BCNY’S BEACON PROGRAM

SCHOOL YEAR 2019

SEPTEMBER 16 - JUNE 26
MONDAY - FRIDAY • 2:30PM-6PM
LOCATED AT 20 WEST 112TH STREET

<table>
<thead>
<tr>
<th>MEMBER INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age: ____________</td>
</tr>
<tr>
<td>Grade (as of September 2019): ____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REQUIRED REGISTRATION DOCUMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>All <strong>FOUR</strong> must be submitted along with this form to complete your registration</td>
</tr>
<tr>
<td>□ Birth Certificate/Passport (a photocopy is acceptable)</td>
</tr>
<tr>
<td>□ Updated Immunization Records <strong>OR</strong></td>
</tr>
<tr>
<td>New York Dept. of Education “Medical Request for Immunization Exemption” Form</td>
</tr>
<tr>
<td>□ Physical Examination Form (signed, dated, and stamped)</td>
</tr>
</tbody>
</table>

OPERATED BY THE BOYS’ CLUB OF NEW YORK
FOR MORE INFORMATION: (646) 592-0873 OR BEACON@BCNY.ORG
WWW.BCNY.ORG/BEACON
DYCD Universal Participant Intake: Youth & Adult Application

Welcome to the Department of Youth and Community Development (DYCD)! DYCD is a New York City agency that funds programs for youth and families. These programs are operated by Community Based Organizations (CBOs). This form will allow you or your child to apply to a DYCD Comprehensive Afterschool System (COMPASS), Beacon, or Cornerstone youth or adult program. Please complete this form fully and return to the CBO that operates the program. One application will be accepted per person per site. Submission of an application does not guarantee enrollment in the program. Further paperwork and information may be required to determine program eligibility. If accepted, program will be at no cost to the participant. The following application items are collected for informational and program planning purposes only: Income, Gender, Race, Ethnicity, Language, Population Type, Household Information and Health Insurance Status. Responses to these questions will not impact your eligibility to receive services and will not be shared outside of DYCD without the applicant’s permission.

Part I: Applicant 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: ____________________________

Applicant’s Date of Birth (MM/DD/YEAR):

Applicant’s Gender (Select One):
- □ Male
- □ Female
- □ Gender Nonconforming

Applicant’s Race (Select all that Apply):
- □ American Indian and Alaskan Native
- □ Asian
- □ Black or African-American
- □ Native Hawaiian and Other Pacific Islander
- □ White or Caucasian
- □ Other

Applicant’s Ethnicity (Select One):
- □ Hispanic or Latino(a)
- □ Not Hispanic or Latino(a)

Applicant’s Primary Address (Number and Street):

City: ____________________________ Apt. Number: ____________________________ Zip Code: ____________________________

□ Applicant lives in a NYCHA Development (please provide name) ____________________________
Part II: Contact Information

Applicant’s Contact Information
For youth without contact information, skip to the next section to provide parent/guardian contact information

Write down phone numbers for the **applicant** and circle the preferred method of contact:

<table>
<thead>
<tr>
<th>□ Home</th>
<th>□ Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>□ Work</th>
<th>□ Email</th>
<th>□ No Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

Parent/Guardian Information
This section is required for Applicants under 18

Parent/Guardian Name: ____________________________________________

Write down all phone numbers and circle the best number to call in case of an emergency:

<table>
<thead>
<tr>
<th>□ Home</th>
<th>□ Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<th>□ No Email</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Address: ________________________________

City: ____________________________

State: ____________________________

Zip Code: ____________________________

Family Emergency Contact Information
At least one emergency contact must be identified

**Emergency Contact #1 Name:**

Relationship to Participant:

□ Emergency contact is parent/guardian of participant

Write down all phone numbers and circle the best number to call in case of an emergency:

<table>
<thead>
<tr>
<th>□ Home</th>
<th>□ Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>□ Work</th>
<th>□ Email</th>
<th>□ No Email</th>
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</tbody>
</table>

Address: ________________________________

City: ____________________________

State: ____________________________

Zip Code: ____________________________

**Emergency Contact #2 Name:**

Relationship to Participant:

□ Emergency contact is parent/guardian of participant

Write down all phone numbers and circle the best number to call in case of an emergency:

<table>
<thead>
<tr>
<th>□ Home</th>
<th>□ Cell</th>
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<tbody>
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<table>
<thead>
<tr>
<th>□ Work</th>
<th>□ Email</th>
<th>□ No Email</th>
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</thead>
<tbody>
<tr>
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<td></td>
<td></td>
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</tbody>
</table>

Address: ________________________________

City: ____________________________

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:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone #:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

The following people MAY NOT pick up my child:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
<th>Name:</th>
</tr>
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<tbody>
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</table>

Part III: Applicant’s Education/Work Status

Applicant’s Education Status (Select One):
- [ ] Full-Time Student***
- [ ] Part-Time Student***
- [ ] Not in School****

***If applicant is a Part-Time Student or Full-Time Student; Select applicant’s current grade (Select One):

- [ ] Pre-K
- [ ] K
- [ ] 1st
- [ ] 2nd
- [ ] 3rd
- [ ] 4th
- [ ] 5th

Middle School:
- [ ] 6th
- [ ] 7th
- [ ] 8th

High School:
- [ ] 9th
- [ ] 10th
- [ ] 11th
- [ ] 12th

Community College:
- [ ] 1st year
- [ ] 2nd Year
- [ ] 3rd year
- [ ] 4th Year
- [ ] 5th year
- [ ] 6th Year+

College/University:
- [ ] Freshman
- [ ] Sophomore
- [ ] Junior
- [ ] Senior

Other:
- [ ] High School Equivalence (HSE)
- [ ] Vocational/Trade School
- [ ] Foreign Degree

Applicant’s Current Work Status (Select One):

- [ ] Employed Full-Time
- [ ] Employed Part-Time
- [ ] Retired

- [ ] Unemployed (Short-Term, 6 months or less)
- [ ] Unemployed (Long-term, more than 6 months)
- [ ] Unemployed (Not in labor force)

- [ ] Migrant Seasonal Farm Worker
- [ ] Not applicable (applicant is under 14 years of age)

Required for Full-Time Students

<table>
<thead>
<tr>
<th>Student ID/OSIS:</th>
<th>School Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public □ Charter □ Private □ Other ____________________________</td>
</tr>
</tbody>
</table>

School Name:

<table>
<thead>
<tr>
<th>School Address:</th>
<th>City:</th>
<th>Zip Code:</th>
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<tbody>
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<td></td>
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</tbody>
</table>
## Part IV: 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?**

(Select All that Apply):

- [ ] Medicare
- [ ] Medicaid
- [ ] Employment-Based
- [ ] Direct-Purchase
- [ ] Military Health Care
- [ ] State Children’s Health Insurance Program
- [ ] State Children’s Health Insurance for Adults
- [ ] 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
### Part V: Additional Applicant 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):
- [ ] English
- [ ] Bengali
- [ ] Fulani
- [ ] Haitian Creole
- [ ] Hungarian
- [ ] Korean
- [ ] Punjabi
- [ ] Portuguese
- [ ] Spanish
- [ ] Urdu
- [ ] Other: __________________________

*Including Cantonese and Mandarin

#### Other Languages Spoken by Applicant (Select all that Apply):
- [ ] English
- [ ] Albanian
- [ ] Arabic
- [ ] Bengali
- [ ] Chinese*
- [ ] French
- [ ] Fulani
- [ ] German
- [ ] Gujarati
- [ ] Haitian Creole
- [ ] Hebrew
- [ ] Hindi
- [ ] Hungarian
- [ ] Italian
- [ ] Japanese
- [ ] Korean
- [ ] Kru, Ibo, or Yoruba
- [ ] Mande
- [ ] Punjabi
- [ ] Persian
- [ ] Polish
- [ ] Portuguese
- [ ] Romanian
- [ ] Russian
- [ ] Spanish
- [ ] Tagalog
- [ ] Turkish
- [ ] Urdu
- [ ] Vietnamese
- [ ] 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.

#### 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
### Part VI: 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):
- Single Parent - Female
- Single Parent - Male
- Single Person - No children
- Non-related adults with
- Two Adults – No Children
- Two Parent Household
- Multigenerational Household
- Other: ______________________

<table>
<thead>
<tr>
<th>Applicant’s Housing Type (Select One):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Own</td>
</tr>
<tr>
<td>□ Shelter</td>
</tr>
<tr>
<td>□ Other Permanent Housing</td>
</tr>
<tr>
<td>□ Other: ______________________</td>
</tr>
</tbody>
</table>

#### 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+

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

- $0
- $1,624 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
- Childcare Voucher
- Housing Choice Voucher
- Permanent Supportive
- Retirement Income
- Temporary Assistance for
- WIC
- Affordable Care Act
- Earned Income Tax
- HUD-VASH
- Private Disability
- Social Security
- Supplemental Security
- Supplemental Nutrition (SSDI)
- Unemployment
- VA Non-Service Pension
- Worker’s Compensation
- Other: ______________________
- Decline to Answer
### Part VII: Consents and Signatures

#### 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

#### Consent to Participate

To the best of my knowledge the information above is true. I agree to its verification and understand that falsification may be grounds for termination of service. Information provided may be used by the City of New York to improve City services and access to those services, and to access additional funding.

If participant is 18 and over:

I acknowledge that I am 18 years of age or older and am authorized to give consent.

- [ ] Yes  
- [ ] No

<table>
<thead>
<tr>
<th>Participant’s Signature</th>
<th>Participant: Print Name</th>
<th>Date</th>
</tr>
</thead>
</table>

If participant is **under 18** years old:

<table>
<thead>
<tr>
<th>Parent/Guardian’s Signature</th>
<th>Parent/Guardian: Print Name</th>
<th>Date</th>
</tr>
</thead>
</table>

#### Consent for Emergency Medical Treatment

**If participant is 18 and over**

I am enrolled as a participant in a DYCD-funded program. In the event of a medical emergency, I hereby give consent for necessary emergency medical treatment to be obtained on my behalf. I further authorize the emergency contact(s) listed to be contacted.

- [ ] Yes, I give my permission  
- [ ] No, I do not give permission

<table>
<thead>
<tr>
<th>Participant’s Signature</th>
<th>Participant: Print Name</th>
<th>Date</th>
</tr>
</thead>
</table>

**If participant is **under 18** years old:**

My child is enrolled as a participant in a DYCD-funded program. In the event of a medical emergency, I hereby give consent for necessary emergency medical treatment for my child to be obtained, with the understanding that I will be notified as soon as possible. I understand that every effort will be made to contact me, or, if I am unavailable, the emergency contact(s) listed, before and after medical care is provided.

- [ ] Yes, I give my permission  
- [ ] No, I do not give permission

<table>
<thead>
<tr>
<th>Parent/Guardian’s Signature</th>
<th>Parent/Guardian: Print Name</th>
<th>Date</th>
</tr>
</thead>
</table>
Consent for Photography/Videotaping and Use of Original Work

As a participant enrolled in a DYCD-funded program, please be aware that from time to time DYCD and the City of New York, its contracted providers, authorized agents, third-party organizations with which it collaborates, or other government, representatives (collectively, “Authorized Parties”) may be present during program activities and special events associated with program services, both at the usual program location and at off-site events. In some cases, they may photograph, videotape, interview or otherwise record participants and their families and friends in these programs. The resulting images, videos, and interviews may be used, with or without the participant’s name, in printed and electronic media such as brochures, books, print and email newsletters, DVDs and videos, websites, social media and blogs (collectively, “Media”).

I hereby authorize and permit the Authorized Parties, without compensation and without further approval, to photograph and/or record my and my child’s image, name, likeness, and the sound of my and my child’s voice during DYCD-funded program activities and special events, and I hereby consent to the resulting images, videos and interviews being used, without compensation and without further approval by the Authorized Parties solely for non-profit, non-commercial purposes in any and all Media.

☐ Yes  ☐ No

If, in the course of participating in DYCD-funded program activities and special events, any original work such as art, music, choreography, poetry, or prose (collectively, “Original Work”) is created by me or my child, I hereby consent to such Original Work being used by the Authorized Parties, without compensation and without further approval, solely for non-profit, non-commercial purposes in any and all Media.

☐ Yes  ☐ No

---

**If participant is 18 and over:**

I acknowledge that I am 18 years of age or older and am authorized to give consent.

☐ Yes  ☐ No

---

**Full Name of Participant**

**Participant’s Signature**

**Date**

---

**If participant is under 18 years old:**

---

**Full Name of Participant**

**Parent/Guardian’s Signature**

**Date**
Parent/Guardian Consent to Collect and Share Student Information

The Department of Youth and Community Development (DYCD) provides funding for this program as part of its mission to help you assist your child reach his or her full potential. Many of our programs are run by community based organizations. We work to make sure the services you and your children receive are of the highest quality. DYCD is requesting your permission to allow us to collect information we need on your child, their participation and the quality of the services provided.

What information from your child’s student records is DYCD requesting?
We are requesting your permission for the NYC Department of Education (DOE) to share personally identifiable information from your child’s student records with DYCD. The information we would like to collect consists of 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); and academic performance data (including your child’s results on state and national exams, credits earned, grades, promotion and retention status, and fitnessgram score); and data related to any disciplinary actions taken against your child (including number and type of suspensions).

We are requesting to collect the information listed above about your child on a past, present and future (i.e., ongoing) basis.
We are also requesting your permission for DYCD to share information we collect on the enrollment form from you and/or your child with DOE staff. The information includes registration information, student’s interests and challenges, type of program enrolled-in and frequency of participation. This information will be used to help the school and community organization work together to meet you and your child’s needs.

Who will see my child’s information and how will it be safeguarded?
The only people who will see your child’s individual information are DYCD and DOE staff who manage the data systems and prepare research reports and program analyses. The limited number of DYCD staff identified to receive personal information is screened, and provided extensive training to follow strict guidelines on protecting the confidentiality of information that would personally identify you or your child. Personally identifiable information collected from student records will only be shared electronically between DOE and DYCD and will be secured and protected in the DYCD data base. Personally identifiable information will not be shared with any community based organizations or their staff members. We will not use your name or your child’s name in any published report. While we request your consent, your responses to the below requests will not affect your child’s participation in DYCD sponsored programs.

Please check Yes or No to each of the following statements:
I understand why DYCD 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 DYCD on an ongoing basis.

☐ Yes, I give my permission  ☐ No, I do not give my permission

I understand why DYCD is asking my permission to share information about my child collected by DYCD with DOE staff and I give my permission to DYCD to share information with DOE on an ongoing basis.

☐ Yes, I give my permission  ☐ No, I do not give my permission

Student/Applicant Name: ________________________________

Parent/Guardian Name: ____________________________________________

Parent/Guardian Signature: ________________________________ Date: __________

Additional Parent/Guardian Name (optional): ________________________________

Additional Parent/Guardian Signature (optional): ________________________________
## CHILD & ADOLESCENT HEALTH EXAMINATION FORM

**NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE** — **DEPARTMENT OF EDUCATION**

### TO BE COMPLETED BY PARENT OR GUARDIAN

- **Child’s Last Name**
- **First Name**
- **Middle Name**
- **Sex** [ ] Female [ ] Male
- **Date of Birth** (Month/Day/Year) __ __ / __ __ / __ __

#### Health Information
- **Health Insurance** [ ] Yes [ ] No
- **Parent/Guardian**
  - **Last Name**
  - **First Name**
- **Referral(s):** ________________________________________________________________________

#### Health Care Provider Information
- **Facility Name**
- **National Provider Identifier (NPI)**
- **School/Center/Camp Name**
- **Goddard Riverside Community Center**
- **Number** __ __
- **Phone Numbers**
  - **Home**
  - **Work**

#### Phyiscal Examination
- **General Appearance:**
  - **Date Done** Results
  - **Head Start Only** __________________

#### Immunizations — Dates
- **Child's Address**
- **City/Borough**
- **State**
- **Zip Code**

#### Developmental (age 0-6 yrs)
- **With/within normal limits**
- **Cognitive** (e.g., play skills)
- **Communication/Language**
- **Social/Emotional**
- **Adaptive/Self-Help**
- **Motor**

#### Screening Tests
- **Blood Lead Level (BLL)**
  - **Date Done** Results
  - **Blood Pressure** (age 0-3 yrs) __ __ / __ __

####Immunizations
- **Hep B** __ __ / __ __
- **Rotavirus** __ __ / __ __
- **DTaP/DT** __ __ / __ __
- **Hib** __ __ / __ __
- **PCV** __ __ / __ __
- **Polio** __ __ / __ __

#### Recommendations
- **Full physical activity** [ ] Full diet [ ]
- **Restrictions** (specify)

#### Assessment
- **Well Child** (V20.2) [ ]
- **Diagnoses/Problems (list)**

#### Comments
- **Date** __ __ / __ __ / __ __
- **Type of Exam:** NAE Current
- **NAE Prior Year(s):**

---

**CHILD & ADOLESCENT HEALTH EXAMINATION FORM**

**NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE** — **DEPARTMENT OF EDUCATION**

**STUDENT ID NUMBER**

**OSIS**

**COPYRIGHT**

**CH-205 (5/08)**

**Copies:** White School/Child Care/Early Intervention/Camp, Canary Health Care Provider, Pink Parent/Guardian

---