



# sixth street community center

## Sixth Street Youth Program After School Program Application 2022-23

### Student Information *(Required)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Pick-up needed? Yes: \_\_\_\_ No: \_\_\_\_ Dismissal time: \_\_\_\_\_

Teacher Name & Pickup location details: \_\_\_\_\_

### Parent/Guardian Information *(Required)*

First and last name: \_\_\_\_\_

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

*(Optional)* First and last name: \_\_\_\_\_

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

### 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: \_\_\_\_\_  Relationship to child: \_\_\_\_\_

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

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

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

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

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_

### Arrival and Pick-up Information

*If your child will not require a pick-up from school, please specify below the arrival and pick-up arrangement for your child to and from Sixth Street Youth Program.*

Estimated time of arrival and how will your child get to Sixth Street Community Center:

\_\_\_\_\_

**End of day pick-up at 6pm:** Please check here \_\_\_\_ if your child will be picked up by a parent/guardian or authorized individual(s) named below.

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: \_\_\_\_\_ Relation ship to child: \_\_\_\_\_

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

(2) Name: \_\_\_\_\_ Relation ship to child: \_\_\_\_\_

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

### Health Information

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

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

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

Are you and all adults in your household vaccinated for COVID? \_\_\_\_ Is your child vaccinated? \_\_\_\_

**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. Please note that SSCC Staff and Contractors cannot administer any medication to your child.

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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: \_\_\_\_

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

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

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### **Please read carefully and note:**

- \* Please notify the Youth Program Director in advance of a late pick-up. There is a \$15 fee for late pick-ups after 6:15 pm.
- \* If your child is not attending program on days they are scheduled, please notify us by 12 PM 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, its owners, officers, directors, members, employees and agents from any claim, cause 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 on 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.
- 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 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 come down with COVID-19 like symptoms and keep my child home from the Sixth Street Youth Program until it is safe to return back.

**Child's Printed Full Name**

**Parent/Guardian's Printed Full 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.**

Sixth Street Youth Program's after school is located at:

Sixth Street Community Center, 638 E 6th Street, New York, NY 10009 on our first floor.

We operate Monday- Friday from 2:30-6 pm according to the NYC Dept. of Education calendar.

**Questions?** [info@sixthstreetcenter.org](mailto:info@sixthstreetcenter.org)



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## SIXTH STREET YOUTH PROGRAM FEES || AGREEMENT FORM 2022-2023

### Enrollment Fee

Please note there is a one-time enrollment fee of \$25. Enrollment fees secure your child's spot in the program and goes towards a Sixth Street T-Shirt for your child. This fee will be included in the first month's payment.

### Fee Responsibility and Absences

Sixth Street Community Center **cannot offer refunds or discount for absences with notice or a missed day.** Program fees are essential to SSYP's livelihood as well as our ability to offer reduced fees to those who need it most. Thus, families are responsible for the full programming fee of the student at all times. If you would like to un-enroll your child at any time, you must provide us with a 1 month notice, otherwise you are still responsible for program fees.

### Payment Methods

We accept checks, cashiers checks, money orders or credit and debit cards.\* Please notify us of your preferred payment method. Please make payments to "Sixth Street Community Center" you can indicate "Youth Program Fees for [child's name & month]" in the memo line.

\*Please note that credit card and debit card payments have an additional 3% processing fee. Online payments will receive an invoice through email via Square on the 15th of the month before the payment is due.

### Pay Schedule

Payments may be processed monthly or seasonally (Sept-Dec & Jan-June). Since the program begins on September 19th, we will combine September and October fees (plus the enrollment fee) into a single payment to be due by the first day of the program. Starting on November 1st, fees are due by the first of every month.

Please view our Program Rates FAQ page or if you have any other questions feel free to e-mail [krystal@sixthstreetcenter.org](mailto:krystal@sixthstreetcenter.org) or call us 212-677-1863.

**Yes, I understand Sixth Street Youth Program's Payment Policies and agree to the fee responsibility for the 2022-2023 after school year. I understand my card will be charged if program fees are overdue by 2 weeks.**

Child's Full Name: \_\_\_\_\_ Parent's Full Name: \_\_\_\_\_

Payment Method:  Credit/Debit (online)  Check  Money Order  
Payment Frequency:  Seasonal (preferred)  Monthly

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Credit Card Authorization Form

This form authorizes us to charge your card for any overdue program fees. **You will be charged if program fees are more than 2 weeks late.** You must provide a card that does not expire before 7/1/2023, please complete all fields.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX  <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ cvv code: _____
Cardholder ZIP Code (from credit card billing address): _____

I, \_\_\_\_\_, authorize Sixth Street Youth Program to charge my credit card above for agreed upon overdue after school fees. I understand that \$25 (enrollment fee) will be initially charged to verify that my card is valid. I understand that my information will be saved to file for future transactions on my account.

**Customer Signature** \_\_\_\_\_

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



## SIXTH STREET YOUTH PROGRAM (SSYP) | PROGRAM RATES 2022-2023

### How do sliding scale fees at Sixth Street’s Youth Program (SSYP) work?

Sixth Street Community Center is dedicated to making our youth programs accessible to all children regardless of financial means. We strive to create a sliding scale programs fee structure that is accommodating and considerate of family households at all income levels.

We are a small non-profit that operates primarily through small contributions and our programming fees. **Program fees are essential to SSYP’s livelihood as well as our ability to offer reduced fees to those who need it most.** We recognize that New York City is increasingly becoming less and less affordable; therefore we aim to make our programming as affordable as possible while still upholding the standards and quality of our programming.

If you would like to apply to receive reduced programming fees, our process is detailed below. Please indicate on the program application that you would like to apply for sliding scale fees. Complete the financial form at the end of this letter. **In order to to be considered, you must answer all questions and attach the first page of your most recent income tax return, proof of unemployment, any benefits you receive or disability.** Applications without supporting documents cannot be considered.

Program fees can be paid monthly, seasonally or annually. For families who opt for a monthly arrangement, a cc authorization form will be required.

Here is a *general guideline* for how we may determine a sliding scale tuition rate.

**Rates are based on the combined income of any number of parents/adults that support your child regardless of marital status:**

Parents Combined Income	Rate 1 day a week	Rate 2 days a week	Rate 3 days a week	Rate 4 days a week	Rate 5 days a week
Less than \$29,999	\$15	\$30	\$45	\$60	\$70
\$30-\$54,999	\$28	\$55	\$83	\$110	\$130
\$55-\$69,999	\$35	\$65	\$100	\$135	\$160
\$70-89,999	\$40	\$77	\$115	\$155	\$190
\$90,000 and up	\$45	\$88	\$130	\$176	\$215

\*Each Program day includes a pickup from school, a snack, homework support and a daily workshop.

Please note that these figures are only guidelines. Typically 90% of our of students receive some sort of financial assistance. We are able to offer assistance to a greater number students, only when financial needs are calculated accurately and honestly.

We thank you for your interest in the Sixth Street Youth Program. We welcome your children and wish to accommodate your financial needs as best as we can.

Please view our payment policy FAQs page or if you have any other questions feel free to e-mail [jen@sixthstreetcenter.org](mailto:jen@sixthstreetcenter.org) and cc' [krystal@sixthstreetcenter.org](mailto:krystal@sixthstreetcenter.org)



**SIXTH STREET YOUTH PROGRAM (SSYP) 2022-23 REDUCED RATES APPLICATION**

**A copy of the front page of your 2021 income tax return or proof of wages from 2022 is required to process this application** (block out social security numbers), along with a SSYP application and enrollment deposit. Additional forms are available online at [www.sixthstreetcenter.org](http://www.sixthstreetcenter.org)

Child's Name: \_\_\_\_\_

Parent/Guardian (Applicant) Name(s): \_\_\_\_\_

Parent/Guardian Profession: \_\_\_\_\_

Parent/Guardian Educational Attainment: \_\_\_\_\_

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

Number of household/family members: \_\_\_\_\_ Number of Adults that financially support your child: \_\_\_\_\_

Total Household Income: \$ \_\_\_\_\_

Salaries and wages (current 2021) of parent/guardian 1: \$ \_\_\_\_\_

Salaries and wages (current 2021) of parent/guardian 2: \$ \_\_\_\_\_

Expense Snapshot: Rent \$ \_\_\_\_\_ or Mortgage if you own \$ \_\_\_\_\_

Monthly Expenses: \$ \_\_\_\_\_ College Debt: \$ \_\_\_\_\_

Other Debt: \$ \_\_\_\_\_

Please share anything else that will help us gauge how reduced fees will be supportive:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on your combined household income— How much can you contribute to monthly after school fees? \$ \_\_\_\_\_ (per month)

Will paying monthly on the 15th **prior** to the upcoming month work for you? \_\_\_\_\_

I confirm that the information reported on this form is true and complete and that I fully read and understand all of the policies and FAQs.

Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature \_\_\_\_\_