



sixth street community center

Sixth Street Youth Program After School Program Application: FALL 2024 - SPRING 2025

Student Information *(Required)*

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Home Address: _____

School: Earth School The Neighborhood School PS 19/EVCS Children's Workshop

School Pick-up needed? Yes: No: Pick-up/Dismissal time: _____

Teacher Name & Pickup location details: _____

Parent/Guardian Information *(Required)*

First and last name: _____

Mobile #: _____ Work #: _____ Email: _____

2nd Parent (if applicable) 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: _____ Relation ship to child: _____

Mobile #: _____ Work #: _____

(2) Name: _____ Relation ship 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.

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? _____

Please read carefully and note:

- * Please notify the Youth Program Coordinators in advance of a late pick-up. **There is a \$15 fee for late pick-ups after 6:10 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 Program.
- * The program coordinators 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.

2024-25 Authorization to Engage in Sixth Street Youth Program Activities (REQUIRED)

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 one of our Sixth Street Youth Program Coordinators. If you do not receive confirmation within a week, please email us at youth@sixthstreetcenter.org.

Dates, Location & Times:

First day of Program will be on September 5, 2024 and the last day will be June 26, 2025

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? youth@sixthstreetcenter.org



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SIXTH STREET YOUTH PROGRAM FEES AGREEMENT FORM 2024-25 (REQUIRED)

ENROLLMENT FEE

Please note there is an enrollment fee of \$25. Enrollment fees are due at the time of confirmed enrollment with your first month payment and will secure your child's spot in the program. Enrollment fees are non-optional and required from all participants.

FEE RESPONSIBILITIES & ABSENCES

Sixth Street Community Center cannot offer any refunds or future credit for absences even with advance notice of a missed day. Program fees are essential to SSYP's operations as well as our ability to offer reduced fees to families who need it most. Families are responsible for the full monthly program fees as agreed upon at enrollment until the end of the after school year. If you would like to un-enroll your child, we require at least 1 months notice via email to youth@sixthstreetcenter.org. Without a 1 month notice, you are responsible for the program fees.

PAYMENT

Payments can be processed annually, seasonally (Sept-Dec) & (Jan-June) or monthly via autocharge (a few days before the 1st of each month) and are always collected before services are rendered.

If you opt to pay monthly: Program fees will be due by the 1st of each month for the month ahead. Please note September and October fees will be combined for your first payment due on Sept. 1, 2024. Starting on November 1st, fees are due by the first of every month. All families need to provide a valid credit card (exp. date must be after 7/1/24) via our cc. authorization form at the time of enrollment. Cards will only be charged if program fees are late. Families that opt to pay annually will not need to provide a card on file.

We accept check and credit/debit via our online invoices. You must indicate us at the time of enrollment via this form of your preferred payment method for the year. For checks, make payments out to "Sixth Street Community Center" you may indicate "Youth Program Fees for [child's name & month]" in the memo line.

*Please note that credit card and debit card payments made online have an additional 3% processing fee.

Please review our Program Rates FAQ page if you have any other questions. For any additional questions that are not addressed, please email us at youth@sixthstreetcenter.org

Yes, I read, understand and agree to Sixth Street Youth Program's Payment Policy and Fee Responsibility for the 2024-2025 after school year. I understand that I need to provide a card to be held on file and that my card will only be charged if program fees are overdue by 1 week.

REQUIRED:

Child's Full Name: _____ Parent's Full Name: _____

Payment Method: Credit/Debit (3% online processing fee) Check

Payment Frequency: Annual (preferred) Seasonal (preferred) Monthly



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Required Credit Card Authorization Form 2024-25

This form authorizes us to charge your card if you opted to pay for program fees by card monthly and for any program fees that are overdue by 1 week.

You must provide a card that does not expire before 7/1/2025, 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 only for the use of charge for unpaid/overdue program fees.

Customer Signature _____

Date _____



SIXTH STREET YOUTH PROGRAM (SSYP) | PROGRAM RATES 2024-2025

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. Full paying families subsidize our ability to offer reduced rates to families that may earn less.

We recognize the challenges to finding quality youth programs in an ever increasingly expensive New York City. Our main goal is to make our youth program as affordable as possible while still upholding the standards and quality of our program. We are a small non-profit program that sustains our work primarily through our community. **Program fees are essential to SSYP's operations, ability to pay our Youth Program Team as well as our ability to offer reduced fees to those who need it most.** Please be as honest as possible when applying for reduced rates. We are able to offer assistance to a greater number of families in need only when financial needs are calculated accurately and honestly.

Fees include a pickup from school, homework support and a daily workshop. Program fees can be paid for the whole year, seasonally or monthly. For families who opt for a monthly arrangement, the cc authorization form in our enrollment package will be required.

If you would like to apply to receive sliding scale/reduced programming fees, you must complete the **Reduced Rates Application**. In order to to be considered, you must answer all questions and **attach the first page of your 2023 tax return (for both parents)**, proof of unemployment, any benefits you receive or disability. Household income is the combined income of any number of parents/adults that support your child regardless of marital status. Please redact any sensitive information such as social security numbers.

Applications without supporting documents will not be considered. Families will be notified of approved reduced rates within 2 weeks of submitting documents. If you do not hear from us, please email jen@sixthstreetcenter.org and cc' youth@sixthstreetcenter.org to check in. Please know we wish to do our best to accommodate your financial needs as best as we can while honoring our work and services.

FLAT MONTHLY RATES BASED ON COMBINED HOUSEHOLD INCOME:

Parents Combined Income	1 Day per week	2 Days per week	3 Days per week	4 Days per week	5 Days per week
Less than \$29,999*	\$50	\$60	\$80	\$100	\$115
\$30-\$54,999	\$80	\$125	\$190	\$225	\$320
\$55-\$69,999	\$120	\$190	\$290	\$355	\$440
\$70-89,999	\$155	\$275	\$325	\$475	\$565
\$90,000 and up	\$180	\$320	\$445	\$565	\$675

For reference: In 2022-23, our daily drop-in non reduced rate was \$45/day

*Families earning less than \$29,000 may be eligible for one of our free spots pending availability



SIXTH STREET YOUTH PROGRAM (SSYP) 2024-25 REDUCED RATES APPLICATION

Application Requirements: Complete all aspects of this form and email it along with a copy of the first page of your 2024 tax return confirming annual household income. Applications without supporting documents will not be considered. If you have any questions, please email jen@sixthstreetcenter.org and cc'youth@sixthstreetcenter.org. *Please redact any sensitive information such as social security numbers.*

Child's Full Legal Name: _____

Parent/Guardian 1 Full Legal Name: _____

Parent/Guardian 2 Full Legal Name: _____

Home Address: _____

Is the Home Address of Parent/Guardian 2 the same? Yes: ____ No: ____

Total Number of your household/family members: _____ Total Adults: _____

Do all parents/guardians listed financially support your child? Yes: ____ No: ____

Total Combined Income listed on 2023 Tax Return: \$ _____

Total anticipated 2024 Combined Income: \$ _____

Salaries and wages (current 2024) of parent/guardian 1: \$ _____

Salaries and wages (current 2024) of parent/guardian 2: \$ _____

Is there any reason why your income in 2024 is different than 2023? _____

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:

How Many Days Per Week Would You Like your child to attend SSYP After School? ____

After reviewing our FLAT MONTHLY FEES chart, are you able to regularly play the outlined fee based on your household income and number of days that your child is attending? Yes: ____ No: ____

If no, based on your combined household income— How much can you reasonably contribute monthly for after school fees? \$ _____ (per month)

I confirm that the information reported on this form is accurate and honest and that I read and fully understand all of the fee responsibilities, policies and FAQs.

Date Submitted: _____ Printed Parent Name: _____

Signature: _____ Signed Date: _____