FOOTBALL

2021 REGISTRATION FEE & FUNDRAISING FORM

REQUIRED DOCUMENTS	PHOTO
BC: _____	
EQUIP: _____	
PHY EXP DATE: ___/___/___	
VA: _____	
PPA: _____	
PR: _____	

PLAYER INFORMATION

NAME: _____

ADDRESS: _____

CITY, ST., ZIP: _____

PHONE: _____

CELL: _____

DOB: _____

WEIGHT: _____ HEIGHT: _____

PARENT / GUARDIAN INFORMATION

NAME: _____

ADDRESS: _____

CITY, ST., ZIP: _____

PHONE: _____

CELL: _____

E-MAIL: _____

NOTES: _____

CIRCLE APPROPRIATE AGE GROUP & REGISTRATION FEE

AGE GROUPS	REGISTRATION FEE
6 & UNDER	$355.00
8 & UNDER	$355.00
9 & UNDER	$355.00
10 & UNDER	$355.00
11 & UNDER	$355.00
12 & UNDER	$355.00
13 & UNDER	$355.00
14 & UNDER	$355.00
17 & UNDER	$355.00

Any 6U or 8U player selected to play in the fall, will only have to pay an additional $150.00, not another a full registration fee.

PARENT / GUARDIAN RELEASE

I, the undersigned parent / guardian wishes to register the child indicated above in the Harlem Jets, Inc. organization. I give permission for the coaches to administer first aid and to authorize emergency treatment by a doctor if necessary. I am aware of the risk of injury in any sport and herby release The Harlem Jets, Inc., its coaches, referees and other associated personnel from any claims. The child is medically fit to play sports. I also certify that the date of birth provided above is true, to the best of my knowledge.

Signature of Parent / Guardian: _____ *Date:* _____

REGISTRATION FEE & PAYMENT OPTIONS

CASH, CREDITCARD OR MONEY ORDER ONLY, NO PERSONAL CHECKS

1ST Payment
Date: _____ *Amt Pd:* _____ *Bal:* _____ *P.I.F:* _____ *Receipt No:* _____ *Cash: YES / NO*

2ND Payment
Date: _____ *Amt Pd:* _____ *Bal:* _____ *P.I.F:* _____ *Receipt No:* _____ *Cash: YES / NO*

3RD Payment
Date: _____ *Amt Pd:* _____ *Bal:* _____ *P.I.F:* _____ *Receipt No:* _____ *Cash: YES / NO*

Discounts: Paid-In-Full 5% - Multiple Child 2 = 5% / 3 or more = 10% - EB = $50 (Circle discount & list value $ _____)

Discounts are based on total fees due. If utilizing the payment plan, the discount will be reflected on the final payment. Absolutely no combining of discounts.

FUNDRAISING

"HOMECOMING"
All Donations Accepted!!!
Donation or $25.00

Date of Donation: _____
Amt. of Donation: _____

"MEET & GREET"
Mandatory Minimum
All Donations Accepted!!!
Donation or $25.00

Date of Donation: _____
Amt. of Donation: _____

"RAFFLE"
Mandatory Minimum
10 Tickets @ $5.00 each or $50.00 Cash

Date of Donation: _____
Amt. of Donation: _____

FOOTBALL

2021 EQUIPMENT, UNIFORM & FEE FORM

PLAYER & PARENT CONTACT INFORMATION

PLAYER NAME: _____

PARENT NAME: _____

ADDRESS: _____

CITY, ST., ZIP: _____

HOME #: _____ **CELL #:** _____

EQUIPMENT INFORMATION

Helmet Size: _____ **Helmet Serial Number:** _____

Shoulder Pad Size: _____ **Shoulder Pad Number:** _____

UNIFORM INFORMATION

Jersey Size: _____ **Jersey Number:** _____ **Pants Size:** _____

**** All new players are to select a minimum of 3 choices, for a jersey number and will be assigned the first available number.*

FEE INFORMATION

RECEIPT # _____

Registration Fee Paid: $ _____ **Balance: $** _____

DIVISIONS: *Circle One*

6 & Under	8 & Under	9 & Under	10 & Under	11 & Under	12 & Under	13 & Under	14 & Under	17 & Under

The game uniform, helmet and shoulder pads remain the property of the organization and will be collected at seasons end. In addition, any defacing or damage to the above-mentioned uniform in excess of the normal wear and tear of being used in games will result in the parent/player incurring the cost of repairing or replacing the damaged item or items. All players are allowed to keep the practice jersey and it should be worn to all practices.

Signature of Parent / Guardian: _____ *Date:* _____

FOOTBALL

FEE PAID

$185.00 ☐

$225.00 ☐

Receipt # _____

2021 FOOTBALL CAMP

CONTACT FORM & PERMISSION WAIVER

PLEASE USE ONE FORM PER PLAYER.

PLAYER INFORMATION

PLAYER NAME: _____

PARENT NAME: _____

ADDRESS: _____

CITY, ST., ZIP: _____

HOME #: _____ **CELL #:** _____

EMERGENCY CONTACT INFORMATION

(1) _____

(2) _____

PARENTAL PERMISSION WAIVER

I, herby authorize the staff of the Harlem Jets, Inc., Football Camp, its directors, agents, doctors' athletic trainers, and hospital to act for me in accordance with their best judgement in any emergency requiring medical attention. I herby waive and release the Jets of Harlem, Inc., DBA Harlem Jets, Inc. Football Camp, its employees, sponsors, suppliers and facilities from any liability, for expenses incurred due to sickness or injury sustained while participating in camp activities. I know of no mental or physical problems that might adversely affect my child's ability to participate in the Harlem Jets, Inc. Football Camp. I have read the Harlem Jets, Inc. Football Camp information and agree to the terms and conditions.

Signature of Parent / Guardian: _____ *Date:* _____

DIVISIONS: *Circle One*

6 & Under 8 & Under 9 & Under 10 & Under 11 & Under 12 & Under 13 & Under 14 & Under 17 & Under

HARLEM JETS

PARENT/ PLAYER AGREEMENT SIGNATURE PAGE

I have read the "2021 Handbook" and do hereby agree with the rules and regulations for the team and parents of the Harlem Jets. Please acknowledge your agreement by you and your child by signing this agreement and returning this signature page to administration.

I agree to return any and all property that belongs to the Harlem Jets, including the helmet, shoulder pads, game jersey and game pants. The above items will be returned immediately after the season ends. I agree to pay an additional fee of $75 if these items are not immediately returned.

I agree that I and my child are fully aware that there is NO DUAL PARTICIPATION. I agree to not play or practice with any other youth football team while registered with the Harlem Jets. By signing below, I agree that I will be immediately dismissed from the Harlem Jets and forfeit my registration fee, if a Dual Participation allegation is substantiated.

I have read the "2021 Handbook". I agree with and will follow the team rules.

_____ **Team Member**

I have read the "2021 Handbook". I agree with the rules for my child and I also agree with, and will follow the parent rules.

_____ **Parent**

PARENT SIGNATURE MUST BE NOTERIZED

Sworn to before me this _____ day

of _____, 20 _____.

_____

NOTARY PUBLIC

Received By: _____

Date_____

Your cooperation is greatly appreciated.

DATES:
MONDAY, JUNE 28, 2021 –
FRIDAY, AUGUST 6, 2021

LOCATION:
J.H.S. #45
120th Street bet. 1st & 2nd Avenue
New York, NY 10035

2021 SUMMER CAMP FORM

ACADEMIC & ATHLETIC
SUMMER CAMP REGISTRATION FORM

PLEASE USE ONE FORM PER PLAYER.

PLAYER INFORMATION

NAME: _____

ADDRESS: _____

CITY, ST., ZIP: _____

PHONE: _____

CELL: _____

DOB: _____

WEIGHT: _____ HEIGHT: _____

PARENT / GUARDIAN INFORMATION

NAME: _____

ADDRESS: _____

CITY, ST., ZIP: _____

PHONE: _____

CELL: _____

E-MAIL: _____

NOTES: _____

COST

$595.00 ☐

REGULAR DAY
8:00 AM – 6:00 PM

EMERGENCY CONTACT INFORMATION

(1) _____

(2) _____

PARENTAL PERMISSION WAIVER

I, herby authorize the staff of the Harlem Jets, Inc., Academic & Athletic Summer Camp, its directors, agents, doctors' athletic trainers, and hospital to act for me in accordance with their best judgement in any emergency requiring medical attention. I herby waive and release the Jets of Harlem, Inc., DBA Harlem Jets, Inc. Academic & Athletic Summer Camp, its employees, sponsors, suppliers and facilities from any liability, for expenses incurred due to sickness or injury sustained while participating in camp activities. I know of no mental or physical problems that might adversely affect my child's ability to participate in the Harlem Jets, Inc. Football Camp. I have read the Harlem Jets, Inc. Academic & Athletic Summer Camp information and agree to the terms and conditions.

Signature of Parent / Guardian: _____ Date: _____

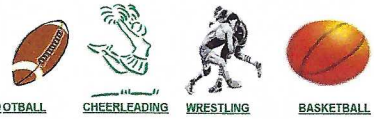
FEE INFORMATION

DEPOSIT: $_____ BALANCE: $_____ P.I.F_____ RECEIPT #1_____ #2_____

DEPOSIT IS NON-REFUNDABLE

Harlem Jets, Inc.

2280 Frederick Douglass Blvd.
New York, New York 10027
Office: 212-662-JETS (5387)
Fax: 212-662-5399
Mobile: 646-234-2004
E-mail: HarlemjetsAthletics@gmail.com
Website: www.Harlemjets.org



Authorization to Release Progress Report

Date: _____

I, _____ the parent/guardian of _____, do
(Parent/guardian Name) (Child's Name)

hereby authorize the _____ to release the information requested
(School Name)

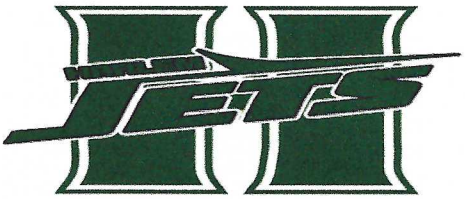
below to the Harlem Jets, Inc.

X_____ X_____
(Parent/guardian Signature) Prepared by:
(Signature / Title / Phone #)

Subject	Above Average	Average	Below Average	Comments
Religious Studies				
Arithmetic				
Reading				
Language				
Spelling				
History				
Science				
Computer				
Gym				
General Effort				
Conduct				
Demerits				
Days Absent				
Days Late				

*** PLEASE PROVIDE ANY ADDITIONAL COMMENTS ON A SEPARATE SHEET OF PAPER AND ATTACH. ***

The purpose of this report is to inform the Harlem Jets, of the child's academic and behavioral progress and to assist those with poor or failing grades before the end of the marking



FOOTBALL

REFERRAL PROGRAM FORM

REFERRING PLAYER INFORMATION

PLAYER NAME: _____ **PARENT NAME:** _____

AGE GROUP OF DIVISION: _____

PHONE : _____ **IS PLAYER IN FULL COMPLIANCE: YES** _____ **NO** _____

AMOUNT REFUNDED: $ _____ **HOW WAS REFUND APPLIED: CAMP / CHECK #** _____

REFERRED PLAYER INFORMATION

PLAYER NAME: _____ **AMOUNT PAID: $** _____

AGE GROUP OF DIVISION: _____

IS PLAYER FULLY REGISTERED: YES _____ **NO** _____ **PAID-IN-FULL: YES** _____ **NO** _____

REFERRED PLAYER INFORMATION

PLAYER NAME: _____ **AMOUNT PAID: $** _____

AGE GROUP OF DIVISION: _____

IS PLAYER FULLY REGISTERED: YES _____ **NO** _____ **PAID-IN-FULL: YES** _____ **NO** _____

REFERRED PLAYER INFORMATION

PLAYER NAME: _____ **AMOUNT PAID: $** _____

AGE GROUP OF DIVISION: _____

IS PLAYER FULLY REGISTERED: YES _____ **NO** _____ **PAID-IN-FULL: YES** _____ **NO** _____

I, the undersigned parent / guardian, that my participation in the player referral program is contingent upon the referred player being fully registered and paid-in-full. No refunds will be issued for players that don't make the team, quit or are dismissed for disciplinary reasons. The refund can be applied to the HJ Mandatory Football Camp balance or you can be issued a company check. Refunds will be issued in or about the month of July.

Signature of Parent / Guardian: _____ **Date:** _____

Harlem Jets Physical Examination Form

(Please type or print)

Student's Name _____ Birth Date _____ Sex _____ Grade _____
Last First Middle

City _____ School _____ Place of Birth _____

Student's Address _____
Street City Zip Telephone

Parent(s) or Guardian(s) Name _____

Address (if different than student) _____
Street City Zip Telephone

Family Physician's Name, Address, Telephone _____

History

This section is to be carefully completed by the student and his/her parent(s) or legal guardian(s) before participation in interscholastic athletics in order to help detect possible risks.

Explain "YES" answers below. Circle questions you don't know the answer to.

	Yes	No
1. Have you had a medical illness or injury since your last checkup or sports physical?	☐	☐
Do you have an ongoing or chronic illness?	☐	☐
2. Have you ever been hospitalized overnight?	☐	☐
Have you ever had surgery?	☐	☐
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	☐	☐
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	☐	☐
4. Do you think you are in good health?	☐	☐
5. Do you have any allergies (for example, to pollen, medicine, food, or stinging insect)?	☐	☐
6. Have you ever had a rash or hives develop during or after exercise?	☐	☐
Have you ever passed out during or after exercise?	☐	☐
Have you ever been dizzy during or after exercise?	☐	☐
Have you ever had chest pain during or after exercise?	☐	☐
Do you get tired more quickly than your friends do during exercise?	☐	☐
Have you ever had racing of your heart or skipped heartbeats?	☐	☐
Have you had high blood pressure or high cholesterol?	☐	☐
Have you ever been told you have a heart murmur?	☐	☐
Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐
Is there a family history of heart problems in a close relative younger than age 50 (examples are enlarged heart, cardiomyopathy, long QT interval, abnormal EKG, abnormal heart rhythm)?	☐	☐
Have you had a severe heart infection (for example, myocarditis or pericarditis)?	☐	☐
Is there a family history of Marfan's Syndrome?	☐	☐
Has a physician ever denied or restricted your participation in sports for any heart problem?	☐	☐
7. Have you ever had a severe viral infection within the last month (for example, mononucleosis)?	☐	☐
8. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?	☐	☐
9. Have you ever had a head injury or concussion?	☐	☐
Have you ever been knocked out, become unconscious or lost your memory?	☐	☐
Have you ever had a seizure?	☐	☐
Do you have frequent or severe headaches?	☐	☐
Have you ever had numbness or tingling in your arms, hands, legs or feet?	☐	☐
Have you ever had a stinger, burner or pinched nerve?	☐	☐

	Yes	No
10. Have you ever become ill from exercising in the heat?	☐	☐
11. Do you cough, wheeze or have trouble breathing during or after activity?	☐	☐
Do you have asthma?	☐	☐
Do you have seasonal allergies that require medical treatment?	☐	☐
12. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
13. Have you had any problems with your eyes or vision?	☐	☐
Do you wear glasses, contacts or protective eyewear?	☐	☐
14. Have you ever had a sprain, strain or swelling after injury?	☐	☐
Have you broken or fractured any bones or dislocated any joints?	☐	☐
Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	☐	☐

If yes, check the appropriate box and explain below.

☐ Head ☐ Upper Arm ☐ Hand ☐ Knee
☐ Neck ☐ Elbow ☐ Finger ☐ Shin/calf
☐ Back ☐ Forearm ☐ Hip ☐ Ankle
☐ Chest ☐ Wrist ☐ Thigh ☐ Foot
☐ Shoulder

15. Do you want to weigh more or less than you do now?	☐	☐
Do you lose weight regularly to meet weight requirements for your sport?	☐	☐
16. Do you feel stressed out?	☐	☐

17. Record the dates of your most recent immunizations (shots) for:
Tetanus _____ Measles _____
Hepatitis B _____ Chickenpox _____

18. FEMALES ONLY

When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____

19. ALL PARTICIPANTS

Explain "Yes" answers here: _____

NOTE: CONSENT AND HIPAA RELEASE FORMS THAT MUST BE SIGNED BY BOTH THE PARENT AND THE STUDENT ARE ON A SEPARATE SHEET.

NOTE: History and All Consent Forms Must be Completed Prior to Physical Examination

Modified from the form approved by the American Academy of Family Physicians, the American Academy of Pediatrics, the American Medical Society for Sports Medicine, the American Orthopedic Society for Sports Medicine and the American Osteopathic Academy of Sports Medicine.

Physical Examination

(Please type or print)

Student's Name _____ Birth Date _____
Last First Middle

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____/_____

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	Normal	Abnormal Findings	Initials*
MEDICAL			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*Station-based examination only

Clearance

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

_____

_____

_____

☐ Not cleared for: _____ Reason: _____

Recommendations: _____

_____

_____

_____

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities (Note exceptions above).

_____ _____

Physician's Name and Address (stamp or print) Examiner's Signature Date

If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P.) performed the exam, name and address of collaborating physician or physician group:

_____ _____

Examiner's Telephone Number

NOTE: History and Consent Must be Completed Prior to Physical Examination

HARLEM JETS VOLUNTEER APPLICATION - 2021

Use extra paper to complete if additional space is required.

A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

E-Mail Address: _____

Date of Birth: _____

Occupation: _____

Social Security # (optional; mandatory upon request): _____

Employer: _____

Address: _____

Special professional training, skills, hobbies: _____

_____

Previous volunteer experience: _____

_____

Do you have a child/children in the program? Yes ☐ No ☐ If yes, list full name and what level _____

Special Certification (i.e. CPR, Medical, etc.): _____

Do you have a valid driver's license: Yes ☐ No ☐

Driver's License #: _____ State: _____

Have you ever been convicted of or plead guilty to any crime? Yes ☐ No ☐

If yes, describe each in full: _____

_____

_____

_____

In which of the following would you like to participate? (Check one or more.)

Coach ☐ Team Parent ☐ Field Maintenance ☐

Mandatory Play Reporter ☐ Concession Stand ☐

Other ☐ Explain: _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name	Phone

As a condition of volunteering, I give permission to the Jets of Harlem, Inc. to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the organization receiving no inappropriate information on my background. I herby release and hold harmless from liability the Jets of Harlem, Inc., the officers, volunteers thereof, or any other person or organization that may provide such information. I also understand that, the Jets of Harlem, Inc. are not obligated to appoint me to a volunteer position. If appointed, I understand that I am subject to suspension by the President or Vice-President and removal by the Board of Directors for violation of any of the Jets of Harlem, Inc. rules regulations or policies.

Applicant Signature: _____ Date: _____

Applicant Name (please print): _____

Organization Use Only:

Background check completed by: _____

on _____

System (s) used for background check (minimum of one must be checked):

Sex Offender Registry ☐ Criminal History Records ☐

Only attach to this application copies of background check reports that reveal convictions of this applicant.

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

NYC Department of Youth & Community Development | COMPASS NYC THE COMPREHENSIVE AFTER SCHOOL SYSTEM OF NEW YORK CITY | SONYC | Beacon CENTERS OF NEW YORK CITY | CORNERSTONE

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:**

Applicant's Date of Birth (MM/DD/YEAR):

Applicant's Gender (Select One):	**Applicant's Race** (Select all that Apply):	**Applicant's Ethnicity** (Select One):
☐ Male ☐ Female ☐ Gender Nonconforming	☐ American Indian and Alaskan Native ☐ Asian ☐ Black or African- American ☐ Native Hawaiian and Other Pacific Islander ☐ White or Caucasian ☐ Other	☐ Hispanic or Latino(a) ☐ Not Hispanic or Latino(a)

Applicant's Primary Address (*Number and Street*):	**Apt. Number:**
City:	**Zip Code:**

☐ **Applicant lives in a NYCHA Development (please provide name)** _____

Part II: Contact Information

Applicant's Contact Information

For youth without contact information, skip to the next section to provide parent/guardian contact information

Write down phone numbers for the applicant and circle the preferred method of contact:

☐ Home _____ ☐ Cell _____

☐ Work _____ ☐ Email _____ ☐ No Email

Parent/Guardian Information

This section is required for Applicants under 18

Parent/Guardian Name: _____

Write down all phone numbers and circle the best number to call in case of an emergency:

☐ Home _____ ☐ Cell _____

☐ Work _____ ☐ Email _____ ☐ No Email

Address: ☐ Same as Participant	**City:**	**State:**	**Zip Code:**

Emergency Contact Information

At least one emergency contact must be identified

1

Emergency Contact #1 Name:	**Relationship to Participant:** ☐ Emergency contact is parent/guardian of participant		

Write down all phone numbers and circle the best number to call in case of an emergency:

☐ Home _____ ☐ Cell _____

☐ Work _____ ☐ Email _____ ☐ No Email

Address: ☐ Same as Participant	**City:**	**State:**	**Zip Code:**

2

Emergency Contact #2 Name:	**Relationship to Participant:** ☐ Emergency contact is parent/guardian of participant		

Write down all phone numbers and circle the best number to call in case of an emergency:

☐ Home _____ ☐ Cell _____

☐ Work _____ ☐ Email _____ ☐ No Email

Address: ☐ Same as Participant	**City:**	**State:**	**Zip Code:**

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:**

Part IV: Health Information

Applicant's Health Information

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? (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**

Applicant's Health Insurance Status

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

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):

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

☐ Other: _____

**including Cantonese and Mandarin*

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

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

☐ 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?	☐ Yes ☐ No
Offender/Justice Involved?	☐ Yes ☐ No
Foster Care Participant?	☐ Yes ☐ No
Runaway Youth?	☐ Yes ☐ No
Veteran?	☐ Yes ☐ No
Active Military Personnel?	☐ Yes ☐ No
An Individual with a Disability?	☐ Yes ☐ No ☐ 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
- ☐ 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
- ☐ 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+

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 $50,000
- ☐ $50,001 to $60,000
- ☐ $60,001 to $70,000
- ☐ $70,001 to $80,000
- ☐ $80,001 to $90,000
- ☐ $90,001 to $100,000
- ☐ $100,000+
- ☐ 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

NYC Department of Youth & Community Development | COMPASS NYC | SONYC | Beacon Centers of New York City | Corner Stone

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

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

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)*: _____