



SIXTH STREET YOUTH PROGRAM

Sixth Street Community Center
638 East 6th Street, New York, NY 10009
(212) 677-1863//fax (212) 677-7166
www.sixthstreetcenter.org

Summer Program Application 2021

Choose full session or weeks:

_____ July 12 - August 5 (4 weeks) Specific Week(s) of _____

Days & Hours: Mondays - Thursdays (4 days), 10 AM - 3 PM.

Fees: \$850 per session or \$275/week + \$25 for a Sixth Street T-Shirt

Sliding scale rates are available for families who qualify and based on availability.

Student First and Last Name: _____

Date of Birth: _____ Grade and School in Fall 2021 : _____

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 #: _____

(2) Name: _____ Relationship to child: _____ Mobile #: _____

Arrival and Pick-up: Students arrive everyday at 10:00 AM and must be picked up everyday by 3 PM.

Materials: Please send your child with a mask, refillable water bottle, snack, lunch & disposable camera. We will provide journals, pens and arts supplies :).

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 #: _____

(2) Name: _____ Relationship to child: _____ Mobile #: _____

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, Fifth Street Farm, local gardens, local parks, local establishments and businesses and day field 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.

f. I understand that Sixth Street Youth Program is taking serious precautions to reduce the spread and risk of children, families, and staff becoming sick with COVID-19. I agree to take necessary precautions in my home and personal life to reduce this risk. I agree to having my child keep a mask on during program hours and to practice social distancing. I agree that the parent/guardian dropping off my child will also wear a mask and adhere to social distancing guidelines. I will not hold Sixth Street Youth Program liable if my child, self, or family member becomes sick with COVID-19. I will let the Youth Program Director know if someone in the household has COVID-19 and remove my child from the summer program.

Have adult members in your household been vaccinated for COVID-19? _____

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. Program fees are due by June 28th. Checks may be made payable to Sixth Street Community Center. We also accept cash, venmo (@sixthstreetcc), credit or debit. Please note that venmo, credit and debit may include an additional 3% processing fee.

What method would you like to pay? _____

Please email noel@sixthstreetcenter.org and cc. jen@sixthstreetcenter.org with any questions or thoughts.

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