Office Use Only
Date Application Received:
Enrollment Date:
Intake Specialist/Staff:
Additional Information:

Search for and apply to DYCD Programs Online!
https://discoverdycd.dycdconnect.nyc/home

DYCD Universal Participant Intake: Youth Application *(13 Years and Younger)*

Welcome to the Department of Youth and Community Development (DYCD)! This form lets you or your child apply to a DYCD Comprehensive Afterschool System (COMPASS), Beacon or Cornerstone youth program. You can only submit one application per person per location**. Submitting a form does not guarantee eligibility or enrollment in the program** and we might ask for more information to see if you are eligible. **If accepted, the program will not cost you anything.** We collect some information like *Gender, Race, Ethnicity, Language*, and *Health Insurance* status for planning purposes only. Your answers to these questions will not affect your status to benefits or services and will not be shared outside of DYCD without your permission. *Income, Household Information*, and *Education/Work* status might affect eligibility for certain programs. Gathering your information helps DYCD see who benefits from our programs. This helps us make our programs better and allows DYCD to continue giving communities the support they need.

Part I: Applicant Information

For the purposes of this application, *applicant* refers to the person applying to receive services. **Please 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 Lives in a NYCHA Development (Please Provide Name)**	

Applicant's Sex at Birth (Select One):

☐ Female
☐ Male
☐ X (not male or female)
☐ Not Sure

How well does the applicant speak English?
(Select One):

☐ Fluent/Very well
☐ Well
☐ Not well
☐ Not well at all

Applicant's Race/Ethnicity (Select all that Apply):

☐ American Indian and Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latinx/e/a/o
☐ Middle Eastern/North African
☐ Native Hawaiian and Other Pacific Islander
☐ White or Caucasian
☐ Other: _____
☐ Decline to Answer

Is the applicant any of the following:

An Individual with a Disability?	☐ Yes ☐ No ☐ Decline to answer
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

DYCD Universal Participant Intake: Youth Application *(13 Years and Younger)*

If of Native Hawaiian or Other Pacific Islander origin, please select from the following (Select All That Apply):

☐ Hawaiian
☐ Guamanian
☐ Chamorro
☐ Samoan
☐ Fijian
☐ Tongan
☐ Other: _____

If of Asian origin, please select from the following (Select All That Apply):

☐ Chinese
☐ Japanese
☐ Filipino
☐ North Korean
☐ South Korean
☐ Vietnamese
☐ Asian Indian
☐ Laotian
☐ Cambodian
☐ Bangladeshi
☐ Hmong
☐ Indonesian
☐ Malaysian
☐ Pakistani
☐ Sri Lankan
☐ Taiwanese
☐ Nepalese
☐ Burmese
☐ Tibetan
☐ Thai
☐ Other: _____

If of Hispanic or Latinx/e/a/o origin, please select from the following (Select All That Apply):

☐ Mexican, Mexican American, Chicana/o
☐ Puerto Rican
☐ Cuban
☐ Dominican
☐ Central American (including Salvadoran, Guatemalan, Honduran, etc.)
☐ South American (including Ecuadorian, Colombian, Venezuelan, Panamanian etc.)
☐ Another Hispanic, Latinx/e/a/o, Spanish Origin:_____

Applicant's Primary Language (Select One):

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

**including Cantonese and Mandarin*

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

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

☐ Not applicable (only one language spoken by applicant)

**including Cantonese and Mandarin*

Did you or any member of your household serve in the armed forces, national guard, or reserves of the United States?

☐ Yes ☐ No

If yes, would you or your household member want to be contacted by the NYC Department of Veteran's Services?

☐ Yes ☐ No

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.

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

DYCD Universal Participant Intake: Youth Application *(13 Years and Younger)*

How did you learn about the DYCD program(s) you're applying to? (Select all that apply)

- ☐ Advertisement
- ☐ Called 311
- ☐ discoverDYCD
- ☐ DYCD Community Connect
- ☐ DYCD Social Media
- ☐ Family member, friend or neighbor
- ☐ House of worship
- ☐ Media (newspaper, radio, TV, etc.)
- ☐ Referred by a Government agency
- ☐ Referred by another organization where I was receiving services (i.e., case management, senior center, shelter, etc.)
- ☐ School
- ☐ Street fair, special event or street outreach
- ☐ Website (please specify which) _____
- ☐ Word of mouth
- ☐ Other (please specify)_____

Part II: Applicant's Contact Information

☐ Contact information below is for the applicant

Phone Number #1	☐ Home ☐ Cell ☐ Work	**Phone Number #2**	☐ Home ☐ Cell ☐ Work

Parent/Guardian's Email Address (Required):	**Preferred Method of Contact**: ☐ Cell Phone ☐ Home Phone ☐ Email ☐ U.S. Mail

Parent/Guardian's Contact Information: *This section is required for Applicants under 18*

☐ Contact information below is for the parent/guardian

Parent/Guardian Name:	☐ Home ☐ Cell ☐ Work	**Phone Number**	☐ Home ☐ Cell ☐ Work
Address: ☐ Same as applicant		**Preferred Method of Contact**: ☐ Cell Phone ☐ Home Phone ☐ Email ☐ U.S. Mail	

Part III: Emergency Contact Information

1	**Emergency Contact #1 Name:**	**Emergency Contact Primary Phone Number:** ☐Home ☐ Cell ☐ Work
	Emergency Contact Address: ☐ Same as applicant	**Emergency Contact's Relationship to Applicant:** ☐ Emergency contact is parent/guardian of applicant
2	**Emergency Contact #2 Name:**	**Emergency Contact Primary Phone Number:** ☐Home ☐ Cell ☐ Work
	Emergency Contact Address: ☐ Same as applicant	**Emergency Contact's Relationship to Applicant:** ☐ Emergency contact is parent/guardian of applicant

DYCD Universal Participant Intake: Youth Application *(13 Years and Younger)*

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:** _____

Part IV: Applicant's Education/Work Status

Applicant's School Type (Select One):

☐ Full-Time Student**
☐ Part-Time Student**
☐ Not in School***

Applicant's current work status (Select One):

☐ Employed Full-Time
☐ Employed Part-Time
☐ Retired
☐ Unemployed (Short- term, 6 months or less)
☐ Unemployed (Long- term, more than 6 months)
☐ Unemployed (Not in labor force)
☐ Migrant Seasonal Farm Worker
☐ Not Applicable (Applicant is under 14 years of age)

If applicant is a *Part-Time Student* or *Full-Time Student*: **Please select applicant's current grade (Select One):
***If applicant is *Not in School:* **Please select the last grade completed by the applicant** (Select One):

Elementary School	☐ Pre-K	☐ K	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th	☐ 5th
Middle School	☐ 6th		☐ 7th			☐ 8th	
High School	☐ 9th	☐ 10th	☐ 11th	☐ 12th	☐ Obtained High School Diploma	☐ Obtained High School Equivalency	
Community College	☐ 1st Year	☐ 2nd Year	☐ 3rd Year	☐ 4th Year	☐ Obtained Associate's Degree		
Vocational/Trade School	☐ Some Vocational or Trade school credits, but no certificate or degree attained				☐ Obtained a certificate or degree from a Vocational or Trade school		
4-Year College/University	☐ Freshman	☐ Sophomore			☐ Junior	☐ Senior	
Master's Degree:	☐ Some masters' degree credit, but no degree attained				☐ Obtained Master's Degree		
Professional Degree	☐ Some Professional Degree credits (e.g. MD,DDS, DVM, LLB, JD) but no degree attained				☐ Obtained Professional Degree (e.g. MD, DDS, DVM, LLB, JD)		
Doctorate Degree:	☐ Some Doctorate degree credits, but no degree attained				☐ Obtained Doctorate Degree		
Other	☐ Obtained Foreign Degree				☐ No Formal Schooling Attained		

Required for Full-Time Students

Student ID/OSIS:	**School Type**: ☐ Public ☐ Charter ☐Private ☐Other:_____
School Name:	
School Address:	**City:** / **Zip Code:**

DYCD Universal Participant Intake: Youth Application *(13 Years and Younger)*

Part V: 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
- ☐ Other: _____
- ☐ Homeless
- ☐ Other Permanent Housing

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+

Estimated Household Income in the last 12 months:

$_____ *(ex. $45,000)*

☐ Decline to Answer

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

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

Part VI: Applicant's Health Information

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
- ☐ Military Health Care
- ☐ Direct-Purchase
- ☐ Employment-Based
- ☐ State Children's Health Insurance for Adults
- ☐ 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

DYCD Universal Participant Intake: Youth Application *(13 Years and Younger)*

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 (e.g., 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

DYCD Universal Participant Intake: Youth Application *(13 Years and Younger)*

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
_____	_____	_____

DYCD Universal Participant Intake: Youth Application *(13 Years and Younger)*

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

DYCD Universal Participant Intake: Youth & Adult Application *(Age 14+)*

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 New York City Public Schools (NYCPS) 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 NYCPS 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 NYCPS 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 NYCPS and DYCD and will be secured and protected in the DYCD database. 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 NYCPS 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 NYCPS staff and I give my permission to DYCD to share information with NYCPS 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): _____

DYCD Universal Participant Intake: Youth Application *(13 Years and Younger)*

Consent to Make Referrals and Share Information

The New York City Department of Youth and Community (DYCD) invests in programs and services to help our communities and the people who live here. We want to make sure you know about them and make it easy for you to apply.

Why we need your consent

With it, we can:

- decide if you are eligible for services;
- send you information about DYCD-funded programs and services you can apply for;
- send you information about research activities, focus groups, and surveys related to program improvement;
- share information from your DYCD Participant Application with the programs you apply for; and
- track the results of the services you receive.

What we share

We'll only give information to show you qualify or help you enroll in DYCD-funded programs.

Who sees your information and how we protect it

Only authorized employees at DYCD and the programs DYCD funds can see it.

Please read below, check one of the boxes, and fill in the rest.

I understand that DYCD needs my consent to:

- decide if I am eligible for services;
- send me information about programs and services I can apply for;
- refer me to DYCD-funded programs;
- send me information about research activities, focus groups, and surveys related to program improvement;
- share information from my DYCD Participant Application with the programs I apply for; and
- track the results of the services I receive.

☐ **Yes, I give my consent.** ☐ **No, I do not give my consent.**

Full Name of Participant (please print)

Signature of Participant (or Parent/Guardian for participants under 18 years old)

Date

Sports & Arts in Schools Foundation

@newyorkedge1 @new_york_edge @new_york_edge

Parent Involvement

Parent First Name: **Parent Last Name:**

Home Phone Number: **Work Phone:**

Mobile Number: **Email:**

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

☐ I give New York Edge 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.

☐ I give New York Edge permission to call/robocall my phone 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 Edge programs by (Check areas of interest):

Becoming a volunteer:

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

- ☐ **Getting my company involved**
- ☐ **Advocating for after school programs**
- ☐ **Following New York Edge on social media**
- ☐ **Directing donations to New York Edge (in-kind or monetary)**
- ☐ **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**: _____

WAIVERS AND CONSENTS

☐ **WAIVER OF LIABILITY:** I recognize that activities to be engaged in by participants during New York Edge programs may result in personal injury or property damage. I hereby release and hold harmless New York Edge from any and all claims I or my child may have arising from, or in connection with, participation in the program. Such release includes, but is not limited to, any claims, demands or causes of action for injuries to my child, except where due to the negligence of New York Edge.

☐ **E-LEARNING CONSENT:** I understand that at times my participant may have to engage in E-learning to participate in New York Edge programs. New York Edge will be facilitating any required E-learning, including in response to COVID-19 related closures, through the Google Classroom and Zoom platforms.

I provide consent for my child to participate in New York Edge E-learning opportunities using the Google Classroom platform and Zoom.

For additional information about E-Learning platforms, please visit:
https://gsuite.google.com/terms/education_privacy.html (Google Classroom)
https://zoom.us/terms (Zoom)

☐ **PHOTO/VIDEO CONSENT:** I consent for my participant to be photographed or otherwise recorded during New York Edge events and activities, whether in school or away from school. I give my permission for any and all such photographs and/or recordings to be displayed by New York Edge in any lawful medium (books, newsletters, websites, social media, etc.) now or in the future, for which neither I or my participant shall receive ownership rights or monetary compensation.

☐ **INTERVIEW/SURVEY CONSENT:** I understand that New York Edge holds events, both in-school and away from school, at which media representatives, television reporters, photographers or public-relations personnel may be present. In some cases they may interview, photograph or survey children who participate in these events, including my participant.

I understand that my participant may be asked questions concerning New York Edge activities and programs, and that the contents of that interview may be published or aired publicly. I understand that my child will be under the supervision of New York Edge personnel during at all times during any direct interview, photo or survey session. I understand my participant reserves the right to refuse to answer any questions or participate in any discussions, and that my child or the supervising New York Edge personnel may terminate the session at any time for any reason.

I, the undersigned, certify that I am the parent or legal guardian of _____, whose date of birth is _____, that I have read the consents outlined above and give my participant permission to participate in the New York Edge program.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ 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 Edge 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:

- 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 a survey distributed via text/email over the course of the year. The survey 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 participants 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 coordinator/director.

□ 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.

□ 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 Edge 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.

- 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.
- 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)
- Academic performance data (including your child's results on state and national exams, credits earned, grades, promotion and retention status, and fitness gram score)
- Data related to any disciplinary actions taken against your child (including number and type of suspensions)

II. How will your child's data remain confidential?

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 Edge 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 Edge on an ongoing basis.

___ **Yes, I authorize New York Edge and DOE to share my child's information/student records.**

___No, I do not authorize New York Edge 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 Name: _____ **Date of Birth:** _____

1. **I authorize New York Edge ("Program") to, if necessary, provided basic first aid in accordance to their level of training. Injury assessment and intervention will include the use of topical skin antibiotic 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 of 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 Edge arising from or in connection with the providing of First Aid as described herein, except where due to the negligence of New York Edge staff. 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: _____

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Address: _____ Employer: _____
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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 as long as my child is enrolled in the Program.**

_____

Parent/Guardian Signature **Date**

March 2026

Dear Council Member:

For over 30 years the New York City Council has partnered with **New York Edge/NYE** in providing FREE after school and summer programming across the city that is welcoming, enriching and fun. As a parent whose child participates in NYE programming, I have seen first-hand the benefits – academically, physically and emotionally – that this programming offers.

New York Edge sports, arts, recreation and academic programming is on par with the best private pay enrichment programs in the city. Its programs are culturally relevant, tailored to students' needs and interests, and rooted in social-emotional learning. Its staff are engaged, caring and committed to the students they serve.

Continued funding of NYE by the Council in the upcoming budget is vital to my child, the children of our community and to thousands of youngsters throughout the five boroughs.

As your constituent, I ask that you advocate for New York Edge and fight on behalf of its FY 27 citywide funding requests.

Thank you.

Name _____

Address _____

City _____ State _____ Zip _____

Email _____