

NEW YORK EDGE Participant Enrollment Form 2022 - 2023

Participant Information

For the purposes of this application, applicant refers to the person applying to receive services. Select one:

☐ I am completing this application for myself ☐ I am a parent or guardian completing this application for my child

☐ I am a relative/non-relative, completing this application on behalf of the applicant

Applicant's First Name:	Applicant's Last Name:	MI:
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Applicant's Date of Birth (MM/DD/YEAR):	Applicant's Primary Address (Number and Street):
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Applicant's Apt. Number:	Applicant's City:	Zip Code:
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Applicant's Sex at Birth (Select One): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X (not female or male) <input type="checkbox"/> Not sure	Applicant's Race (Select all that Apply): <input type="checkbox"/> American Indian and Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to Answer	Applicant's Ethnicity (Select One): <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Not Hispanic or Latinx
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Applicant's Gender Identity (For Applicants Ages 14+, Select all that Apply): <input type="checkbox"/> Female <input type="checkbox"/> Do Not Understand the Question <input type="checkbox"/> Male <input type="checkbox"/> Not Sure <input type="checkbox"/> Non-Binary (not Female or Male) <input type="checkbox"/> Another Gender: _____ <input type="checkbox"/> Gender Nonconforming <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Two Spirit (Native American/First Nations)	Does The Applicant Identify As Transgender? (For Applicants Ages 14+, Select One): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Do Not Understand The Question
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Applicant's Gender Pronoun (For Applicants Ages 14+, Select One): <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> Another Pronoun: _____ <input type="checkbox"/> He/Him/His <input type="checkbox"/> Decline to Answer <input type="checkbox"/> They/Them/Theirs	Applicant's Sexual Orientation (For Applicants Ages 14+): <input type="checkbox"/> Heterosexual (straight) <input type="checkbox"/> Queer <input type="checkbox"/> Gay <input type="checkbox"/> Questioning <input type="checkbox"/> Lesbian <input type="checkbox"/> Not Sure <input type="checkbox"/> Bisexual <input type="checkbox"/> Another Sexual Orientation: _____ <input type="checkbox"/> Pansexual <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Asexual
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☐ **Applicant lives in a NYCHA Development (please provide name)** _____

School Information			
Student ID/ OSIS:		School Type: <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Other _____	
School Name:			
School Address:		City:	Zip Code:

Applicant's (or Parent/Guardian's) Contact Information			
Applicant's Contact Information <i>For youth without contact information, skip to the next section to provide parent/guardian contact information</i>			
Write down phone numbers for the <u>applicant</u> and circle the preferred method of contact:			
<input type="checkbox"/> Home _____		<input type="checkbox"/> Cell _____	
<input type="checkbox"/> Work _____		<input type="checkbox"/> Email _____	
		<input type="checkbox"/> No Email	
Parent/Guardian Information <i>This section is required for Applicants under 18</i>			
Parent/Guardian Name: _____			
Write down all phone numbers and circle the best number to call in case of an emergency:			
<input type="checkbox"/> Home _____		<input type="checkbox"/> Cell _____	
<input type="checkbox"/> Work _____		<input type="checkbox"/> Email _____	
		<input type="checkbox"/> No Email	
Address:		City:	State:
<input type="checkbox"/> Same as Participant			Zip Code:
Emergency Contact Information <i>At least one emergency contact must be identified</i>			
1	Emergency Contact #1 Name:		Relationship to Participant:
			<input type="checkbox"/> Emergency contact is parent/guardian of participant
	Write down all phone numbers and circle the best number to call in case of an emergency:		
	<input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email _____ <input type="checkbox"/> No Email		
2	Emergency Contact #2 Name:		Relationship to Participant:
			<input type="checkbox"/> Emergency contact is parent/guardian of participant
	Write down all phone numbers and circle the best number to call in case of an emergency:		
	<input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email _____ <input type="checkbox"/> No Email		
	Address:		City:
	<input type="checkbox"/> Same as Participant		State:
			Zip Code:

This section is for parents/guardians enrolling their children

Emergency contacts listed in Section II are authorized to pick up the child unless otherwise noted.

The following additional people are authorized to pick up my child:

Name: _____ **Phone #:** _____ **Relationship:** _____

Name: _____ **Phone #:** _____ **Relationship:** _____

Name: _____ **Phone #:** _____ **Relationship:** _____

The following people **MAY NOT pick up my child:**

Name: _____ **Name:** _____ **Name:** _____

Participant Grade Level

Elementary School: ☐ Pre-K ☐ K ☐ 1st ☐ 2nd ☐ 3rd
☐ 4th ☐ 5th

Middle School: ☐ 6th ☐ 7th ☐ 8th

High School: ☐ 9th ☐ 10th ☐ 11th ☐ 12th
☐ Obtained High School Diploma
☐ Obtained High School Equivalency

Community College: ☐ 1st year ☐ 2nd Year ☐ 3rd year
☐ 4th Year + ☐ Obtained Associate's Degree

Health Information

Applicant's Health Information

*Please answer the questions below and provide additional details in the space provided.
Many needs or health challenges can be accommodated and may not limit enrollment in the program.*

Does the applicant have any allergies? (food, medication, etc.)

☐ No ☐ Yes _____

Does the applicant have asthma?

☐ No ☐ Yes

Does the applicant have special health care needs?

☐ No ☐ Yes _____

Does the applicant take medication for any condition or illness?

☐ No ☐ Yes _____

Are there activities the applicant cannot participate in?

☐ No ☐ Yes _____

Please provide any additional health information details:

☐ N/A

Please list any accommodation(s) you are requesting for yourself/the applicant:

☐ N/A

Applicant's Health Insurance Status

Does the applicant have health insurance? (Select One):

- ☐ Yes ☐ No
☐ Decline to Answer

If yes, what kind of health insurance does the applicant have?
 (Check all that Apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicare | <input type="checkbox"/> State Children's Health Insurance Program |
| <input type="checkbox"/> Employment-Based | <input type="checkbox"/> Direct-Purchase | <input type="checkbox"/> State Children's Health Insurance for Adults |
| <input type="checkbox"/> Military Health Care | <input type="checkbox"/> Decline to Answer | |

If you do not have health insurance, do you want to be contacted by someone else with information about signing up for public health insurance? (Select One):

- ☐ Yes ☐ No ☐ Decline to Answer

If you would like to be contacted about signing up for public health insurance, what is your preferred method of contact? (Select One):

- ☐ Email ☐ Phone ☐ US Mail ☐ Via provider
☐ Decline to Answer

Additional Application Information

How well does the applicant speak English?
 (Select One):

- ☐ Fluent/Very well
☐ Well
☐ Not well
☐ Not well at all

Applicant's Primary Language (Select One):

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Albanian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Chinese* | <input type="checkbox"/> French |
| <input type="checkbox"/> Fulani | <input type="checkbox"/> German | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> Hungarian | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Kru, Ibo, or Yoruba | <input type="checkbox"/> Mande |
| <input type="checkbox"/> Punjabi | <input type="checkbox"/> Persian | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Romanian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Yiddish |

☐ Other: _____
**including Cantonese and Mandarin*

Other Languages Spoken by Applicant (Select all that Apply):

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Albanian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Chinese | <input type="checkbox"/> French |
| <input type="checkbox"/> Fulani | <input type="checkbox"/> German | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> Hungarian | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Kru, Ibo, or Yoruba | <input type="checkbox"/> Mande |
| <input type="checkbox"/> Punjabi | <input type="checkbox"/> Persian | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Romanian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Yiddish |

☐ Other: _____

☐ Not applicable (only one language spoken by applicant)

**including Cantonese and Mandarin*

Would the applicant like to receive information/ be contacted about registering to vote?*
 (Select One):

- ☐ Yes ☐ No

****Applicant is eligible to vote in U.S. federal elections if:**

- 1) You are a U.S. citizen;
- 2) You meet your state's residency requirements;
- 3) You are 18 years old. Some states allow 17-year-olds to vote in primaries and/or register to vote if they will be 18 before the general election. Check your state's voter registration age requirements.

Pick-up/Dismissal Information

This question must be answered for parents/guardians enrolling their children **My child has permission to travel home alone at dismissal:**

- ☐ Yes ☐ No

Is the applicant any of the following:

- Parent/Legal Guardian? ☐ Yes ☐ No
 Offender/Justice Involved? ☐ Yes ☐ No
 Foster Care Participant? ☐ Yes ☐ No
 Runaway Youth? ☐ Yes ☐ No
 Veteran? ☐ Yes ☐ No
 Active Military Personnel? ☐ Yes ☐ No
 An Individual with a Disability? ☐ Yes ☐ No ☐ Decline to answer

If the applicant is an individual with a disability, please select disability type(s)
(Select all that Apply):

- ☐ Cognitive impairment
☐ Hearing-related
☐ Learning disability
☐ Mental or Psychiatric
☐ Physical/Chronic Health Condition
☐ Physical/Mobility Impairment
☐ Vision-related
☐ Other: _____
☐ Decline to Answer

Household Information

For all the next set of questions, **HOUSEHOLD** is defined as any individual or group of individuals (family or non-family members) who are living together as one economic unit. **INCOME** is defined as the total annual gross income of all family and non-family members 18+years old living within the household.

The applicant lives in a household that is headed by

(Select One): ☐ Decline to Answer

- ☐ Single Parent - Female ☐ Two Adults – No Children
☐ Single Parent - Male ☐ Two Parent Household
☐ Single Person - No children ☐ Multigenerational Household
☐ Non-related adults with children ☐ Other: _____

Applicant's Housing Type (Select One):

- ☐ Own ☐ Rent ☐ NYCHA
☐ Shelter ☐ Homeless ☐ Decline to Answer
☐ Other Permanent Housing
☐ Other: _____

Applicant's Household Size (Select One):

- ☐ One ☐ Two ☐ Three
☐ Four ☐ Five ☐ Six
☐ Seven ☐ Eight ☐ Nine
☐ Ten ☐ Eleven ☐ Twelve
☐ Thirteen ☐ Fourteen ☐ Fifteen
☐ Sixteen ☐ Seventeen ☐ Eighteen
☐ Nineteen ☐ Twenty+ ☐ Decline to Answer

Total Household Income in the last 12 Months (Select One):

- ☐ \$0 ☐ \$1 to \$12,060 ☐ \$12,061 to \$16,240
☐ \$16,241 to \$20,420 ☐ \$20,421 to \$24,600 ☐ \$24,601 to \$28,780
☐ \$28,781 to \$32,960 ☐ \$32,961 to \$37,140 ☐ \$37,141 to \$41,320
☐ \$41,321 to \$50,000 ☐ \$50,001 to \$60,000 ☐ \$60,001 to \$70,000
☐ \$70,001 to \$80,000 ☐ \$80,001 to \$90,000 ☐ \$90,001 to \$100,000
☐ \$100,000+ ☐ Decline to Answer

Sources of Applicant's Household Income (Select all that Apply):

- ☐ Employment Wages ☐ Affordable Care Act Subsidy ☐ Alimony or other Spousal Support ☐ Child Support
☐ Childcare Voucher ☐ Earned Income Tax Credit (EITC) ☐ Employment Tax Credit ☐ General Assistance
☐ Housing Choice Voucher ☐ HUD-VASH ☐ LIEHEAP ☐ Pension
☐ Permanent Supportive Housing ☐ Private Disability Insurance ☐ Public Housing ☐ Safety Net/Home Relief
☐ Retirement Income from Social Security ☐ Social Security Disability Income (SSDI) ☐ Supplemental Security Income (SSI) ☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Temporary Assistance for Needy Families (TANF) ☐ Unemployment Insurance ☐ VA Non-Service Connected Disability Pension ☐ VA Service-Connected Disability Compensation
☐ WIC ☐ Worker's Compensation ☐ Other: _____ ☐ Decline to Answer

Parent Involvement

Parent First Name:

Parent Last Name:

Home Phone Number:

Work Phone:

Mobile Number:

Email:

I give New York Edge permission to email special alerts, announcements and student information. You may opt out at any time.

I give New York Edge permission to text my mobile number with special alerts, announcements and student information. You may opt out anytime, standard text messaging rates may apply as provided in your wireless plan.

I give New York Edge permission to call/robocall my phone number with special alerts, announcements and student information. You may opt out anytime, standard text messaging rates may apply as provided in your wireless plan.

What kind of work do you do?

What is your company affiliation (optional):

I would like to support New York Edge programs by (Check areas of interest):

Becoming a volunteer:

☐ Fall (September-December)

☐ Winter (January-March)

☐ Spring (April-June)

☐ Summer (July- August)

☐ Getting my company involved

☐ Advocating for after school programs

☐ Following New York Edge on social media

☐ Directing donations to New York Edge (in-kind or monetary)

☐ Other:

Certification Statement

I certify that all information on this form is true and correct. I understand that my statements are subject to verification. I agree and accept that I will abide by all applicable rules and regulations of this program. I consent to the enrollment and participation of the child listed above in this program.

Parent/Guardian Print: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



WAIVERS AND CONSENTS

WAIVER OF LIABILITY: I recognize that activities to be engaged in by participants during New York Edge programs may result in personal injury or property damage. I hereby release and hold harmless New York Edge from any and all claims I or my child may have arising from, or in connection with, participation in the program. Such release includes, but is not limited to, any claims, demands or causes of action for injuries to my child, except where due to the negligence of New York Edge.

E-LEARNING CONSENT: I understand that at times my participant may have to engage in E-learning to participate in New York Edge programs. New York Edge will be facilitating any required E-learning, including in response to COVID-19 related closures, through the Google Classroom and Zoom platforms.

I provide consent for my child to participate in New York Edge E-learning opportunities using the Google Classroom platform and Zoom.

For additional information about E-Learning platforms, please visit:

https://gsuite.google.com/terms/education_privacy.html (Google Classroom)

<https://zoom.us/terms> (Zoom)

PHOTO/VIDEO CONSENT: I consent for my participant to be photographed or otherwise recorded during New York Edge events and activities, whether in school or away from school. I give my permission for any and all such photographs and/or recordings to be displayed by New York Edge in any lawful medium (books, newsletters, websites, social media, etc.) now or in the future, for which neither I or my participant shall receive ownership rights or monetary compensation.

INTERVIEW/SURVEY CONSENT: I understand that New York Edge holds events, both in-school and away from school, at which media representatives, television reporters, photographers or public-relations personnel may be present. In some cases they may interview, photograph or survey children who participate in these events, including my participant.

I understand that my participant may be asked questions concerning New York Edge activities and programs, and that the contents of that interview may be published or aired publicly. I understand that my child will be under the supervision of New York Edge personnel during at all times during any direct interview, photo or survey session. I understand my participant reserves the right to refuse to answer any questions or participate in any discussions, and that my child or the supervising New York Edge personnel may terminate the session at any time for any reason.

I, the undersigned, certify that I am the parent or legal guardian of _____, whose date of birth is _____, that I have read the consents outlined above and give my participant permission to participate in the New York Edge program.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

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:

- 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 participants 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.

☐ 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.

SIGNATURE OF PARENT OR GUARDIAN DATE



Parent/Guardian Data Release Consent Form

I. Information being requested.

New York Edge is requesting your permission to collect academic performance and enrollment data on your child. This information will be used for the purposes of establishing program outcomes and may be used in a combined, not individualized, format to help advocate for continued funding.

- 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.
- Biographical and enrollment information (specifically consisting of your child's name, address, date of birth, student identification number, grade, school(s) attended and transfer, discharge, and graduation data about your child)
- Data concerning your child's school attendance (including number of days attended and absences)
- Academic performance data (including your child's results on state and national exams, credits earned, grades, promotion and retention status, and fitness gram score)
- Data related to any disciplinary actions taken against your child (including number and type of suspensions)

II. How will your child's data remain confidential?

We will not use your name or your child's name in any published report. While we request your consent, your responses to the requests below will not affect your child's participation in our programs.

Please check Yes or No to the following statement:

- I understand why New York Edge is asking my permission to access the information listed above from my child's student records, and I give permission to DOE to share that information with New York Edge on an ongoing basis.

☐ **Yes, I authorize New York Edge and DOE to share my child's information/student records.**

☐ **No, I do not authorize New York Edge and DOE to share my child's information/student records**

Student/Applicant Name: _____

Parent/Guardian Name: *(Please Print)* _____

Parent/Guardian Signature: _____ Date: _____

Additional Parent/Guardian Name: *(optional)* _____

Additional Parent/Guardian Signature: *(optional)* _____



EMERGENCY MEDICAL CARE FORM

(To be completed by the parent or guardian)

Participant's
Name: _____

Date of Birth: _____

1. I authorize New York Edge ("Program") to, if necessary, provided basic first aid in accordance to their level of training. Injury assessment and intervention will include the use of topical skin antibiotic as appropriate.
2. If my child requires emergency medical care as determined by an appropriately trained employee of the Program, I give my consent to the above Program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives.
3. I hereby release the Program from any and all claims which I or my child may have against New York Edge arising from or in connection with the providing of First Aid as described herein, except where due to the negligence of New York Edge staff. This agreement is signed for the purpose of fully and completely releasing, discharging, and indemnifying the program from all liability as described herein.
4. Following emergency medical care, my child may be released to the following people:

Name: _____	Relationship to Child: _____	Age: _____
Address: _____	Employer: _____	
Home Phone: _____	Work Phone: _____	

Name: _____	Relationship to Child: _____	Age: _____
Address: _____	Employer: _____	
Home Phone: _____	Work Phone: _____	

Name: _____	Relationship to Child: _____	Age: _____
Address: _____	Employer: _____	
Home Phone: _____	Work Phone: _____	

5. Health Information:

Allergies: _____	Religious Preference: (optional) _____
Last Tetanus: _____	Medication(s) being taken: _____

Student's Doctor
(Name and Phone) _____

Medical history or other pertinent facts that should be known: _____

6. 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 the Program.

Parent/Guardian Signature

Date