



## TEEN CLIMATE JUSTICE PROGRAM ENROLLMENT APPLICATION 2025-26

**Student Name:** \_\_\_\_\_ **Pronouns:** \_\_\_\_\_

**Age & Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Borough:** \_\_\_\_\_

**Student Email:** \_\_\_\_\_

On which days will you be attending program? Tuesdays  Thursdays

**Student Phone Number (if applicable):** \_\_\_\_\_

Available means of contact (Check all that apply): Phone  Text  Email

**Other Information:** Does your child have an IEP? Yes  No

**Allergies/Dietary/Medical Needs:** \_\_\_\_\_

Is there anything else you or your family would like us to know? \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_ **Parent Phone Number:** \_\_\_\_\_

Available means of contact (Check all that apply): Call  Text  Email

**2nd Parent/Guardian Name (optional):** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_ **Parent Phone Number:** \_\_\_\_\_

Available means of contact (Check all that apply): Call  Text  Email

**Emergency Contact Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_ **Phone Number(s):** \_\_\_\_\_

Available means of contact (Check all that apply): Call  Text

**2nd Emergency Contact Name (optional):** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_ **Phone Number(s):** \_\_\_\_\_

Available means of contact (Check all that apply): Call  Text

### 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 student. I hereby give permission to 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:** \_\_\_\_\_

**Sixth Street Teen Program Liability Disclaimer and Notices—Please read carefully and note:**

I \_\_\_\_\_ (Parent and/or guardian) of the minor \_\_\_\_\_  
\_\_\_\_\_(Teen’s name), hereby acknowledge the following notices and grant to Sixth Street Teen Program and Sixth Street Community Center the following release from liability:-

a) I acknowledge and fully understand that my teen 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, its 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 the Teen Climate Justice Program.

b) I understand that this program includes on and off campus activities. This includes but is not limited to different rooms, outdoor areas within the community center, local gardens, local parks, partner organizations, local establishments and businesses.

c) I understand that 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 one’s own risk.

d) I agree to give Sixth Street Community Center and the Teen Program permission to use student work, photographs, videos or audio recordings of my child for any Sixth Street Community Center or Teen Program promotional materials. I understand that my child will not be identified by full name, nor will any compensation be extended for such use.

e) If it is necessary, in the judgement of Sixth Street Community Center or the Teen 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 Community Center is taking serious precautions to reduce the spread and risk of children, teens, families, and staff becoming sick with COVID-19. I agree to having my teen stay home if they are sick, and wear a mask at program until no longer contagious. I will let the Teen Program Director know if someone in the household has come down with COVID-19 like symptoms and ensure my teen stays home until it is safe to return to the program. I will not hold the Teen Program liable if my child, self, or family member becomes sick with COVID-19.

**Has your teen received the COVID-19 vaccine? Yes  No**

**Authorization to Engage in Teen Program Activities:**

I have read the Teen Program Liability and Activities Notices above and authorize that my child has permission to engage in Teen Climate Justice Program activities.

**Teen’s Printed Name & Parent/Guardian’s Printed Name:**

\_\_\_\_\_

**Required Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**General Program Notices— Please read carefully and note:**

- During the school year, the Teen Program operates on **Tuesdays and Thursdays from 3–6 pm**, unless there is a public holiday or no school indicated by the NYC Department of Education.
- The program will occasionally offer events on weekends or off days for teens to attend for extra service hours. Students will be notified of no program days in advance and will be notified of make up days or assignments if applicable.
- Students and families are responsible for their own transportation to Sixth Street Community Center for program. **The classroom opens at 3pm for optional study/social hours, arrive no later than 4:30pm for the workshop portion. Workshops end at 6pm.**
- Teens may not participate in any program activities until their completed forms, consents and waivers have been received and processed by the Program Director.
- SSCC Program Directors and Supervisors reserve the right to dismiss a participant if they judge 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.
- **All students will receive community service hours for their participation in the program unless otherwise notified.**

**I have read and understand the General Program Notices**

**Required Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please email your completed application form to the Program Director at the email below. Once your teen has been enrolled in the program, you will receive a confirmation email.**

If you have any questions, please contact:

**Dayana Aziz**

**Teen Climate Justice Program Director & Educator**

✉ [dayana@sixthstreetcenter.org](mailto:dayana@sixthstreetcenter.org)