



WELCOME!

DYCD OVERVIEW

The Department of Youth and Community Development (DYCD) is a New York City agency that funds programs for youth and families. These programs are operated by community-based organizations (CBOs). DYCD thanks you for enrolling yourself or your child in this program.

ENROLLMENT PACKET OVERVIEW

Please answer all the questions below to help us provide quality services. Those marked with an asterisk (*) are mandatory. If there is a question that you do not understand, please seek help. You can speak with a worker at the CBO that operates the program or call 311 and request the DYCD Youth Hotline. DYCD also has a website www.nyc.gov/dycd and can be followed on Facebook and Twitter for additional information on DYCD services.

This enrollment packet will allow you or your child to be enrolled in this program. The information captured through this form will help the program plan to provide a safe and healthy environment, and provide appropriate services. Enrollment packet sections:

- Welcome and Packet Overview (this page)
- Participant Background (page 2)
- Participant Health and Safety (page 3)
- Signatures (page 4)
- Parent Consent Forms
- Other _____

Please save this page for your records and future reference.

BEACON programs are school-based community centers serving children age 6 and older and adults. There are currently 80 Beacons located throughout the five boroughs of New York City, operating in the afternoons and evenings, on weekends, during school holidays and vacation periods, including summer.

- Elementary School (K-5th Grade)
- Middle School (6th-8th Grade)
- High School (9th-12th Grade)
- Adults (18 Years Old and Above)

COMPASS programs comprise more than 800 programs serving young people enrolled in grades K-12. Programs are offered at no cost to young people and are strategically located in public and private schools, community centers, religious institutions, public housing, and recreational facilities throughout the City.

- Elementary School (K-5th Grade)
- SONYC Middle School (6th-8th Grade)
- Transition to High School (THS) (9th Grade)
- Option II

CORNERSTONE programs provide engaging, high-quality, year-round programs for adults and young people. Programs are located at 70 New York City Housing Authority (NYCHA) Community Centers throughout the five boroughs.

- 5-12 Years Old
- 13-15 Years Old
- 16-21 Years Old
- Adult

DYCD PROGRAM

1 PARTICIPANT BACKGROUND



Department of
Youth & Community
Development

participant contact information

Primary Parent / Guardian of Participant:	Who is enrolling in this program? <input type="checkbox"/> My child <input type="checkbox"/> Me <i>To register yourself, you must be 18+ years old.</i>
Primary Number:	Email Address:* <input type="checkbox"/> No Email
Date	Program Period
Last Name*	First Name*
Date of Birth*	Cell Phone
Home Address*	Apartment Number
City*	State*
Zip Code*	Borough
Home Phone	
NYCHA Resident* <input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of ID <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Non-Driver State ID <input type="checkbox"/> Official Letter <input type="checkbox"/> Municipal ID
Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other:	

demographics

Country of Origin	English Proficient* <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity* <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> No Response	
Primary Language Spoken at Home*	Additional Language(s)

student or employment status

Current Grade Level	Student ID/OSIS #
Teacher/Advisor	School Type <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Other
School Name	School Address
Student Status <input type="checkbox"/> Yes <input type="checkbox"/> No Is the participant a student: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
If you are NOT a student, please provide the last school grade level completed:	<input type="checkbox"/> Grade K-11; please list your last grade: _____ <input type="checkbox"/> HS Graduate <input type="checkbox"/> HS Equivalency <input type="checkbox"/> Some College <input type="checkbox"/> College Degree
If you are NOT a student, are you:	<input type="checkbox"/> Unemployed for _____ weeks <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time

other

Please list anyone else in your household who is participating in this program. Provide first and last names.

DYCD PROGRAM

2 PARTICIPANT SAFETY



Department of
Youth & Community
Development

If there is an emergency, please contact the following individuals:

1	NAME* _____ Pick Up* <input type="checkbox"/> This person may pick up my child. _____ Address _____ City, State _____ Zip Code _____	RELATIONSHIP TO PARTICIPANT: Write down all numbers and circle the best number to call in case of an emergency: Contact <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email* _____ <input type="checkbox"/> No Email
2	NAME* _____ Pick Up* <input type="checkbox"/> This person may pick up my child. _____ Address _____ City, State _____ Zip Code _____	RELATIONSHIP TO PARTICIPANT: Write down all numbers and circle the best number to call in case of an emergency: Contact <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email* _____ <input type="checkbox"/> No Email

3 PARTICIPANT HEALTH INFORMATION

Please check any of the following that pertain to the participant. Many needs or health challenges can be accommodated and may not limit enrollment in the program.

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Allergies to food | <input type="checkbox"/> Behavioral/Emotional Issues | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Allergies to medications | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Individualized Education Plan | <input type="checkbox"/> Disabilities |
| <input type="checkbox"/> Allergies other (please Specify) | <input type="checkbox"/> Congestive Illness (e.g., heart murmur/disease, blood pressure) | <input type="checkbox"/> Obesity | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Corrective Devices (e.g., crutches, hearing aid, eye glasses) | <input type="checkbox"/> Other (please specify) | |

Check off all that apply.

- ☐ Does your child have special health care needs that require treatment and/or medication?
- ☐ Does your child take medication for any condition or illness?
- ☐ Updated Medical Information on File:
- ☐ Are there any activities your child cannot participate in? (If so, please specify below)

Activities your child cannot participate in:

- ☐ Are you or any member of your household (0-64 years of age) covered by Medicaid, Child Health Plus, Family Health Plus or private medical insurance?
- ☐ If NO, do you want to be contacted with information about public health insurance program?



This section is only for parents enrolling their children.

PICK UP/DISMISSAL INFORMATION.

My child has permission to walk home alone at dismissal. ☐ Yes ☐ No

My child MAY NOT be picked up by: _____

DYCD PROGRAM

4 ADDITIONAL BACKGROUND



Department of
Youth & Community
Development

other family and household information

The participant lives in housing that is: (Check all that apply) ☐ Rental ☐ Family Owned ☐ NYCHA housing

OR The participant is: ☐ Homeless ☐ Other:

Is or has the participant ever been in foster care: ☐ Yes ☐ No

Has the participant been enrolled in programs operated by the Administration for Children's Services (ACS)? ☐ Yes ☐ No

Number of individuals in your household:

Is the participant or any member of your household receiving public assistance? ☐ Yes ☐ No

Is the participant or any member of your household receiving food stamps? ☐ Yes ☐ No

Gross Yearly Household Income: \$

The participant lives in a household that is headed by: ☐ Self, Single, no children ☐ Single Female Parent ☐ Two Parents ☐ Single Male Parent ☐ Two Adults, no children

Sources of household income:

☐ Employment ☐ TANF ☐ Social Security ☐ Unemployment Insurance
☐ Pension ☐ SSI ☐ General Assistance ☐ Other

Would you like information on voter registration? ☐ Yes ☐ No ☐ I am already a registered voter

SIGNATURES

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 or to access additional funding.

I have completed this application for my child.

Parent/Guardian: _____
(Print) (Sign) (Date)

I have completed this application for myself.

Applicant: (18 and older) _____
(Print) (Sign) (Date)

Organization: _____

Intake Specialist/Staff: _____ Date: _____

DYCD PROGRAM

PARTICIPANT INTEREST SURVEY

Interests/Activities	<input checked="" type="checkbox"/> Likes/Strengths	<input type="checkbox"/> Dislikes/Challenges
Reading		
Math		
Media (digital art, photography, videography)		
Writing(poetry, short fiction, journaling)		
Art (painting, drawing, sculpturing)		
Performance (music, dance, drama)		
Science Technology Engineering Math/STEM		
Sports (team, individual)		
Video Games		
Board Games		
Cooking & Nutrition		
Gardening		

How we can be helpful to you/your child? Are there are other services or activities that would be interesting and or helpful to you/your child? _____

Does your child have an Individualized Education Plan and/or Special Needs? ☐ Yes ☐ No

Please use the space below or on the back of the page to provide details or list goals you would like to share with us.

OTHER SERVICES

*Please check any other DYCD services you or your family might be interested in learning more about?

- | | | |
|--|---|--|
| <input type="checkbox"/> Education/Literacy/High School
Equivalency | <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Adolescent Literacy | <input type="checkbox"/> Immigrant Services | <input type="checkbox"/> Summer Youth Employment |
| <input type="checkbox"/> Fatherhood Services | <input type="checkbox"/> LGBTQ Support Services | <input type="checkbox"/> Young Adult Internships |
| <input type="checkbox"/> Workshops/Fairs (College Prep, Financial Planning, Parenting, etc.) | | |

DYCD PROGRAM

Parent/Guardian Consent

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.

Consent to Collect and Share Student Information

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 need.

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, 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

DYCD PROGRAM

Beacon Adult Application FY'16



Provider/Cornerstone Name: _____

Last Name		First Name	
Home Address		Apartment No.	
City/State			
Zip Code		Borough	
Home Phone		Cell Phone	
School Attending		Email	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No Response		
Ethnicity	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> No Response		
Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> No Response		
Country of Origin	Primary Language		

EMERGENCY CONTACTS		If there is an emergency, please contact the following individuals:	
NAME		Relationship to you:	
Address/Apt		Contact	Write down all numbers and circle the best number to call in case of an emergency:
City, State		<input type="checkbox"/> Home	_____
Zip Code		<input type="checkbox"/> Cell	_____
		<input type="checkbox"/> Work	_____

PARTICIPANT HEALTH INFORMATION

Please check any of the following that pertain to the participant. Many needs or health challenges can be accommodated and may not limit enrollment in the program. Other not listed _____

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Allergies to food | <input type="checkbox"/> Behavioral/Emotional Issues | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Allergies to medications | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Medication | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Congestive Illness (e.g., heart murmur/disease, blood pressure) | <input type="checkbox"/> Corrective Devices (e.g., crutches, hearing aid, eye glasses) | <input type="checkbox"/> Pregnancy |

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I give authority to the Program Agency's staff to obtain necessary emergency medical treatment for **myself** with the understanding that **my** family will be notified as soon as possible. I understand that every effort will be made to contact **my** family/emergency contact before and after medical care is provided. **Yes, I give permission** **No, I do not give permission**

Beacon Adult Application FY'16



CONSENT FOR PHOTO/VIDEOTAPING AND USE OF YOUTH WORK

Please be aware that sometimes, staff, photographers, newspapers, television reporters, media representatives and public relations personnel may be present during program activities and special events, both in-school and away from school. In some cases, they may photograph, interview or otherwise record children and/or adult caregivers who participate in these events. The resulting images, videos and interviews may be used for non-profit, non-commercial purposes of the program to promote the programs in printed and electronic media published by our agency, such as brochures, books, print and email newsletter, DVDs and videos, websites and blogs. These images may also be used by DYCD and/or any DYCD designee including, but not limited to the New York State Department of State in its publications. ☒ **Yes, I give my permission** ☐ **No, you do not have permission**

SIGNATURES

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 or to access additional funding.

Applicant:

(Print)

(Sign)

(Date)

Intake Specialist/Staff:

(Print)

(Sign)

(Date)