

Cornerstone

Teen Application

Valid July 1, 2015 - June 30, 2016

Aplicación para Jóvenes

Valida 1 de Julio 2015 hasta el 30 de Junio 2016

Name: _____

SITE: _____

A Program of



Coalition for Hispanic Family Services
Building Strong Communities One Family at a Time

www.HispanicFamilyServicesNY.org



Cornerstone

FOR OFFICE USE ONLY
SOLAMENTE PARA USO DE LA OFICINA

DATE: _____ ACCEPTED BY: _____ DYCD #: _____

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Cornerstone Teen/Young Adult Application FY'16



Provider/Cornerstone Name: _____

Date	Age range:	<input type="checkbox"/> 13-15	<input type="checkbox"/> 16-21	
PARTICIPANT INFORMATION		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Development
*NYCHA Resident				
Last Name		First Name		
Home Address		Apartment No.		
City		State		
Zip Code		Borough		
Home Phone		Cell Phone		
Email				
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No Response		<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Non-Driver State ID <input type="checkbox"/> Other	
Date of Birth			*Proof of ID	
Ethnicity	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> No Response			
Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> No Response			
Primary Language	Additional Language(s)			
English Proficient	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Student Status	Is the participant a student: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
School Type	<input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Other		Current Grade Level	
School Name	Student ID / OSIS #			

EMERGENCY 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.	Write down all 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 _____
Address	
Apartment	
City, State	
Zip Code	
	Contact

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. Other not listed _____

- | | | | |
|---|--|--|--|
| <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 |

PARTICIPANT INTERESTS

Interests/Activities	<input checked="" type="checkbox"/> Likes/Strengths	<input type="checkbox"/> Dislikes/Challenges

OTHER SERVICES * Please check any other DYCD services you or your family might be interested in learning more about?

- | | | |
|---------------------|----------------------------|--------------------------------|
| Adolescent Literacy | LGBTQ Support Services | Young Adult Internships |
| Fatherhood services | Runaway and Homeless Youth | Workshops/Fairs |
| Housing Assistance | Senior Services | Education/Literacy/High School |
| Immigrant Services | Summer Youth Employment | Equivalency |

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 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 and/or adult caregivers who participate in these events. The resulting images, videos and interviews may be used 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 and/or any DYCD designee including, but not limited to the New York State Department of State in its publications.

Yes, I give my permission No, you do not have permission

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. We are requesting your permission for the NYC Department of Education (DOE) to share personally identifying information from your child's student records with DYCD.

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, you do not have permission

SIGNATURES

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 or to access additional funding.

Applicant:	_____	_____	_____
	(Print)	(Sign)	(Date)
Parent/Guardian:	_____	_____	_____
<i>Under age 18</i>	(Print)	(Sign)	(Date)
Intake Specialist/Staff:	_____	_____	_____
	(Print)	(Sign)	(Date)



Rules and Regulations

The management at this community center strives to provide a safe and communal experience for all its participants. With that in mind, participants must abide by the following guidelines:

1. Participants must submit a completed application with proof of residence (BEACON only) prior to participating.
2. All participants are required to enter and exit the facility through the designated doors.
3. Participants must sign-in daily and must sign out as well. Participants may only sign-in for the current day.
4. Participants must wear appropriate clothing and shoes. All hats (except those used for religious purposes) must be removed upon entering.
5. Students must refrain from inappropriate interactions.
6. Children receiving childcare must be 5 years old or older.
7. Foul language and fighting is strictly prohibited. Individuals caught fighting may have their privileges revoked.
8. Eating is only allowed in designated areas and times. No candy, gum, or seeds.
9. Littering is not permitted in or around the center. All garbage and recyclables must be placed in their proper containers. Vandalism is strictly prohibited.
10. Participants are encouraged to leave all electronic devices and valuables at home. We are not responsible for lost or stolen items.
11. No weapons of any sort are permitted.
12. No alcohol, cigarettes, or controlled substances are permitted on or around the premises.
13. Theft is subject to criminal prosecution and revocation of community center privileges.
14. All fitness and game equipment, such as mats, weights, and controllers, must be used with care.
15. Videotaping and/ or recording of participants activities is not permitted.

I understand the Community Center Rules and Regulations and I acknowledge that failure to obey these rules may termination from the community center.

Print Name: _____

Participant's Signature: _____ Date: _____

