NYC Parks

City of New York
Parks & Recreation

The Arsenal, Central Park
New York, NY 10065
nyc.gov/parks

NEW YORK CITY DEPARTMENT OF PARKS & RECREATION
AFTERSCHOOL PROGRAM APPLICATION

Youth Ages 6-13

(One application per child-Submission of an application does not guarantee enrollment in the program)

Please complete this form and return it to the NYC Department of Parks & Recreation **("DPR")** facility that operates the after-school program where you are seeking to enroll your child.
Further documents and information may be required to determine eligibility. If accepted, the program will be **at no cost**. The following application items and information are collected for 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 child's eligibility and will not be shared outside of DPR without the applicant's permission.

PROGRAM AT DPR FIELD HOUSE OR RECREATION CENTER: _____

DPR MEMBERSHIP KEY TAG NO.:_____ **NYC-ACS NO.:** _____

REQUIRED INFORMATION

PART I: APPLICANT--PARENT OR LEGAL-GUARDIAN INFORMATION

Select one: ◯ I am the parent, or ◯ legal-guardian completing this application for my child
◯ I am a relative, ◯ a non-relative, completing this application for the Applicant

☐ No ☐ Yes--I have additional child/ren enrolled in DPR's After-school Program. **If yes, List Name (s) and Relationship to Applicant:** _____

☐ No ☐ **Yes--I am also completing application(s) to enroll [an] additional child/ren in DPR's After-school Program. If yes, List Names:**_____

Applicant's Primary Address (*Number, Street, Apt #*):	**City, State and Zip Code:**

List all phone numbers and check the best number to call in case of an emergency:

☐ **Cell:** _____ ☐ **Home:** _____ ☐ **Work:**_____

☐ **Personal Email 1:** ☐ **Personal Email 2:** _____

PART II: CHILD'S INFORMATION

First Name:	**Last Name:**	**MI:**	**Date of Birth (MM/DD/YEAR):**

Child Lives with Applicant: ◯ Yes ◯ No—**Child lives with (indicate full name, relationship-to-child and the other address):** _____ _____
Print Full Name **Relationship-to-child**

Other Address (*Number, Street, Apt #*):	**City, State and Zip Code:**

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Child's Sex at Birth (Select One):	**Child's Race** (Select all that Apply):	**Child's Ethnicity** (Select One):
◯ Female ◯ Male ◯ X (not female or male) ◉ Not sure **Child's Preferred Pronouns:** ◯ She/Her/Hers ◯ He/Him/His ◯ They/Them/Theirs	☐ American Indian and Alaskan Native ☐ Asian ☐ Black or African-American ☐ Middle Eastern/North African ☐ Native Hawaiian and Other Pacific Islander ☐ White or Caucasian ☐ Other _____	◯ Hispanic or Latina ◯ Not Hispanic or Latina

PART III: CHILD'S CURRENT SCHOOL INFORMATION

School Type: ◯ Public ◯ Charter ◯ Private ◯ Other _____

Elementary School: ◯ K ◯ 1st ◯ 2nd ◯ 3rd ◯ 4th ◯ 5th **Middle School:** ◯ 6th ◯ 7th ◯ 8th

School District:_____ School **Name:** _____ **Tele No.:** _____

Address:	**City:**	**State:**	**Zip Code:**

Homeroom Teacher Name: _____ **Tele No.:**_____

PART IV: CHILD'S EMERGENCY CONTACT INFORMATION

At least one emergency contact must be listed

1

Emergency Contact #1 Name:	**Relationship to Child:** ☐Emergency contact is parent/guardian of participant

List all phone numbers and email addresses. Check the best number to call in case of an emergency:

☐ **Home** _____ ☐ **Cell** _____ ☐ **Work** _____

☐ **Email** _____

Address: ☐ Same as Applicant	**City:**	**State:**	**Zip Code:**

2

Emergency Contact #2 Name:	**Relationship to Child:** ☐ Emergency contact is parent/guardian of participant

List all phone number and email addresses. Check the best number to call in case of an emergency:

☐ **Home:** _____ ☐ **Cell:** _____ ☐ **Work:**_____ _____

☐ **Email:** _____

Address: ☐ Same as Applicant	**City:**	**State:**	**Zip Code:**

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Adults Authorized to Pick-up My Child from DPR Program

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

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

Name: _____ **Tele No.:** _____ **Relationship:** _____

Name: _____ **Tele No.:** _____ **Relationship:** _____

Name: _____ **Tele No.:** _____ **Relationship:** _____

The following people ARE NOT PERMITTED to pick up my child from DPR's Facility:

(print full—name; relationship-to applicant and-child; and reason)

Applicant to provide supporting documentation (i.e., any court custodial or other law enforcement orders)

Name: _____ **Relationship:** _____ **Reason:** _____

Name: _____ **Relationship:** _____ **Reason:** _____

Name: _____ **Relationship:** _____ **Reason:** _____

PART V: CHILD'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 will not limit enrollment in the Program.

Please note: Your child must have the ability to self- administer any necessary medication(s) during Program hours. DPR staff does not assist participants with nor administer medications.

Does your child have any allergies? (food, medication, etc.): ☐ No ☐ Yes--**Describe:**

_____

_____

Does your child have health conditions (diabetes, convulsions or seizures, physical-disabilities, asthma, etc.)?
☐ No ☐ Yes--**Describe:** _____

Does your child take any prescription medications: ◯ No ◯ Yes-**Describe and list all medications:**

_____

_____

Does your child have asthma? ☐ No ☐Yes; Uses an Inhaler ◉ No ◯ Yes : _____

_____

Does your child have special health care needs or treatment during Program Hours? If yes, you must provide medical documentation: ◯ No ◯ Yes **Describe:** _____

_____

Behavioral and, or Emotional Disorder? ◯ No ◯ Yes – **Describe:** _____

_____

Physical Disabilities? ☐ No ☐ Yes--**Describe:** _____

_____

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Corrective Device (e.g., glasses, hearing aid etc.) ◯ No ◯ Yes **Describe:**_____

_____

Are there activities the child cannot participate in? ☐ No ☐ Yes--**Describe:**_____

_____

List any accommodation(s) you are requesting for your child: _____

_____**; Or** ☐ NONE NEEDED.

Please provide any additional health information details not provided above: _____

_____

Child's Health Insurance Status

Does the child have health insurance? (Select One):	***If yes,* what kind of health insurance does the child have?** (Check all that Apply)**:**	
◯ Yes ◯ No	☐ Medicaid ☐ Medicare	☐ State Children's Health Insurance Program
◯ Decline to Answer	☐ Employment-Based ☐ Direct-Purchase	☐ State Children's Health Insurance for Adults
	☐ Military Health Care ☐ Decline to Answer	

Consent for Emergency Medical Treatment

In the event of a medical emergency, I authorized DPR to obtain necessary emergency medical treatment for my child, 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**

Parent/Guardian's Signature	**Print Name**	**Date**

PART VI: MEDIA RELEASE, CONSENT FOR PHOTOGRAPHY, VIDEOTAPING AND USE OF ORIGINAL WORK

As a participant enrolled in DPR After-School Program, please be aware that from time to time DPR 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 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 DPR's-funded program activities and special events. I further 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**

While participating in DPR's program activities and special events, such as art, music, choreography, poetry, or prose may result in certain original work (collectively, **"Original Work"**) being created by me or my child. I consent to the Authorized Parties' use of such Original Work without being compensated and without further approval, solely for non-profit, non-commercial purposes in anyand all Media.

☐ **Yes** ☐ **No**

Parent/Guardian's Signature	**Print Name**	**Date**

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ATTACHMENT 1

DPR AFTERSHOOL PROGRAM
PARENT/LEGAL GUARDIAN AGREEMENT, LIABILITY WAIVER, AND RISK ACKNOWLEDGMENT

This Liability Waiver Agreement (**"Agreement"**) is made between the undersigned Parent/Legal Guardian **("Parent")** and the City of New York **("City")**, acting through the New York City Department of Parks & Recreation **("DPR")**. By signing below, the undersigned parent/legal guardian agrees to the terms contained in this document. (City and DPR, collectively the **"Released Parties"**).

1. Acknowledgment of Risks

I understand that my child's participation in DPR's Afterschool Program (**"Program"**) may involve known and unknown risks, which could result in injury, harm, or even death, and property damage to my child, or to others. These risks include but are not limited to:

i. **Nature of Activities**: Physical, recreational, and educational activities.

ii. **Equipment and Facilities**: Risks associated with equipment or facilities used during the Program.

iii. **Other Participants**: The actions of other participants, staff, or volunteers.

iv. **Health and Safety**: Health checks, first aid, and emergency response services.

I understand that these risks cannot be completely eliminated, and by allowing my child to participate, I accept them willingly. I agree to ensure that my child follows all safety rules and uses any safety equipment provided.

2. Behavior and Participation Expectations

My Child's failure to folow DPR's Program rules may result in my child's suspension or dismissal from the Program. Both my child and I agree to follow the Behavior Plan in **Attachment 2** and the Program rules as follows:

i. **Show Respect for Others**: Treat other participants and staff with kindness and respect.

ii. **Follow Directions**: Listen to staff and follow all instructions.

iii. **Safety Rules**: Follow all health and safety guidelines, including proper hygiene and behavior.

iv. **Participation**: My child will engage in all activities unless they choose not to participate.

v. **Appropriate Behavior**: My child will not fight, bully, tease, or disrupt others. Will not chew gum or eat candy during Program hours at the facility.

3. Attendance Requirements

I understand that DPR Afterschool Programs operate from September through June, Monday through Friday between 3:00 p.m. and 6:00 p.m. Each Program's daily schedule is determined by the Afterschool Coordinator and is posted in the facility.

Regular attendance is important for my child's participation. I agree to:

i. **Notify Staff of Absence**: If my child will be absent, I will inform the staff as soon as possible.

ii. **Consistent Attendance**: If my child misses three consecutive days without notice, I understand that staff may reserve the spot for another child.

iii. **Pick-Up**: If my child is picked up early or arrives late, I will notify staff in advance.

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4. Health and Safety

To protect the health of all participants:

i. **Health Screenings**: I agree to participate in daily health checks for my child. This may include random temperature checks and a brief questionnaire.
ii. **Medical Emergencies**: In case of illness or injury, I consent to emergency treatment, including first aid or CPR, and understand that I will be contacted if necessary. I will cover any medical costs incurred.
iii. **Health Information**: I will provide updated health forms for my child, including information about any medical conditions that may require attention.

5. Permissions for Activities

By signing this form, I give my consent for my child to participate in the following:

i. **Field Trips**: Off-site trips to museums, parks, or cultural institutions, using public transportation such as the subway, rented bus or DPR officials vehicles.
Yes ◯ **No** ◯
ii. **Sports Activities**: Participation in sports, such as basketball, soccer, and flag football.
Yes ◯ **No** ◯
iii. **Photographs and Media**: The use of my child's name and image for promotional purposes by the City of New York or DPR.
Yes ◯ **No** ◯
iv. **Walking Home:** I consent to my child walking home alone at dismissal if they are over 8 years old.
Yes ◯ **No** ◯

6. Arrival and Dismissal Procedures

i. **Sign-In/Sign-Out:** I understand that my child must be signed in and out by an authorized person. Only those listed in the registration form are allowed to pick up my child. Designated individuals may be asked to show identification.
ii. The parents/legal guardians must provide DPR with prior written authorization if their child (usually only those in grade 4 or over) is allowed to sign herself/himself/themselves out at the end of the Afterschool Program day.
iii. **Late Pick-Up:** I understand my child must be picked up by 6:00 p.m., Picking up my child late more than 3 times may result in suspension from the Program.

7. Emergency Medical Care Consent

In case of an emergency, I authorize DPR to obtain medical treatment for my child if necessary, including transportation to the hospital or emergency services. I agree to cover all costs associated with this care.

8. Program Evaluation and Inspections

I understand that the Program may undergo periodic evaluations, and my child may be asked to participate in anonymous surveys. These surveys will help improve the program and ensure its quality.

The Program (structured programs registered under the School Age Child Care (SACC) may also be subject to inspections by regulatory agencies such as the NYS Office of Child and Family Services (OCFS).

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9. Waiver of Liability and Indemnity

I release and hold harmless the Released Parties from any claims or lawsuits arising from my child's participation in the Program, except in cases of gross negligence or misconduct. By signing this form below, I agree that:

- If legal action is taken, I may be responsible for covering attorney's fees and costs.
- This waiver shall remain in effect throughout my child's participation in the Program.

10. Additional Terms

- **Communicable Disease Reporting**: I understand that I must report any positive communicable disease cases to DPR, and I agree to comply with public health guidelines.
- **Program Suspension or Termination**: If my child fails to comply with program rules or has repeated behavioral issues, they may be suspended or removed from the Program.

REQUIRED SIGNATURE

I have read and understood this Agreement, and consent to the terms and conditions outlined above.

By:_____ **Date**: _____

Signature: ◯ **Parent, or** ◯ **Legal Guardian**

_____ _____

Print Parent/Legal Guardian Name **If Legal Guardian, specify Relationship**

Child's Name: _____ **Child's Signature** (if applicable): _____

Emergency Contact Information – List at least Two Contacts

Name-Contact:	**1.**	**2.**
Relationship-to-child:		
Telephone Number:		

Consent for Emergency Medical Care

I the parent/legal guardian authorize DPR to administer emergency first aid, including CPR as needed to my child. I agree to cover any medical expenses that arise from my child's participation in the Program.

Signature: _____ **Date**: _____

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ATTACHMENT 2

DPR AFTERSCHOOL PROGRAM BEHAVIOR PLAN

DPR is committed to creating a safe, positive, and supportive environment for all children in our Afterschool Program ("Program"). As the parent or legal guardian of a child(ren) enrolled in the Program, I understand and agree to follow all Program Rules and Regulations and help my child do the same. I understand that DPR staff will document any failure by me or my child(ren) to comply with these rules, and such failures may result in disciplinary actions.

DPR staff will always do their best to guide children with care and respect. If a behavior concern arises, staff may provide gentle reminders, time-outs, or conversations with the child. When needed, staff may also speak with the parent/legal guardian to work together on a solution that helps the child succeed. Disregard of staff instructions or initial warnings may result in further disciplinary actions, including suspension from the Program. During a suspension, the child may not participate in the Afterschool Program for a period of time determined by DPR staff.

If a child receives two or more documented suspensions, they may be terminated from the Program. This means that the child may not continue to participate in the Program for the remainder of the year. Staff will document and communicate with the parent/legal guardian regarding concerns and the steps taken for each incident, including any resulting disciplinary actions.

I accept and understand the above Program rules concerning required behavior protocols.

By: _____ **Date**: _____
Parent/Guardian Signature

_____ _____
Print Full Name **Print Child's Full Name**