



Sixth Street Youth Program
After School Program Application 2018-19
Sixth Street Community Center
638 E 6th Street, New York, NY 10009

Student Information

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____

Home Address: _____

School Name: _____ Grade: _____

Pick-up needed? Yes: ___ No: ___ Dismissal time: _____

School Address and pickup location details: _____

Parent/Guardian Information

(Required) First and last name: _____

Mobile #: _____ Work #: _____ Email: _____

(Optional) First and last name: _____

Mobile #: _____ Work #: _____ Email: _____

Home Address: _____

Emergency Contact Information

Please list 2 adults (aged 18 and over) who are not parents or guardians of the child. Also please check the box next to any person who is authorized to pick-up your child from Sixth Street Community Center.

(1) Name: _____ Relation ship to child: _____

Mobile #: _____ Work #: _____

(2) Name: _____ Relation ship to child: _____

Mobile #: _____ Work #: _____

Arrival and Pick-up Information

Please specify the arrival and pick-up arrangement for your child to and from Sixth Street Youth Program. (If your child will arrive to SSYP independently)

Estimated time of arrival that your child will arrive at Sixth Street Community Center:

Indicate the days of the week that your child will be attending the program:

***** 2 days minimum required**

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

*Please indicate and specify if pickup/arrival times vary different days of the week.

Please check here ___ if your child will be picked up by a parent/guardian or an authorized individual named below at 6 PM.

****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, please sign here:**

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

Please list below any individuals other than those who may have been indicated already on this application who are allowed to pick-up your child from Sixth Street Community Center.

Except as permitted below, 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 #: _____

Health Information

Medical Insurance: _____ Policy #: _____

Name of Policy Holder: _____

Primary Care Physician: _____ Date of Most Recent Physical: _____ *Please

submit a copy of your child's immunization form.

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.

Please read carefully and note:

- * Dismissal is at 6:00 PM. We must be notified in advance of a late pick-up.
- * If your child is not attending program on days they are scheduled, please notify us by 12PM each day. Especially if your child requires a pick up from their school.
- * No child may participate in any program activities until their completed forms, consents and waivers have been received and processed by Sixth Street Youth Programs.
- * The program directors reserve the right to dismiss a participant if she judges that the participant's behavior interferes with the rights of others, disrupts the smooth functioning of a group or activity, or violates the participants expectations for conduct.

Authorization to Engage in Sixth Street Youth Program Activities

To the best of my knowledge, the health history provided on this application is correct, and the person herein described has permission to engage in all prescribed program activities unless otherwise noted,

Signature of Parent/Guardian _____ Date: _____

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.
- 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 has been confirmed as enrolled in our program, you will receive confirmation from the Sixth Street Youth Program Director.

Questions? Contact info:

Program Director:

email: jen@sixthstreetcenter.org

tel: 212-677-1863.

Program Coordinator:

email: laura.sixthstreet@gmail.com