Neighborhood Initiatives Development Corporation (NIDC)
EMPIRE After School Program at PS 96

September 9, 2019 to June 19, 2020: 2:15 – 5:15 PM

PARENTAL CONTRACT

I understand that I am enrolling my child __________________________ in (EMPIRE) the Neighborhood Initiatives Development Corporation 2019 - 2020 After School Program.

1. I understand that my child can be terminated from the program at any time, due to any extreme and/or inappropriate behavior by my child or their parent/guardian.

<table>
<thead>
<tr>
<th>Date</th>
<th>Print Your Name</th>
<th>Signature</th>
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</table>

Relationship to Child

FOR OFFICE USE ONLY
Grade: __________ Osis #: _______________
Intake Number: _________
NIDC COMPASS After School Program at PS 96

ENROLLMENT/PARENT AGREEMENT
(Ensure you read the following contract thoroughly)

I understand that I am enrolling my child _______________________ in the Neighborhood
Initiatives Development Corporation 2019-2020 After School Program.

1. I understand that my child can only begin afterschool on Mondays of every Month.

2. I understand that the staff will assume full responsibility for my child from the start of the
program (which starts once teachers release the child into our care) until my child leaves the
program according to the written instructions of departure. I understand that the staff is not
responsible for my child before they are released into our care or once a child is signed out of the
program.

3. **I understand that dismissal is from 5:05p.m to 5:15p.m.** I will make arrangements to have my
child picked up on time every day. If I cannot pick up my child, I will make alternate
arrangements with someone on my pre-authorized pickup list (friend, relative, or babysitter) and
will contact the Group Leader of my child’s group when doing so.

4. **I agree that if my child remains with the program at 5:20p.m., they will be escorted to the
NIDC main office at 2523 Olinville Avenue. There is a late fee of $1 per minute starting
5:20pm.** If your child remains uncollected at 7:00p.m, he/she will be taken to the 49th Precinct
unless your child’s Group Leader is notified. **Late Fees** (see late fee rule in parent handbook)
**must be paid within 7 days or your child will be suspended until payment is made.**

The only exceptions are emergencies or excused reasons accepted by your child’s Director. It is
expected that in emergencies, you will make reasonable attempts to reach staff at phone numbers
to be provided.

5. I understand that students are not allowed to bring personal items to the program- cell phones,
IPods, videogames, toys, etc. If a child brings personal items to the program, NIDC personnel are
not responsible for those items and NIDC is not responsible for those items and NIDC is not
responsible for replacing them if they are lost. Students may not wear “Heelies” or any other
type of shoes with wheels during the program.

6. I understand it is **mandated to attend the parent’s orientation** where I will receive further
information about the after school, the staff, the program schedule and guidelines.
7. I understand that if called by a NIDC staff for any reason (illness, behavioral problems, etc.), I will have my child picked up within an hour. If your child is sick or has any possibly contagious illness or condition your child may only be allowed to resume attendance in the program with a medical note from the doctor, if needed by the illness. If this problem occurs more than once then your child may be removed from the program.

8. The safe, fun and smooth operation of the after school program depends greatly on the cooperation of all participants. Children are expected to obey all rules as stated at the orientation meeting/enrollment form/parental contract. Parents/guardians are expected to effectively communicate with their children the need to cooperate. Outstanding and ongoing behavioral issues will be communicated to the parents/guardians. A child’s inability to follow directions and treat others with courtesy and respect will result in further action. The following are the actions that will occur if behavior is not corrected:
   1. Child will receive a written warning.
   2. Child will receive a suspension.
   3. Child will be terminated from the program.
Parents will receive/sign on all behavioral reports the child receives. Refusal to sign does not void the behavioral report. **Any inappropriate behavior by a parent/guardian will result in a child’s termination from the program. This includes not following the school’s safety plan for indoor dismissal, which requires parents to enter through the front and exit through café back doors.**

9. I understand that I must provide updated medical information as reflected in the New York City Department of Health’s “Child & Adolescent Health Examination Form” before the child’s enrollment will be considered complete and allowed to participate in the program.

10. **The normal program hours are from 2:15pm to 5:15pm.** The structure and model for the program requires that each child participate in all of the activities on a daily basis. In the past, parents have picked up their children during the middle of the program. The child isn’t able to benefit fully from all of the program’s activities if they are continually drawn away from their groups and staff has to escort children to the security desk to be picked up. **If your child is picked up early more than 3 times during the school year without excused documentation, your child is subject to termination from the program. Additionally, school doors lock at 4:45pm, there are no early pick-ups allowed after that. A parent/guardian must wait outside until normal dismissal in the schoolyard or 5:05pm if it is an indoor dismissal.**

11. Please note that **ALL** children will be dismissed between 5:05pm- 5:15pm unless it’s an emergency. **If you have an emergency and need to pick up your child, please inform your child’s Group Leader. If “emergencies” continue on a regular basis, you will be asked to make alternative arrangements.**
12. Medical Consent/ Parental Authorization
The student’s medical conditions, which are clearly stated on this application, are complete and correct. I understand that my child will not be given any medication during program hours. I hereby give permission to Neighborhood Initiatives Development Corporation personal to administer first aid and to arrange for medical care and treatment in case of a medical emergency. I also give permission to the physician selected by Neighborhood Initiatives Development Corporation personal to examine, diagnose, and treat or secure proper treatment for the student, as the physician shall determine what’s proper and necessary under the circumstances. A photocopy of this authorization shall be valid and may be accepted as the original.

13. I have read and agree to the stated policies and procedures of the NIDC Afterschool Program (EMPIRE) as stated here and I give my child permission to participate fully in this program. By signing below, I understand that participation in the NIDC Program is a privilege. Participating children must follow the rules and guidelines outlined in the program’s Parent Handbook. Disruptive, disrespectful, or other prohibited behavior is reason for disciplinary action. I understand that though the program staff is committed and qualified, that my help and support is needed in meeting program expectations. Furthermore, in order for the program to provide educational services to my child I will provide a copy of their report cards and/or grant access to my child’s academic reports. I am encouraged to discuss concerns and good reports about my child’s behavior and/or academic progress with program staff.

15. I have been informed of the nature of N.I.D.C.’s Program in which the student is enrolled. I understand that there are risks associated with the student’s participation in the activities. With this knowledge, I grant permission for my child to participate in all program activities and on behalf of the child I accept and assume the risk and full responsibility for injury, illness, loss of personal property or damage, death, and medical or other expenses resulting from the student’s presence at the N.I.D.C. Afterschool Program.

I hereby release and discharge N.I.D.C. and their agents and employees from liability to us and to my child for any and all losses, damages, expenses, and any injury to person or property, including death, resulting from the student’s travel to/from N.I.D.C. and participation in the program.

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<thead>
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Relationship to Child
# NYCDOE Community School

**Empire State After School Program**

**Student Enrollment Form**

**School Year 2019-2020**

## Student Information

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>School:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student OSIS (I.D Number):</td>
<td>Gender: Male_________ Female_________</td>
</tr>
<tr>
<td>Grade:</td>
<td>Date of Birth:</td>
</tr>
</tbody>
</table>

**Mailing Address:**

- **City:**
- **State:**
- **Zip Code:**

| Home Phone:                  | Home Email:          |

**Racial/Ethnic Group (Optional):**

1. American Indian/Alaska Native  
2. Black or African American  
3. Hispanic or Latino  
4. Asian  
5. White  
6. Pacific Islander  
7. Other ______________

**Language(s) Spoken At Home:**

**Math Teacher:**

**English Teacher:**

## Parent/Guardian Information

**Name of Primary Parent/Guardian 1:**

**Guardian Title (please circle one):**

- Mother  
- Father  
- Grandmother  
- Grandfather  
- Other ______________

**Language(s) Spoken:**

**Address:**

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Work Phone:</th>
</tr>
</thead>
</table>

**Cell Phone:**

| E-Mail:                      |

**Name of Primary Parent/Guardian 2:**

**Guardian Title (please circle one):**

- Mother  
- Father  
- Grandmother  
- Grandfather  
- Other ______________

**Language(s) Spoken:**

**Address:**

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Work Phone:</th>
</tr>
</thead>
</table>

**Cell Phone:**

| Email:                       |

**Student Name:**

**OSIS Number:**
Empire After School
Student Participation Release Form

I give my child, ____________________________, permission to enroll and participate in the 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:

<table>
<thead>
<tr>
<th>Name 1:</th>
<th>Relationship to Student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone:</td>
<td>Cell Phone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name 2:</th>
<th>Relationship to Student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone:</td>
<td>Cell Phone:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name 1:</th>
<th>Relationship to Student:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name 2:</th>
<th>Relationship to Student:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name 3:</th>
<th>Relationship to Student:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name 1:</th>
<th>Relationship to Student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone:</td>
<td>Cell Phone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name 2:</th>
<th>Relationship to Student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone:</td>
<td>Cell Phone:</td>
</tr>
</tbody>
</table>

Student Name: ____________ OSIS Number: ____________

Health Information
* To be completed by the parent/guardian. This confidential health information will only be used to ensure the safety of the children in this program.

Please provide your child’s medical history:

Allergies to food:  Yes  No  Specify

Behavioral/Emotional:  Yes  No  Specify

Physical Disabilities:  Yes  No  Specify

Corrective Device:  Yes  No  Specify

Asthma:  Yes  No  Does your child use an inhaler: Yes  No

Allergies to penicillin:  Yes  No  Allergy to plants:  Yes  No

Allergy to insect stings:  Yes  No  Hay Fever:  Yes  No

Convulsions/Seizures:  Yes  No  Diabetes:  Yes  No

Other: 

Does your child have special health care needs that require treatment or medication? Yes  No

Please explain:

Does your child take medication for any condition or illness?  Yes  No

Please explain:

Are there any activities your child cannot participate in:  Yes  No

Please explain:

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: ___________________________________________________
PS 96 Afterschool Registration Information:

- When the lottery is completed, a call informing your status will be made on Tuesday, September 3, 2019.

- Program time is from 2:15 to 5:15pm every full school day. Dismissal starts 5:05 until 5:15 pm in the school yard. Remember, a dollar per minute will be charged for any lateness starting 5:20pm.

- If you pick your child up early without documentation (doctor, tutoring, etc) more than 3 times, your child will be terminated from program. Doors lock at 4:45pm and no early pick-ups are allowed after that under no circumstance as students are transitioning.

- Indoor dismissal occurs only under severe weather circumstances. Doors open at 5:05pm for the start of dismissal. Everyone must follow the school safety plan and enter through the front and exit through the back. Parents are responsible for advising any guardian picking up their children of NIDC’s policy. Failure to comply will result in termination.

Information de Registro para el Programa Escolar Después de la Escuela en PS 96:

- Cuando se complete la lotería, se realizará una llamada informando su estado el Martes 3 de Septiembre de 2019.

- El horario del programa es de 2:15 a 5:15pm todos los días escolares completos. La salida comienza a las 5:05 hasta las 5:15 pm en el patio de la escuela. Recuerde, se cobrará un dólar por minuto por cualquier tardanza que comience a las 5:20 pm.

- Si recoge a su hijo temprano sin documentación (médico, tutoría, etc.) más de 3 veces, su hijo será dado de baja del programa. Las puertas se cierran a las 4:45 pm todos los días y no se permiten recogidas tempranas después de eso bajo ninguna circunstancia ya que los estudiantes están en transición.

- El despido en interiores ocurre solo bajo circunstancias climáticas severas. Las puertas se abren a las 5:05 pm para el inicio del despido. Todos deben seguir el plan de seguridad escolar y entrar por el frente y salir por la parte de atrás. Los padres son responsables de aconsejar a cualquier tutor que recoja a sus hijos de la política de NIDC. El incumplimiento dará como resultado en la terminación de sus hijos.