



Sixth Street Youth Program

Summer Program Application 2019
Sixth Street Community Center
638 E 6th Street, New York, NY 10009
www.sixthstreetcenter.org

Choose one or both sessions:

___ Session I: July 8 - July 26 (3 weeks)
___ Session II: July 29 - August 16 (3 weeks) ___ Week(s) of _____

Fees:

\$1,350 per session (\$500 for single weeks) or \$2,600 for both sessions. *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.

Mondays- Fridays, 9 am- 3 pm. *Check if you are interested in childcare until 5 pm ___

Student First and Last Name: _____

Date of Birth: _____ Grade and School in Fall 2019: _____

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 9 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 you 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.

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?

* 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 laura.sixthstreet@gmail.org, jen@sixthstreetcenter.org or call us at 212-677-1863.

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