

HOPE GARDENS COMMUNITY CENTER



**MIDDLE SCHOOL & HIGH SCHOOL
APPLICATION FY20
(Grades 6-Age 21)**

Valid through July 1, 2020

Name: _____

422 Central Avenue, Brooklyn, NY 11221
718- 919-1673 / 718- 919-1020 / 347-452-3742

A Program of



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

www.HispanicFamilyServicesNY.org



Middle School Participants = entering grades 6-8 in September 2019

High School Participants = entering grades 9-12 in September 2019 or anyone out of high school that is age 21 and under

All middle schoolers must submit a photo with their application

* All participants that are 18 or over must show proof of their age with this application*

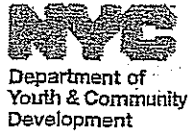
A Program of



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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):

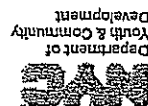
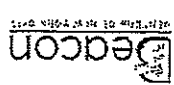
Applicant's Gender (Select One): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Nonconforming	Applicant's Race (Select all that Apply): <input type="checkbox"/> American Indian and Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> 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(a) <input type="checkbox"/> Not Hispanic or Latino(a)
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Applicant's Primary Address (Number and Street):	Apt. Number:
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City:	Zip Code:
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Applicant lives in a NYCHA Development (please provide name) _____

Part II: Contact Information			
<p>Applicant's Contact Information</p> <p><i>For youth without contact information, skip to the next section to provide parent/guardian contact information.</i></p> <p>Write down phone numbers for the applicant and circle the preferred method of contact:</p> <p> <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> No Email _____ </p>			
<p>Parent/Guardian Information</p> <p><i>This section is required for Applicants under 18</i></p> <p>Parent/Guardian Name: _____</p> <p>Write down all phone numbers and circle the best number to call in case of an emergency:</p> <p> <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> No Email _____ </p> <p>Address: _____ City: _____ State: _____ Zip Code: _____ <input type="checkbox"/> Same as Participant </p>			
<p>Emergency Contact Information</p> <p><i>At least two emergency contacts must be identified</i></p> <p>Emergency Contact #1 Name: _____ Relationship to Participant: _____ <input type="checkbox"/> Emergency contact is parent/guardian of participant</p> <p>Write down all phone numbers and circle the best number to call in case of an emergency:</p> <p> <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> No Email _____ </p> <p>Address: _____ City: _____ State: _____ Zip Code: _____ <input type="checkbox"/> Same as Participant </p>			
<p>Emergency Contact #2 Name: _____ Relationship to Participant: _____ <input type="checkbox"/> Emergency contact is parent/guardian of participant</p> <p>Write down all phone numbers and circle the best number to call in case of an emergency:</p> <p> <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> No Email _____ </p> <p>Address: _____ City: _____ State: _____ Zip Code: _____ <input type="checkbox"/> Same as Participant </p>			





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 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: Pre-K K 1st 2nd 3rd 4th 5th

Middle School: 6th 7th 8th

High School: 9th 10th 11th 12th

Community College: 1st year 2nd Year 3rd year 4th Year 5th year 6th Year+

College/University: Freshman Sophomore Junior Senior

Other: High School Equivalence (HSE) Vocational/Trade School Foreign Degree

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)

Required for Full-Time Students

Student ID/ OSIS:

School Type:

- Public Charter Private Other _____

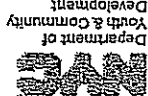
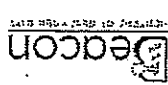
School Name:

School Address:

City:

Zip Code:

<p>Part IV: Health Information</p> <p>Applicant's Health Information</p> <p>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.</p>	
<p>Does the applicant have any allergies? (food, medication, etc.)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Does the applicant have asthma?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Does the applicant have special health care needs?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Does the applicant take medication for any condition or illness?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Are there activities the applicant cannot participate in?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Does the applicant have health insurance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer</p>
<p>Please provide any additional health information details:</p> <p><input type="checkbox"/> N/A</p>	<p>Please list any accommodation(s) you are requesting for yourself/the applicant:</p> <p><input type="checkbox"/> N/A</p>
<p>Applicant's Health Insurance Status</p>	
<p>Does the applicant have health insurance? (Select One):</p> <p><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?</p> <p><input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Children's Health Insurance for Adults <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Employment-Based <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Military Health Care <input type="checkbox"/> Decline to Answer</p>
<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><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><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

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

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

Applicant's Primary Language (Select One):

- | | | |
|---|--|-----------------------------------|
| <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: _____ | | |

**including Cantonese and Mandarin*

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

- | | | |
|---|--|-----------------------------------|
| <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: _____ | | |

Not applicable (only one language spoken by applicant)

**including Cantonese and Mandarin*

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.

Is the applicant any of the following:

- | | |
|----------------------------------|---|
| Parent/Legal Guardian? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Offender/Justice Involved? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Foster Care Participant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Runaway Youth? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Veteran? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Active Military Personnel? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| An Individual with a Disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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
- Two Adults - No Children
- Two Parent Household
- Single Person - No children
- Multigenerational Household
- Non-related adults with children
- Other: _____

Applicant's Housing Type (Select One):

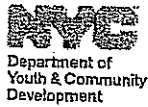
- Own
- Rent
- NYCHA
- Shelter
- Homeless
- Other Permanent Housing
- Other: _____

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
- Twenty+

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

- \$0
- \$1 to \$12,060
- \$12,061 to \$16,240
- \$16,241 to \$20,420
- \$20,421 to \$24,600
- \$24,601 to \$28,780
- \$28,781 to \$32,960
- \$32,961 to \$37,140
- \$37,141 to \$41,320
- \$41,321 to \$45,500
- \$45,501 to \$49,680
- \$49,681 to \$53,860
- \$53,861 to \$58,040
- \$58,041 to \$62,220
- \$62,221 to \$66,400
- \$66,401 to \$70,580
- \$70,581 to \$74,760
- \$74,761 to \$78,940
- \$78,941 to \$83,120
- \$83,121 to \$87,300
- \$87,301 to \$91,480
- \$91,481 to \$95,660
- \$95,661 to \$99,840
- \$99,841 to \$104,020
- \$104,021 to \$108,200
- \$108,201 to \$112,380
- \$112,381 to \$116,560
- \$116,561 to \$120,740
- \$120,741 to \$124,920
- \$124,921 to \$129,100
- \$129,101 to \$133,280
- \$133,281 to \$137,460
- \$137,461 to \$141,640
- \$141,641 to \$145,820
- \$145,821 to \$150,000
- \$150,001 to \$154,180
- \$154,181 to \$158,360
- \$158,361 to \$162,540
- \$162,541 to \$166,720
- \$166,721 to \$170,900
- \$170,901 to \$175,080
- \$175,081 to \$179,260
- \$179,261 to \$183,440
- \$183,441 to \$187,620
- \$187,621 to \$191,800
- \$191,801 to \$195,980
- \$195,981 to \$200,160
- \$200,161 to \$204,340
- \$204,341 to \$208,520
- \$208,521 to \$212,700
- \$212,701 to \$216,880
- \$216,881 to \$221,060
- \$221,061 to \$225,240
- \$225,241 to \$229,420
- \$229,421 to \$233,600
- \$233,601 to \$237,780
- \$237,781 to \$241,960
- \$241,961 to \$246,140
- \$246,141 to \$250,320
- \$250,321 to \$254,500
- \$254,501 to \$258,680
- \$258,681 to \$262,860
- \$262,861 to \$267,040
- \$267,041 to \$271,220
- \$271,221 to \$275,400
- \$275,401 to \$279,580
- \$279,581 to \$283,760
- \$283,761 to \$287,940
- \$287,941 to \$292,120
- \$292,121 to \$296,300
- \$296,301 to \$300,480
- \$300,481 to \$304,660
- \$304,661 to \$308,840
- \$308,841 to \$313,020
- \$313,021 to \$317,200
- \$317,201 to \$321,380
- \$321,381 to \$325,560
- \$325,561 to \$329,740
- \$329,741 to \$333,920
- \$333,921 to \$338,100
- \$338,101 to \$342,280
- \$342,281 to \$346,460
- \$346,461 to \$350,640
- \$350,641 to \$354,820
- \$354,821 to \$359,000
- \$359,001 to \$363,180
- \$363,181 to \$367,360
- \$367,361 to \$371,540
- \$371,541 to \$375,720
- \$375,721 to \$379,900
- \$379,901 to \$384,080
- \$384,081 to \$388,260
- \$388,261 to \$392,440
- \$392,441 to \$396,620
- \$396,621 to \$400,800
- \$400,801 to \$404,980
- \$404,981 to \$409,160
- \$409,161 to \$413,340
- \$413,341 to \$417,520
- \$417,521 to \$421,700
- \$421,701 to \$425,880
- \$425,881 to \$430,060
- \$430,061 to \$434,240
- \$434,241 to \$438,420
- \$438,421 to \$442,600
- \$442,601 to \$446,780
- \$446,781 to \$450,960
- \$450,961 to \$455,140
- \$455,141 to \$459,320
- \$459,321 to \$463,500
- \$463,501 to \$467,680
- \$467,681 to \$471,860
- \$471,861 to \$476,040
- \$476,041 to \$480,220
- \$480,221 to \$484,400
- \$484,401 to \$488,580
- \$488,581 to \$492,760
- \$492,761 to \$496,940
- \$496,941 to \$501,120
- \$501,121 to \$505,300
- \$505,301 to \$509,480
- \$509,481 to \$513,660
- \$513,661 to \$517,840
- \$517,841 to \$522,020
- \$522,021 to \$526,200
- \$526,201 to \$530,380
- \$530,381 to \$534,560
- \$534,561 to \$538,740
- \$538,741 to \$542,920
- \$542,921 to \$547,100
- \$547,101 to \$551,280
- \$551,281 to \$555,460
- \$555,461 to \$559,640
- \$559,641 to \$563,820
- \$563,821 to \$568,000
- \$568,001 to \$572,180
- \$572,181 to \$576,360
- \$576,361 to \$580,540
- \$580,541 to \$584,720
- \$584,721 to \$588,900
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- \$593,081 to \$597,260
- \$597,261 to \$601,440
- \$601,441 to \$605,620
- \$605,621 to \$609,800
- \$609,801 to \$613,980
- \$613,981 to \$618,160
- \$618,161 to \$622,340
- \$622,341 to \$626,520
- \$626,521 to \$630,700
- \$630,701 to \$634,880
- \$634,881 to \$639,060
- \$639,061 to \$643,240
- \$643,241 to \$647,420
- \$647,421 to \$651,600
- \$651,601 to \$655,780
- \$655,781 to \$659,960
- \$659,961 to \$664,140
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- \$672,501 to \$676,680
- \$676,681 to \$680,860
- \$680,861 to \$685,040
- \$685,041 to \$689,220
- \$689,221 to \$693,400
- \$693,401 to \$697,580
- \$697,581 to \$701,760
- \$701,761 to \$705,940
- \$705,941 to \$710,120
- \$710,121 to \$714,300
- \$714,301 to \$718,480
- \$718,481 to \$722,660
- \$722,661 to \$726,840
- \$726,841 to \$731,020
- \$731,021 to \$735,200
- \$735,201 to \$739,380
- \$739,381 to \$743,560
- \$743,561 to \$747,740
- \$747,741 to \$751,920
- \$751,921 to \$756,100
- \$756,101 to \$760,280
- \$760,281 to \$764,460
- \$764,461 to \$768,640
- \$768,641 to \$772,820
- \$772,821 to \$777,000
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- \$785,361 to \$789,540
- \$789,541 to \$793,720
- \$793,721 to \$797,900
- \$797,901 to \$802,080
- \$802,081 to \$806,260
- \$806,261 to \$810,440
- \$810,441 to \$814,620
- \$814,621 to \$818,800
- \$818,801 to \$822,980
- \$822,981 to \$827,160
- \$827,161 to \$831,340
- \$831,341 to \$835,520
- \$835,521 to \$839,700
- \$839,701 to \$843,880
- \$843,881 to \$848,060
- \$848,061 to \$852,240
- \$852,241 to \$856,420
- \$856,421 to \$860,600
- \$860,601 to \$864,780
- \$864,781 to \$868,960
- \$868,961 to \$873,140
- \$873,141 to \$877,320
- \$877,321 to \$881,500
- \$881,501 to \$885,680
- \$885,681 to \$889,860
- \$889,861 to \$894,040
- \$894,041 to \$898,220
- \$898,221 to \$902,400
- \$902,401 to \$906,580
- \$906,581 to \$910,760
- \$910,761 to \$914,940
- \$914,941 to \$919,120
- \$919,121 to \$923,300
- \$923,301 to \$927,480
- \$927,481 to \$931,660
- \$931,661 to \$935,840
- \$935,841 to \$940,020
- \$940,021 to \$944,200
- \$944,201 to \$948,380
- \$948,381 to \$952,560
- \$952,561 to \$956,740
- \$956,741 to \$960,920
- \$960,921 to \$965,100
- \$965,101 to \$969,280
- \$969,281 to \$973,460
- \$973,461 to \$977,640
- \$977,641 to \$981,820
- \$981,821 to \$986,000
- \$986,001 to \$990,180
- \$990,181 to \$994,360
- \$994,361 to \$998,540
- \$998,541 to \$1,002,720
- \$1,002,721 to \$1,006,900
- \$1,006,901 to \$1,011,080
- \$1,011,081 to \$1,015,260
- \$1,015,261 to \$1,019,440
- \$1,019,441 to \$1,023,620
- \$1,023,621 to \$1,027,800
- \$1,027,801 to \$1,031,980
- \$1,031,981 to \$1,036,160
- \$1,036,161 to \$1,040,340
- \$1,040,341 to \$1,044,520
- \$1,044,521 to \$1,048,700
- \$1,048,701 to \$1,052,880
- \$1,052,881 to \$1,057,060
- \$1,057,061 to \$1,061,240
- \$1,061,241 to \$1,065,420
- \$1,065,421 to \$1,069,600
- \$1,069,601 to \$1,073,780
- \$1,073,781 to \$1,077,960
- \$1,077,961 to \$1,082,140
- \$1,082,141 to \$1,086,320
- \$1,086,321 to \$1,090,500
- \$1,090,501 to \$1,094,680
- \$1,094,681 to \$1,098,860
- \$1,098,861 to \$1,103,040
- \$1,103,041 to \$1,107,220
- \$1,107,221 to \$1,111,400
- \$1,111,401 to \$1,115,580
- \$1,115,581 to \$1,119,760
- \$1,119,761 to \$1,123,940
- \$1,123,941 to \$1,128,120
- \$1,128,121 to \$1,132,300
- \$1,132,301 to \$1,136,480
- \$1,136,481 to \$1,140,660
- \$1,140,661 to \$1,144,840
- \$1,144,841 to \$1,149,020
- \$1,149,021 to \$1,153,200
- \$1,153,201 to \$1,157,380
- \$1,157,381 to \$1,161,560
- \$1,161,561 to \$1,165,740
- \$1,165,741 to \$1,169,920
- \$1,169,921 to \$1,174,100
- \$1,174,101 to \$1,178,280
- \$1,178,281 to \$1,182,460
- \$1,182,461 to \$1,186,640
- \$1,186,641 to \$1,190,820
- \$1,190,821 to \$1,195,000
- \$1,195,001 to \$1,199,180
- \$1,199,181 to \$1,203,360
- \$1,203,361 to \$1,207,540
- \$1,207,541 to \$1,211,720
- \$1,211,721 to \$1,215,900
- \$1,215,901 to \$1,220,080
- \$1,220,081 to \$1,224,260
- \$1,224,261 to \$1,228,440
- \$1,228,441 to \$1,232,620
- \$1,232,621 to \$1,236,800
- \$1,236,801 to \$1,240,980
- \$1,240,981 to \$1,245,160
- \$1,245,161 to \$1,249,340
- \$1,249,341 to \$1,253,520
- \$1,253,521 to \$1,257,700
- \$1,257,701 to \$1,261,880
- \$1,261,881 to \$1,266,060
- \$1,266,061 to \$1,270,240
- \$1,270,241 to \$1,274,420
- \$1,274,421 to \$1,278,600
- \$1,278,601 to \$1,282,780
- \$1,282,781 to \$1,286,960
- \$1,286,961 to \$1,291,140
- \$1,291,141 to \$1,295,320
- \$1,295,321 to \$1,299,500
- \$1,299,501 to \$1,303,680
- \$1,303,681 to \$1,307,860
- \$1,307,861 to \$1,312,040
- \$1,312,041 to \$1,316,220
- \$1,316,221 to \$1,320,400
- \$1,320,401 to \$1,324,580
- \$1,324,581 to \$1,328,760
- \$1,328,761 to \$1,332,940
- \$1,332,941 to \$1,337,120
- \$1,337,121 to \$1,341,300
- \$1,341,301 to \$1,345,480
- \$1,345,481 to \$1,349,660
- \$1,349,661 to \$1,353,840
- \$1,353,841 to \$1,358,020
- \$1,358,021 to \$1,362,200
- \$1,362,201 to \$1,366,380
- \$1,366,381 to \$1,370,560
- \$1,370,561 to \$1,374,740
- \$1,374,741 to \$1,378,920
- \$1,378,921 to \$1,383,100
- \$1,383,101 to \$1,387,280
- \$1,387,281 to \$1,391,460
- \$1,391,461 to \$1,395,640
- \$1,395,641 to \$1,399,820
- \$1,399,821 to \$1,404,000
- \$1,404,001 to \$1,408,180
- \$1,408,181 to \$1,412,360
- \$1,412,361 to \$1,416,540
- \$1,416,541 to \$1,420,720
- \$1,420,721 to \$1,424,900
- \$1,424,901 to \$1,429,080
- \$1,429,081 to \$1,433,260
- \$1,433,261 to \$1,437,440
- \$1,437,441 to \$1,441,620
- \$1,441,621 to \$1,445,800
- \$1,445,801 to \$1,450,000
- \$1,450,001 to \$1,454,180
- \$1,454,181 to \$1,458,360
- \$1,458,361 to \$1,462,540
- \$1,462,541 to \$1,466,720
- \$1,466,721 to \$1,470,900
- \$1,470,901 to \$1,475,080
- \$1,475,081 to \$1,479,260
- \$1,479,261 to \$1,483,440
- \$1,483,441 to \$1,487,620
- \$1,487,621 to \$1,491,800
- \$1,491,801 to \$1,495,980
- \$1,495,981 to \$1,500,160
- \$1,500,161 to \$1,504,340
- \$1,504,341 to \$1,508,520
- \$1,508,521 to \$1,512,700
- \$1,512,701 to \$1,516,880
- \$1,516,881 to \$1,521,060
- \$1,521,061 to \$1,525,240
- \$1,525,241 to \$1,529,420
- \$1,529,421 to \$1,533,600
- \$1,533,601 to \$1,537,780
- \$1,537,781 to \$1,541,960
- \$1,541,961 to \$1,546,140
- \$1,546,141 to \$1,550,320
- \$1,550,321 to \$1,554,500
- \$1,554,501 to \$1,558,680
- \$1,558,681 to \$1,562,860
- \$1,562,861 to \$1,567,040
- \$1,567,041 to \$1,571,220
- \$1,571,221 to \$1,575,400
- \$1,575,401 to \$1,579,580
- \$1,579,581 to \$1,583,760
- \$1,583,761 to \$1,587,940
- \$1,587,941 to \$1,592,120
- \$1,592,121 to \$1,596,300
- \$1,596,301 to \$1,600,480
- \$1,600,481 to \$1,604,660
- \$1,604,661 to \$1,608,840
- \$1,608,841 to \$1,613,020
- \$1,613,021 to \$1,617,200
- \$1,617,201 to \$1,621,380
- \$1,621,381 to \$1,625,560
- \$1,625,561 to \$1,629,740
- \$1,629,741 to \$1,633,920
- \$1,633,921 to \$1,638,100
- \$1,638,101 to \$1,642,280
- \$1,642,281 to \$1,646,460
- \$1,646,461 to \$1,650,640
- \$1,650,641 to \$1,6



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

Full Name of Participant _____
Parent/Guardian's Signature _____
Date _____

If participant is under 18 years old:

Full Name of Participant _____
Participant's Signature _____
Date _____

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

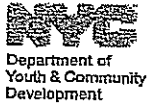
It, in the course of participating in DYCD-funded program activities and special events, any original work such as art, music, choreography, poetry, or prose (collectively, "Original Work") is created by me or my child, I hereby consent to such Original Work being used by the Authorized Parties, without compensation and without further approval, solely for non-profit, non-commercial purposes in any and all Media.

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.

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").

Consent for Photography/Videotaping and Use of Original Work





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): _____



A Program of



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

www.HispanicFamilyServicesNY.org

Rules & Regulations - Teen (Grades 6-12)

Management at this community center strives to provide a safe and communal experience for all participants. Participants must abide by the following guidelines or they will run the risk of being suspended or expelled from the program:

**All situations will be reviewed on a case-by-case basis.*

1. Fighting, including play fighting, is strictly prohibited. Individuals who engage in fighting will be suspended or expelled.
2. Vandalism in and around the center is strictly prohibited and will lead to suspension or expulsion.
3. No weapons or anything that can be considered a weapon can be brought onto the property, and possession will lead to immediate expulsion.
4. No alcohol, cigarettes, or controlled substances are permitted on or around the premises, and possession will lead to immediate expulsion.
5. Theft is subject to criminal prosecution and expulsion.
6. Bullying, including cyberbullying, written, or verbal is not permitted and will result in suspension and/or expulsion.
7. Inappropriate touching or use of language that is sexual in nature is not allowed. This includes, but is not limited to kissing, sitting on laps, holding, and hugging.
8. Nonconsensual photography, videotaping, or recording of participant activities is not permitted.
9. Cursing and profanity is not permitted at the center.
10. All participants must enter and exit the facility through the designated doors only.
11. Participants must sign-in and sign-out daily on the master roster and check-in with the front desk staff.
12. Participants may only sign-in for the current day and can only be signed into one activity.
13. Participants must wear appropriate clothing and shoes. Clothing should cover all undergarment areas: no crop tops, spaghetti straps, short shorts, underwear showing or clothing that reveals too much skin.
14. Eating is only allowed in designated areas.
15. Garbage and recyclables must be placed in their proper containers.
16. We are not responsible for lost or stolen items.
17. All fitness and game equipment such as mats, weights, and controllers, must be used with care.

I acknowledge the Community Center Rules and Regulations and understand that failure to follow these rules will forfeit my ability to participate at the community center.

Participant Name: _____ Participant Signature: _____

(If under age 18) Parent Name: _____ Parent Signature: _____

Date: _____

