



Department of
Youth & Community
Development

WELCOME!

DYCD OVERVIEW

The Department of Youth and Community Development (DYCD) is a New York City agency that funds programs for youth and families. These programs are operated by community-based organizations (CBOs). [DYCD thanks you for enrolling your child in this program at Lavelle Prep. This program is for 6th through 8th graders only and will run from September 10, 2015 through June 24, 2016. The hours are Monday-Thursday 3:30 pm - 6:30 pm, Friday 2:30 pm – 4:30 pm and Saturday from 8:30 am – 11:30 am.](#)

ENROLLMENT PACKET OVERVIEW

Please answer all the questions below to help us provide quality services. Those marked with an asterisk (*) are mandatory. If there is a question that you do not understand, please seek help. You can speak with the Program Director, Ryan Melis, by emailing rmelis@lavelleprep.org or calling 347-855-2238.

This enrollment packet will allow you or your child to be enrolled in this program. The information captured through this form will help the program plan to provide a safe and healthy environment, and provide appropriate services. Enrollment packet sections:

- Welcome and Packet Overview (this page)
- Participant Background (page 2)
- Participant Health and Safety (page 3)
- [Additional Background Info and Signatures](#) (page 4)
- [Interest Survey \(page 5\)](#)
- [Parent /Guardian Signatures \(page 6-8\)](#)

Please save this page for your records and future reference. [All pages must be filled out completely and returned to your child's homeroom teacher as soon as possible. Space is limited and students will be enrolled on a first come first serve basis.](#)

1 PARTICIPANT BACKGROUND

participant contact information

Primary Parent / Guardian of Participant:			
Primary Phone Number:		Email Address:* <input type="checkbox"/> No Email	
Date		Program Period	September 10, 2015 – June 24, 2016
Last Name*		First Name*	
Date of Birth*		Cell Phone	
Home Address*		Apartment Number	
City*		State*	
Zip Code*		Borough	
Home Phone		Proof of ID	<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"/> Official Letter <input type="checkbox"/> Municipal ID
NYCHA Resident*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Gender*	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other:		

demographics

Country of Origin		English Proficient*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity*	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> No Response		
Primary Language Spoken at Home*		Additional Language(s)	

student or employment

Current Grade Level		Student ID/OSIS #	
School Name	John W. Lavelle Prep Charter School	School Type	<input type="checkbox"/> Public <input checked="" type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Other
		School Address	1 Teleport Drive, 3 rd Floor Staten Island, NY 10311
		If yes:	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time

DYCD PROGRAM

2 PARTICIPANT SAFETY

If there is an emergency, please contact the following individuals:

1	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:
	Address	_____	<input type="checkbox"/> Home _____
	City, State	_____	<input type="checkbox"/> Cell _____
	Zip Code	_____	<input type="checkbox"/> Work _____
			<input type="checkbox"/> Email* _____ <input type="checkbox"/> No Email

2	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:
	Address	_____	<input type="checkbox"/> Home _____
	City, State	_____	<input type="checkbox"/> Cell _____
	Zip Code	_____	<input type="checkbox"/> Work _____
			<input type="checkbox"/> Email* _____ <input type="checkbox"/> No Email

3 PARTICIPANT HEALTH INFORMATION

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

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Allergies to food | <input type="checkbox"/> Behavioral/Emotional Issues | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Physical |
| List: | | | |
| <input type="checkbox"/> Allergies to medications | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Individualized Education Plan | <input type="checkbox"/> Disabilities |
| <input type="checkbox"/> Allergies other (please Specify) | <input type="checkbox"/> Congestive Illness (e.g., heart murmur/disease, blood pressure) | <input type="checkbox"/> Obesity | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Corrective Devices (e.g., crutches, hearing aid, eye glasses) | <input type="checkbox"/> Other (please specify) | |

Check off all that apply.

- Does your child have special health care needs that require treatment and/or medication?
- Does your child take medication for any condition or illness?
- Are there any activities your child cannot participate in? (If so, please specify below)

Activities your child cannot participate in:

- Are you or any member of your household (0-64 years of age) covered by Medicaid, Child Health Plus, Family Health Plus or private medical insurance?
- If NO, do you want to be contacted with information about public health insurance program?

 This section is only for parents enrolling their children. 

PICK UP/DISMISSAL INFORMATION.

My child has permission to [take the city bus](#) home at dismissal. Yes No

My child MAY NOT be picked up by: _____

4 ADDITIONAL BACKGROUND

other family and household information

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

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

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

Number of individuals in your household: _____

Is the participant or any member of your household receiving public assistance? Yes No

Is the participant or any member of your household receiving food stamps? Yes No

Gross Yearly Household Income: \$ _____

The participant lives in a household that is headed by: Single Female Parent Two Parents
 Single Male Parent Two Adults, no children

Sources of household income:

Employment TANF Social Security Unemployment Insurance
 Pension SSI General Assistance Other _____

Would you like information on voter registration? Yes No I am already a registered voter

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.

I have completed this application for my child.

Parent/Guardian: _____ (Print) _____ (Sign) _____ (Date)

Lavelle Prep/DYCD Administration: _____ Date: _____

PARTICIPANT INTEREST SURVEY

* Please put a CHECK in the appropriate boxes below

Interests/Activities	<input checked="" type="checkbox"/> Likes/Strengths	<input type="checkbox"/> Dislikes/Challenges
Reading		
Math		
Visual Arts		
Literary Arts		
Dramatic Arts		
Musical Arts		

Does your child have an Individualized Education Plan and/or Special Needs? Yes No

Parent/Guardian Consent

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

Consent to Collect and Share Student Information

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

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

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

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

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

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

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

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

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

DYCD PROGRAM

Student/Applicant Name: _____
 Parent/Guardian Name: _____
 Parent/Guardian Signature: _____ Date: _____
 Additional Parent/Guardian Name: _____
 Additional Parent/Guardian Signature: *(optional)* _____

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 at off-site events and events taking place in the usual program location. In some cases, they may photograph, videotape, interview or otherwise record children who participate in these events. The resulting images, videos and interviews may be used solely for non-profit, non-commercial purposes in printed and electronic media such as brochures, books, print and email newsletters, DVDs and videos, websites, social media and blogs (collectively, "Media"). These images, videos and interviews may be used by DYCD and third-party organizations that collaborate with DYCD, without compensation and without further approval, solely for non-profit, non-commercial purposes.

If, in the course of participating in program activities or special events, any original work is created by a participant, DYCD may use the created work in any and all Media to promote the program or for other informational, non-profit and non-commercial purposes, without compensation and without further approval.

- I understand my child may be photographed, interviewed or otherwise recorded during program activities and special events and give permission for my child to be photographed, interviewed or otherwise recorded solely for non-profit, non-commercial purposes of the program.
 Yes, I give my permission No, you do not have permission
- I understand that my child's work may be used in materials that promote programs, solely for non-profit, non-commercial purposes of the program.
 Yes, I give my permission No, you do not have permission

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 Statement

I the undersigned, certify that I have reviewed all the above consent statements and indicated my wishes. I understand that consent is voluntary and I can withdraw it in writing at any time.

 Student/Applicant Name

 Parent/Guardian Name

 Parent/Guardian Signature Date

 Additional Parent/Guardian Name *(optional)*

 Additional Parent/Guardian Signature Date

<p>Agency: _____</p> <p>School: _____</p>

Parent Consent for Participation in Data Collection

Dear Parent:

Your child is enrolled in a program that is supported by the Department of Youth and Community Development (DYCD). In order to monitor the effectiveness of this program and ensure its future success, DYCD, and its evaluation partner American Institutes for Research (AIR), are collecting information about participants and their experiences in the program. AIR is doing a study of the middle school programs that are part of COMPASS – known as School’s Out New York City (SONYC) programs; the study is called *School’s Out NYC: Out-of-School Time Middle School Expansion Evaluation Services*. This project has been approved by the Department of Education (DOE). AIR will visit some of the programs to learn more about SONYC and how it can be improved and will collect information from young people in the program.

We ask permission from parents to conduct the following study activities:

- Survey children about the DYCD program.
- Survey children about themselves (what they have learned).
- We may access your child’s school information from NYC DOE, including demographic data, school day attendance, disciplinary referrals, grade promotion, and academic performance data (e.g., test scores and grades). We will not be able to link their school information to their name or to your family.

This information will help DYCD learn how the program helps students and how it can be improved. **Any information we collect will be used only to assess the DYCD program and will not be made public.** The only people who will have access to this information are members of the AIR evaluation team. **Participating in the evaluation will not affect your child in school, in the program, or in any other way.** We will not use your name or your child's name in any report. Participation is voluntary and participants may withdraw at any time. Please contact Deborah Moroney by phone (312-288-7609) or email (dmoroney@air.org) with questions about the study.

If you have concerns or questions about your child’s rights as a participant, contact AIR’s Institutional Review Board (which is responsible for the protection of project participants) at IRB@air.org, toll free at 1-800-634-0797, or c/o IRB, 1000 Thomas Jefferson St. NW, Washington, DC 20007.

Please select one of the options below:

Yes, I GIVE PERMISSION FOR MY CHILD, _____, TO PARTICIPATE in the following:

- My child WILL complete AIR surveys for SONYC Out-of-School Time Middle School Expansion Evaluation
- AIR CAN access my child’s school information for SONYC Out-of-School Time Middle School Expansion Evaluation. AIR will look at my child’s school data such as attendance, disciplinary referrals, grade promotion, and academic performance data however this data is not linked to their name or my family.
- 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 AIR data collection activities.

Signature

Date

For questions about the evaluation, please contact Yael Bat-Chava, ybat-chava@dycd.nyc.gov, 646-343-6237. For all other questions please contact Youth Connect, 1-800-246-4646, or http://www.nyc.gov/html/dycd/html/contact/email_youth.shtml.