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


PARENTAL CONTRACT

I understand that I am enrolling my child ____________________________ in (Fee Based) 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.

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<tr>
<th>Date</th>
<th>Print Your Name</th>
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Relationship to Child

Grade: __________________

Fee Based: P or V: ________

Date: __________________
NIDC 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 at PS 96.

1. I understand that I am responsible for the total payment of $250 per child, per month. All payments are required for each child at enrollment/registration and on the first Monday of each month. Pricing is subject to change after enrollment. If using a childcare voucher to enroll, I will provide a copy of the enrollment letter prior to my child starting afterschool.

2. I understand when enrolling my child to afterschool during the mid or end of the month, I will have to pay the balance remaining for that month.

3. I understand that I will be responsible for fees for the time reserved, not actual time spent at the program. Therefore, there will be no refunds or credit given for absences from the After School Program.

4. I understand that I must pay the full amount for the program on the first Monday of each month provided by the Site Supervisor every month. I also understand that my child can be suspended or dismissed from after-school services if payments are not made before or on Site Supervisor provided date. We do not accept postdated checks and if any checks are returned for insufficient funds, you are required to pay the bank fee as well as the initial balance.

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

6. 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.

7. **I understand that dismissal is from 5:05pm to 5:15pm.** 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.
8. I agree that if my child remains with the program at 5:20pm 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 7:00pm, 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 the Director. It is expected that in emergencies, you will make reasonable attempts to reach staff at phone numbers to be provided.

9. I understand that students are not allowed to bring personal items to the program- cell phones, iPods, video games, 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.

10. 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.

11. I understand that if called by an 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.

12. 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.
13. 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.

14. **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 will lock at 4:45pm and no early pick-ups are allowed after that. A parent/guardian must wait outside until normal dismissal in the schoolyard or 5:05pm if it is an indoor dismissal.**

15. 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.**

16. 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.

17. I have read and agree to the stated policies and procedures of the NIDC Afterschool Program (Fee Based) 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.
18. 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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<th>Date</th>
<th>Print Your Name</th>
<th>Signature</th>
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**Relationship to Child**
NIDC Afterschool at PS 96
September 9, 2019 – June 19, 2020: 2:15pm to 5:15 PM

My child will participate in NIDC’s Afterschool Program at PS 96. I have read and understand the guidelines and procedures concerning discipline, payments, and late pickup fees. I also agree to pick up my child by 5:15 P.M. each day the program is in session.

Child’s Name_____________________________ S.S. #____________________

Date of Birth _____/____/____ Current Age _____ Sex _____ Ethnicity__________

School Attending __________________________ Current Grade ______

Address of School _________________________________________________

City________________________ State__________ Zip____________

PARENT/GUARDIAN INFORMATION

Mother’s Name______________________________

Address if different from child’s______________________________

Place of Employment________________________

Phone (H) ___________________ Phone (W) ________________ Cell____________

Email Address______________________________

Father’s Name______________________________

Address if different from child’s______________________________

Place of Employment________________________

Phone (H) ___________________ Phone (W) ________________ Cell____________

Email Address______________________________

PLEASE SEE REVERSE SIDE
NIDC Afterschool at PS 96
September 9, 2019 – June 19, 2020: 2:15pm to 5:15 PM

EMERGENCY CONTACT INFORMATION

Other than parent/guardian, in case of an emergency, please contact:

Name ___________________________ Relationship to child ______________________________

Phone (H) ___________ Phone (W) ___________ Cell ___________

Name ___________________________ Relationship to child ______________________________

Phone (H) ___________ Phone (W) ___________ Cell ___________

Is there a person who is not permitted to have contact with your child? Yes____ No____

If yes, please specify and provide legal documentation stating such:

Name ___________________________ Relationship ______________________________

Name ___________________________ Relationship ______________________________

Can child walk home alone? (Check One) Yes____ No____

Does child have a sibling that participates in the program? Yes____ No____

If yes: Name ___________________________ Grade __________________

Does NIDC have your permission to use your child’s picture, image, etc., for promotional purposes only? (Check One) Yes____ No____

By signing below, I understand that participation in the program is a privilege. Participating children must follow the rules and guidelines outlined in the program’s Parents’ 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. I am encouraged to discuss concerns and good reports about my child’s behavior and/or academic progress with program staff.

_________________________ _______________________
Parent/Guardian’s Signature Date
NIDC Afterschool at PS 96

MEDICAL REGISTRATION FORM

Child's Name ____________________________________________
Date of Birth ____ / ____ / ____ Age ____ Sex ____ Ethnicity ________________________________
Home Address __________________________________________
City ____________________________ State ____________ Zip _______

Please check any box that applies to your child:

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Allergies to food: _________</td>
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<td>____________________________</td>
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<td>Allergies to medicine: ______</td>
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<td>Other Allergies: ____________</td>
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<td>____________________________</td>
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<td>Asthma</td>
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<td>____________________________</td>
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<td>Behavioral/Emotional Issues</td>
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<td>Convulsions/Seizures</td>
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<td>Corrective Devices (glasses, hearing aid, etc.)</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Diabetes</td>
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<td>Individualized Education Plan</td>
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<tr>
<td>Physical Disabilities</td>
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<td>Other:</td>
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Does your child have special health care needs that require treatment/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: ____________________________________________

Other IMPORTANT medical needs? ___ Yes ___ No
Please Explain: ____________________________________________
Insurance Company: ________________________________

Policy Holder’s ID#: ____________________________

Physician’s Name ___________________________ Phone # ______________

Physician’s Address ________________________________

MEDICAL CONSENT/PARENTAL AUTHORIZATION

The student’s medical conditions stated on this application are complete and correct. I understand that my child will not be given medication during program hours. I hereby give permission to Neighborhood Initiatives Development Corporation (NIDC) personnel 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 NIDC personnel to examine, diagnose, and treat or secure proper treatment for the student as the physician shall determine is proper and necessary under the circumstances. A photocopy of this authorization shall be as valid and may be accepted as the original.

I have been informed of the nature of NIDC’s Afterschool Program in which the student is enrolled. I understand that there are risks associated with the student’s participation in the program 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, death or loss of personal property or other damage, and medical or other expenses resulting from the student’s presence at NIDC.

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

*Signature __________________________________________ Date ______________

Parent or Legal Guardian

*This application is not complete until you have returned your child’s medical form as required by the New York City Department of Health.
NIDC Afterschool at PS 96

CHILD RELEASE FORM

I ______________________ give permission for my child ______________________ who attends afterschool to be picked up by:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number</th>
<th>Relationship to child</th>
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<td>9.</td>
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<td>10.</td>
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Parent Signature ___________________________________________ Date ____________

REMINDER: Photo Identification must be provided at the time of pick up.
Site Name: NIDC Afterschool at PS 96

Participant Name: ____________________________

1. Photo/Video Release Waiver

I hereby consent to and authorize the use of information, quotes, photos, and images including media and television that have or will be taken of my child for the purposes of NIDC and DYCD publicly. I understand that neither my child nor his/her family will receive payment for allowing interviews, photos, or videotaping. It is also agreed that the child’s name may accompany quoted or video when deemed appropriate by NIDC and DYCD.

Parent Signature: ____________________________ Date: ________________

2. Emergency Medical Treatment

I authorize the NIDC Summer Enrichment Camp program staff to seek medical assistance for my child if needed in my absence.

Parent Signature: ____________________________ Date: ________________

3. Liability Waiver

I understand that if my child is injured at the program, it is not the responsibility of the NIDC Summer Enrichment Camp. I also understand that NIDC cannot be held responsible for any lost/stolen personal items such as cell phones, pagers, jewelry, money, music devices, etc none of which are encouraged to be brought to the program. I have received the Parent Handbook and will be responsible for reading and adhering to the guidelines outlined in this information, including instruction on the behavior of my child.

Parent Signature: ____________________________ Date: ________________

4. Sickness/Illness

If your child is sick or has any possibly contagious illness or condition your child can not return to the program, until a doctor’s note. If this problem occurs more than once then your child may be removed from the Summer Enrichment Camp.

Parent Signature: ____________________________ Date: ________________
# NYC Department of Health and Mental Hygiene
## Department of Education

### Child & Adolescent Health Examination Form

**To Be Completed by the Parent or Guardian**

<table>
<thead>
<tr>
<th>Child's Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Sex</th>
<th>Date of Birth (Month/Day/Year)</th>
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**Child's Address**

<table>
<thead>
<tr>
<th>City/ Borough</th>
<th>State</th>
<th>Zip Code</th>
<th>School/Class/ Camp Name</th>
<th>Phone Numbers</th>
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**Health Insurance**

- [ ] Yes
- [ ] No

**Parent/Guardian last Name**

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<thead>
<tr>
<th>First Name</th>
<th>Email</th>
<th>Phone</th>
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**To Be Completed by the Health Care Practitioner**

**Birth History (age 0-6 yrs)**

- [ ] Uncomplicated
- [ ] Premature: ___ weeks gestation
- [ ] Complicated by: 

**Allergies**

- [ ] Drug
- [ ] Food
- [ ] Other

**Medications (please list in block below)**

**General Appearance**

| Physical Exam | Date of Exam | Physical Exam
|---------------|--------------|----------------|
|               |              | Weight
|               |              | Height
|               |              | Phys. Exam WNL
|               |              | N Abn
|               |              | Prolapsed Abd
|               |              | Developmental
|               |              | Learning Problem
|               |              | Congenital or
|               |              | Acquired Heart
|               |              | Disease
|               |              | Othernutritional
|               |              | Health Status
|               |              | Asthma
|               |              | Allergies
|               |              | Receptors

**Blood Pressure (age 3.1 yrs)**

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<th>Blood Pressure (mm Hg)</th>
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<tr>
<td>Systolic</td>
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<tr>
<td>Diastolic</td>
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**Reproductive**

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**Immunizations**

**Recommended Immunizations**

- [ ] MMR
- [ ] Varicella
- [ ] Hepatitis B
- [ ] Hib
- [ ] PCV
- [ ] Hib
- [ ] HPV

**Date**

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<th>Immunization</th>
<th>Date</th>
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**ASSESSMENT**

- [ ] Well Child (200.129)
- [ ] Diagnosis/Problems (list)

**Recommendations**

- [ ] Full physical activity

**Health Care Practitioner Signature**

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<thead>
<tr>
<th>Health Care Practitioner Name and Degree</th>
<th>Date of Completion</th>
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**Facility Name**

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<th>National Provider Identifier (NPI)</th>
<th>Date of Service</th>
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**Address**

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**Telephone**

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<th>Email</th>
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**2016 Health Exam**

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<th>Form</th>
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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 Despues 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.