they may photograph, interview or otherwise record children who participate in these events. The resulting images, videos and interviews may be used solely for non-profit, non-commercial purposes of the program to promote the programs in printed and electronic media published by our agency, such as brochures, books, print and email newsletter, DVDs and videos, websites and blogs. These images may also be used by DYCD in its publications for non-profit educational purposes.

- I understand my child may be photographed, interviewed or otherwise recorded during program activities and special events and give permission for my child to be photographed, interviewed or otherwise recorded solely for non-profit, non-commercial purposes of the program.

___ Yes, I give my permission

___ No, you do not have permission

Permission to Collect & Share student information between DYCD & DOE

The **Department of Youth and Community Development (DYCD)** provides funding for this program as part of its mission to help you assist your child reach his or her full potential. Many of our programs are run by community based organizations. We work to make sure the services you and your children receive are of the highest quality. DYCD is requesting your permission to allow us to collect information we need on your child, their participation and the quality of the services provided.

Consent to Collect and Share Student Information

What information from your child’s student records is DYCD requesting?

We are requesting your permission for the **NYC Department of Education (DOE)** to share personally identifiable information from your child’s student records with DYCD. The information we would like to collect consists of biographical and enrollment information (specifically consisting of your child’s name, address, date of birth, student identification number, grade, school(s) attended and transfer, discharge, and graduation data about your child); data concerning your child’s school attendance (including number of days attended and absences); and academic performance data (including your child’s results on state and national exams, credits earned, grades, promotion and retention status, and fitnessgram score); and data related to any disciplinary actions taken against your child (including number and type of suspensions).

We are requesting to collect the information listed above about your child on a past, present and future (i.e., ongoing) basis.

We are also requesting your permission for DYCD to share information we collect on the enrollment form from you and/or your child with DOE staff. The information includes registration information, student’s interests and challenges, type of program enrolled in and frequency of participation. This information will be used to help the school and community organization work together to meet you and your child’s need.

Who will see my child’s information and how will it be safeguarded?

The only people who will see your child’s individual information are DYCD and DOE staff who manage the data systems and prepare research reports and program analyses. The limited number of DYCD staff identified to receive personal information is screened, provided extensive training to follow strict guidelines on protecting the confidentiality of information that would personally identify you or your child. Personally identifiable information collected from student records will only be shared electronically between DOE and DYCD and will be secured and protected in the DYCD data base. Personally identifiable information will not be shared with any community based organizations or their staff members.

We will not use your name or your child’s name in any published report. While we request your consent, your responses to the below requests will not affect your child’s participation in DYCD sponsored programs.

Please check Yes or No to each of the following statements:

- I understand why DYCD is asking my permission to access the information listed above from my child’s student records, and I give permission to DOE to share that information with DYCD on an ongoing basis.
 Yes, I give my permission **No, I do not give my permission**

- I understand why DYCD is asking my permission to share information about my child collected by DYCD with DOE staff and I give my permission to DYCD to share information with DOE on an ongoing basis.
 Yes, I give my permission **No, I do not give my permission**

Student/Applicant Name: _____ Date: _____
 Parent/Guardian Name: _____
 Parent/Guardian Signature: _____



Agency: BBBS of NYC

School: MS 447

Parent Consent for Participation in Data Collection

Dear Parent:

Your child, _____, is enrolled in a program at MS 447 which is supported by the Department of Youth and Community Development (DYCD). In order to monitor the effectiveness of this program and ensure its future success, DYCD is collecting information about participants' experiences in the program. This information will help DYCD learn how the program helps students and how it can be improved. This project has been approved by the Department of Education.

Specifically we ask permission from parents to:

- Survey children about the DYCD program.

Any information we collect will be used only to assess the DYCD program and will not be made public. Participating in the evaluation will not affect your child in school, in the program, or in any other way. We will not use your name or your child's name in any report. Participation is completely voluntary and participants may withdraw at any time with no consequences.

Please select one of the options below.

You only need to complete and return this form if you select “No, I do not want my child to participate.”

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 DYCD survey.

Signature

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 DYCD data collection activities.

Signature

Date

If you have any questions or concerns, please contact the after school program coordinator/director or Lisa Gulick, Assistant Commissioner, Planning, Research and Program Development, at DYCD at (212) 676-8100 or by e-mail at lgulick@dycd.nyc.gov.

