



## Sixth Street Youth Program

Summer Program Application 2018  
Sixth Street Community Center  
638 E 6th Street, New York, NY 10009  
[www.sixthstreetcenter.org](http://www.sixthstreetcenter.org)

### Choose one or both sessions:

- Session I: July 9 - July 27 (3 weeks)  
 Session II: July 30 - August 17 (3 weeks)

### Fees:

\$1,275 per session or \$2,500 for both sessions. Mondays- Fridays, 10am- 3pm  
***\*Sliding Scale rates are available to those who qualify. Available on a first come, first serve basis. Please request a financial form if you may qualify.***

**Student First and Last Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade and School in Fall 2018: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Parent/Guardian First and Last name:** \_\_\_\_\_

Contact information is required.

Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Second Parent First and last name: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact Information

*List 2 adults (aged 18 and over) who are not parents or guardians of the child. Check next to them if they are authorized to pick-up your child from program.*

(1)  Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

(2)  Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Arrival and Pick-up:** Students must arrive everyday by 10 AM.

**Please specify the pick-up arrangement for your child to and from Sixth Street Youth Program.**

Check here \_\_\_\_ if your child will be picked up by a parent/guardian or an authorized individual below by 3 PM.

List any individuals other than those already indicated on this application who are allowed to pick-up your child from Sixth Street Community Center. **\*Except as permitted, your child WILL NOT be released to anyone not authorized in writing.**

- (1) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_
- (2) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Sign below ONLY if your child is permitted to leave Sixth Street Community Center independently, and your give permission to let Sixth Street Youth Programs to dismiss your child.**

Required Signature of Parent/Guardian: \_\_\_\_\_

**Health Information** \*Please submit a copy of your child's up to date immunizations record.

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Date of Most Recent Physical: \_\_\_\_\_

**Please list and specify what if your child has any allergies, asthma, serious injuries, activity restrictions, chronic illnesses or dietary restrictions.** Please specify if any medication will need to be administered to your child (by themselves or with the assistance of an outside party) during program hours.

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**Emergency Medical Care Authorization**

In the event of a medical emergency, every effort will be made to contact the parents, guardians, and emergency contacts of the child. I hereby give permission to the medical personnel selected by the program director to act in the best interest of my child in the case of an emergency and guardians cannot be reached.

Required Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Other Information**

Does your child have an IEP? Yes: \_\_\_\_ No: \_\_\_\_

Is there anything specific that we should note or be aware of?

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\* If yes, please provide any additional information and physicians orders (required) that would help us better accommodate your child.

**SIXTH STREET YOUTH PROGRAM LIABILITY DISCLAIMER AND NOTICES**

I \_\_\_\_\_ (parent and/or guardian) of the minor  
\_\_\_\_\_ (child's name), hereby acknowledge the following notices and grant to Sixth Street Youth Program and Sixth Street Community Center the following release from liability:

- a. I acknowledge and fully understand that my child will be engaging in physical activities that may involve some risk of injury. I acknowledge and have been advised that it is my responsibility to consult with my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my child's participation. I assume the foregoing risks and accept full personal responsibility for any personal injuries sustained by my child which might incur as a result of participating in this program and discharge and hold harmless Sixth Street Community Center, Sixth Street Youth Program, it's owners, officers, directors, members, employees and agents from any claim, clause of action or liability for damages arising from any personal injury to my child or other persons or property caused by my child's participation in Sixth Street Youth Program.
- b. I understand that this program includes in and off campus activities within the neighborhood. This includes but is not limited to different rooms, outside areas within the community center, local gardens, local parks, local establishments and businesses and day trips.
- c. I understand that Sixth Street Youth Program and Sixth Street Community Center is not responsible and is not held responsible for any damage or loss of money, jewelry, equipment, clothing or other personal articles. I understand that valuable items are brought to Sixth Street Community Center at my own risk.

- d. I agree to give Sixth Street Community Center and Sixth Street Youth Program permission to use student work, photographs, videos or audio recordings of my child for any Sixth Street Community Center or Sixth Street Youth Program promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use.
- e. If it is necessary, in the judgement of Sixth Street Community Center or Sixth Street Youth Program personnel, to use outside medical aid for the student's health, we hereby permit and authorize him/her to do so.

**Child's Printed Name** \_\_\_\_\_

**Parent/Guardian's Printed Name**  
\_\_\_\_\_

**Parent/Guardian's Signature**  
\_\_\_\_\_

**Date:** \_\_\_\_\_

Once your child's spot has been confirmed, you will receive an enrollment confirmation from the Youth Program Director. A non-refundable program deposit of \$100 is due within one week from confirmation. Remaining program fees are due by June 1 for Session I and June 15 for Session II. We also require a cc authorization form that reserves Sixth Street Community Center the right to charge any outstanding program fees that are past due. This may be waived if all fees are paid upfront. Checks may be made payable to Sixth Street Community Center. We also accept cash, credit or debit.

Questions? Please contact us at [programs@sixthstreetcenter.org](mailto:programs@sixthstreetcenter.org) or call us at 212-677-1863.

Is there anything else you would like us to know about your child?

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