

**NYCDOE Community School**  
**Empire State After School Program**  
**Student Enrollment Form**  
**School Year \_\_\_\_\_**

**Student Information**

<b>Student Name:</b>		<b>School:</b>	
<b>Student OSIS (I.D Number):</b>		<b>Gender:</b> Male_____ Female_____	
<b>Grade:</b>		<b>Date of Birth:</b>	
<b>Mailing Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Home Phone:</b>		<b>Home Email:</b>	
<b>Racial/Ethnic Group</b> (Optional): 1. American Indian/Alaska Native    2. Black or African American 3. Hispanic or Latino    4. Asian    5. White    6. Pacific Islander    7. Other _____			
<b>Language(s) Spoken At Home:</b>			
<b>Math Teacher:</b>		<b>English Teacher:</b>	

**Parent/Guardian Information**

<b>Name of Primary Parent/Guardian 1:</b>	
<b>Guardian Title</b> (please circle one):    Mother    Father    Grandmother    Grandfather    Other:_____	
<b>Language(s) Spoken:</b>	
<b>Address:</b>	
<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Cell Phone:</b>	<b>E-Mail:</b>
<b>Name of Primary Parent/Guardian 2:</b>	
<b>Guardian Title</b> (please circle one):    Mother    Father    Grandmother    Grandfather    Other:_____	
<b>Language(s) Spoken:</b>	
<b>Address:</b>	
<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Cell Phone:</b>	<b>Email:</b>

<b>Student Name:</b>	<b>OSIS Number:</b>
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**Empire After School**  
**Student Participation Release Form**

I give my child, \_\_\_\_\_, permission to enroll and participate in the Empire After school

Empire After school program at \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Release of Child at Dismissal**

I give my child permission to walk home alone at dismissal: Yes \_\_\_\_\_ No \_\_\_\_\_

If no, my child will be picked up after-school by me or one of the following individuals:

Name 1:	Relationship to Student:
Home Phone:	Cell Phone:
Name 2:	Relationship to Student:
Home Phone:	Cell Phone:

My child **MAY NOT** be picked up by the following individuals:

Name 1:	Relationship to Student:
Name 2:	Relationship to Student:
Name 3:	Relationship to Student:

If I am not available during emergencies, my child may be released to one of the following individuals:

If my child requires emergency medical care and I cannot be reached, I give my consent to the Empire After School program to obtain the necessary medical care for my child. I agree to pay all costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this program.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Student Name:**

**OSIS Number:**

**Consent to Photograph, Film, or Videotape a Student for Non-Profit Use  
(E.G., Educational, Public Service or Health Awareness Purposes)**

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of the Student named above by the New York City Department of Education. I also grant to the New York City Department of Education the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Address of Parent/Guardian: \_\_\_\_\_



# PHOTO/VIDEO/INTERVIEW/SURVEY CONSENT

*(To be completed by the parent or guardian)*

I certify that I am the parent or legal guardian of \_\_\_\_\_, whose date  
of birth is \_\_\_\_\_.

**Name of child**

**month/day/year**

I understand that New York Edge holds events both in-school and away from school. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events, including my child.

I am aware that my child may be asked a variety of questions concerning New York Edge and New York Edge related activities and programs, and that the contents of the interview may be published or aired publicly. I understand that my child will be under the supervision of New York Edge personnel during the interview or photo session. However, there may not be New York Edge personnel supervision if the photographs or video or voice recordings are part of a general background scene in which I understand that my child is not identified.

I understand that my child reserves the right to refuse to answer any questions or participate in any discussions that make him/her feel uncomfortable or embarrassed and that my child and/or the supervising New York Edge personnel may terminate the interview, photo/video, or survey session at any time for any reason.

I give permission for my child to be photographed or otherwise recorded during New York Edge events and activities, and for any and all such photographs and/or recordings to be displayed by New York Edge Champions Club, in any medium (books, newsletters, web sites, social media, NYE website etc.), whether now or hereafter known or developed, for which neither my child or I shall receive monetary compensation or ownership rights.

**YES**, I give permission for my child to be photographed or otherwise recorded during after-school events and activities.

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**SIGNATURE OF PARENT OR GUARDIAN**

**DATE**

**NO**, I do not give permission for my child to be photographed or otherwise recorded during after-school events and activities. As a result, my child may not be able to participate in these events and activities.

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**SIGNATURE OF PARENT OR GUARDIAN**

**DATE**



## Parent Consent to Participate in the Evaluation of the After-School Program

Dear Parent/Guardian,

Your child, \_\_\_\_\_, is enrolled in the after school program at \_\_\_\_\_. In order to monitor the effectiveness of the after school program and ensure its future success, New York Edge is conducting ongoing evaluations. It is the intention of the evaluations to learn how these services help students and how they can be improved in order to meet funding requirements.

### Specifically we ask permission from parents to:

- Contact their children's school and obtain records showing their progress, including report cards, grades, citywide and statewide test scores, attendance, school choice, and any other reports pertaining to academic progress.
- Talk to teachers and after-school staff about children's progress and participation in the after-school program, and review program records on participation in the after-school program.
- Survey and/or interview parents and children about the after-school program and its effects. There will be a survey distributed via text/email over the course of the year. The survey will take approximately 15 minutes. Group discussions may also be held, that would take up to 30 minutes.

**Any information we collect will be used only to assess the after-school program and will not be made public. Participation in the evaluation is completely voluntary, and Participant may withdraw at any time without consequence. Personal information will not be used for any purposes after the evaluation is complete.**

Please select **ONE** of the options below and return this form to the program coordinator/director.

- ☐ YES, I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE. I have read the above information and I give permission for my child to participate in the evaluation of the after-school program. I also consent for the above organizations to obtain my child's records and to interview program and school staff for evaluation and support purposes.

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**SIGNATURE OF PARENT OR GUARDIAN**

**DATE**

- ☐ NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the above information and I do not give permission for my child to participate in the evaluation of the after-school program.

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**SIGNATURE OF PARENT OR GUARDIAN**

**DATE**



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To Whom it May Concern:

New York Edge is excited to present E-Learning opportunities to Champions Club participants while schools are closed in response to the COVID-19 pandemic. New York Edge will be facilitating this E-Learning opportunity using the Google Classroom & Zoom platforms.

For additional information about the Google Classroom & Zoom platforms and privacy information please visit:

[https://gsuite.google.com/terms/education\\_privacy.html](https://gsuite.google.com/terms/education_privacy.html) & [www.zoom.us](http://www.zoom.us)

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**PLEASE FILL OUT AND RETURN to the Champions Club**

I, \_\_\_\_\_, am the parent/guardian of  
\_\_\_\_\_ (participant), and provide consent for my child to participate in New York  
Edge E-Learning opportunities using the Google Classroom platform & Zoom.

**Parent/Guardian Signature :** \_\_\_\_\_

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

**Contact Phone Number:** \_\_\_\_\_