



Summer at Sixth Street Program Application 2024

Select full session or weeks:

- July 8- August 16
- Session 1: July 8- July 26
- Session 2: July 29- August 16
- Specific Drop-in Week(s) of _____

Fees:

- \$2,800 (\$200 discount, enroll for the for all 6 weeks)
- \$1,350 (\$150 discount, enroll for a full session)
- \$500/week for drop-in weeks

Days & Hours: Mondays - Fridays (5 days), 9 AM - 3 PM

Location: Sixth Street Community Center, 638 E 6th Street, New York, NY 10009

Fee Deadlines: Non-refundable \$500 deposit + \$25 (tshirt) due April 1. Balance due by May 15, 2024.

Method of Payment: We accept Check payable to Sixth Street Community Center or online by card

Please note your preferred method of payment: Check Online by debit/credit (+3% fee)

Student First and Last Name: _____ T-shirt size: _____

Date of Birth: _____ Age: ____ Grade and School in Fall 2024: _____

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 #: _____

Please specify the pick-up arrangement for your child from Summer at Sixth Street.

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 #: _____

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.

Is there anything else you would like to share about your child? _____



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 if your child has any allergies, asthma, serious injuries, activity restrictions, chronic illnesses or dietary restrictions.

Please note, SSYP Staff are not authorized to administer any medication including epipens. If your child requires medication or the administration of an epipen, they must be able to self administer. 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.

Has your child been vaccinated for COVID19? Yes: _____. No: _____.

Have all members in your household been vaccinated for COVID19? Yes: _____. No: _____.

*This information will be helpful to inform the kind of precautions and necessary measures we must take as a program to keep everyone healthy. Please note that this information is *requested*, but *not required*.

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.

Child's Full Legal First & Last Name: _____

Parent/Guardian Full Legal First & Last Name: _____

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

SIXTH STREET YOUTH PROGRAM LIABILITY DISCLAIMER AND NOTICES

I _____ (parent/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 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.



SIXTH STREET YOUTH PROGRAM LIABILITY AND DISCLAIMER NOTICES CONTINUED

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 her/him/them 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 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.

g. I understand that Sixth Street Community Center cannot offer refunds or discounts for absences with notice or any missed days. I agree that I am responsible for the full programming fee of my child at all times, even when my child is at home due to COVID or the program is closed due to a COVID case and my child cannot attend programming. I understand that the full program fees are due by June 1st, 2024.

Child's Printed Legal First & Last Name: _____

Parent/Guardian's Printed Legal First & Last Name: _____

Parent/Guardian's Signature: _____ **Date:** _____

Once your child's spot has been confirmed, you will receive an enrollment confirmation from the Youth Program Coordinators.

Please email youth@sixthstreetcenter.org with any questions or thoughts.