

**21<sup>st</sup> Century Community Learning Centers (21CCLC)  
 Student Enrollment Form  
 School Year 2014-2015**

**Student Information**

Student Name:		School:	
Student OSIS (I.D Number):		Gender: Male _____ Female _____	
Grade:		Date of Birth:	
Mailing Address:			
City:	State:	Zip Code:	
Home Phone/Cell Phone:		Home Email:	
Racial/Ethnic Group (Optional): 1. Native American/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:	
Home Phone/Cell Phone:	Email:
Name of Primary Parent/Guardian 2:	
Guardian Title (please circle one):    Mother    Father    Grandmother    Grandfather    Other: _____	
Language(s) Spoken:	
Address: <b>(if different from above)</b>	
Home Phone/Cell Phone:	Email:

**21<sup>st</sup> Century Community Learning Centers (21CCLC)  
Student Participation Release Form  
2014-2015**

I give my child, \_\_\_\_\_, permission to enroll and participate in the 21<sup>st</sup> Century Community Learning Centers (21<sup>st</sup> CCLC) program at \_\_\_\_\_ during the school day and/or afterschool.

\_\_\_\_\_  
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 may only be picked up after-school by one of the following individuals unless I inform the school otherwise. It is my responsibility to inform the school of any changes in regards to this.\*\***

Name 1:	Relationship to Student:
Home Phone:	Cell Phone:
Name 2:	Relationship to Student:
Home Phone:	Cell Phone:

**Health Information**

\_\_\_\_\_ **YES, my child's medical information (allergies, medications, health care needs & medical issues of importance) is on file with the school in the nurse's office.**

If my child requires emergency medical care and I cannot be reached, I give my consent to the 21<sup>st</sup> CCLC 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

**Consent to Photograph, Film, or Videotape a Student for Non-Profit Use  
(E.G., Educational, Public Service or Health Awareness Purposes)**

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



## Student Data and Evaluation Consent Form

Your child, \_\_\_\_\_, is enrolled in the program funded by the 21<sup>st</sup> Century Community Learning Center grant (21<sup>st</sup> CCLC). In order to monitor the effectiveness of the program and ensure its future success, an independent evaluator is conducting an ongoing evaluation. It the intentions of the evaluation to learn how these services help students, and how they can be improved in order to meet the grant requirements.

Specifically we ask permission to:

- Obtain demographic data including: racial/ethnic group, gender, grade level, English proficiency, free or reduced price lunch eligibility, and special needs from the New York City Department of Education for students in the 21<sup>st</sup> CCLC program.
- Contact your child’s school to obtain records showing his or her progress, including information about enrollment, grades, citywide and statewide test scores, and 21<sup>st</sup> CCLC program attendance.
- Survey and/or interview you and your child about the 21<sup>st</sup> CCLC program and its effects.
- Talk to teachers and staff about your child’s progress and participation in the 21<sup>st</sup> CCLC program, and review program records on participation in the program.

***Individual student data we collect will only be used to assess the 21<sup>st</sup> CCLC program and will not be made public. Participating in the evaluation will not affect your child in school, in the 21<sup>st</sup> CCLC program, or in any other way. We will not use your name or your child’s name in any report. At the end of the evaluation, we will destroy all records that include personal information. Participation in the study is completely voluntary and participants may withdraw at any time with no consequences.***

Please select one of the options below and return this form to the program coordinator/director.

\_\_\_\_ YES, I GIVE PERMISSION FOR MY CHILD TO PARTICPATE. I have read the above information and I give permission for my child to participate in the evaluation of the 21<sup>st</sup> CCLC program. I also consent for the evaluator and the New York City Department of Education to obtain my child’s records, interview program and school staff, and interview me and my child for evaluation purposes.

Student Name: \_\_\_\_\_

Student OSIS #: \_\_\_\_\_

School: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_ NO, I DO NOT WANT MY CHILD TO PARTICPATE. I have read the above information and I DO NOT give permission for my child to participate in the evaluation of the 21<sup>st</sup> CCLC program.

If at any time you change your mind about this decision, you may contact the 21<sup>st</sup> Century Site Coordinate at the school.



# University Neighborhood Middle School

220 Henry Street, New York, NY 10002 • (212) 267 – 5701 • Fax (212) 349 – 8224

*Laura Peynado-Castro, Principal*

*Anthony Chianese, Assistant Principal*

## UNMS/21<sup>st</sup> Century After School PERMISSION SLIP

September 2014

UNMS is the recipient of a 21<sup>st</sup> Century Grant to fund an extended day/after school program. These funds allow us to provide each UNMS student extra academic support, enriching activities and sports. Our vision is to foster well-rounded students, with well-developed social and academic skills.

By signing below I understand and give my permission for my child to participate in the UNMS/21<sup>st</sup> Century After School Program.

- Each UNMS student is expected to participate in after school from Monday-Friday unless discussed otherwise;
- Dismissal will begin at 4:00 PM, Tuesday-Thursday, 5:00pm on Mondays and Fridays depending on which club he/she is participating in on Friday. There is also an additional opportunity for students to remain in their clubs on Friday until 6pm if you choose. My child will be given a schedule which includes his/her dismissal times for each day;
- My child may participate in supervised walking trips connected her/his class/club within a 1-mile radius of the school. No additional permission slips will be given or collected for trips 1 mile or less. (When trips require public transportation, or are beyond a 1-mile radius, you will receive a description of the trip and a written permission slip to sign.);
- My child will receive a snack every day.



### I CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE - CHECK HERE

I hereby consent to the participate in interviews, the use of quotes, and the taking of photographs, movies or video tapes for the student named below by the UNMS 21<sup>st</sup> Century After School Program. I also grant to the UNMS 21<sup>st</sup> Century After School Program 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.

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (work &/or cell) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ My child can leave school on his/her own

\_\_\_\_\_ My child will be picked up by an adult:

Authorized Adult: \_\_\_\_\_ (relation) \_\_\_\_\_

Authorized Adult: \_\_\_\_\_ (relation) \_\_\_\_\_

I will make sure my contact information is kept up-to-date, and will inform

Ms. Alexandra Collazo-Baker, UNMS /21<sup>st</sup> Century After School coordinator, of any changes - a.collazo@unmslearns.net



# University Neighborhood Middle School

220 Henry Street, New York, NY 10002 • (212) 267 – 5701 • Fax (212) 349 – 8224

Laura Peynado-Castro, Principal

Anthony Chianese, AP

## Escuela UNMS/Programa después de clases 21<sup>st</sup> Century BOLETA DE PERMISO

Septiembre de 2014

La escuela UNMS es receptora de una subvención 21<sup>st</sup> Century para financiar programas escolares de jornada escolar prolongada/después de clases. Estos fondos nos permiten brindar a cada estudiante de la escuela UNMS, apoyo académico extra, actividades de enriquecimiento y deportes. Nuestra visión es fomentar estudiantes completos, con habilidades sociales y académicas bien desarrolladas.

Al firmar más abajo entiendo y autorizo a mi hijo a que participe en el Programa después de clase de la escuela UNMS/21<sup>st</sup> Century.

- La salida comenzará a las 4:00 p.m., de martes a jueves, 5:00 pm los lunes y viernes, dependiendo de qué club que él / ella está participando en el viernes. También hay una nueva oportunidad para que los estudiantes permanezcan en sus clubes el viernes hasta 18:00 si lo desea. Mi hijo se le dará un horario que incluye su / sus horas de salida para cada día;
- Mi hijo participará en excursiones a pie supervisadas, relacionadas con su clase/club, dentro de un radio de 1 milla de la escuela. No se entregarán o recogerán boletas de permiso adicionales para excursiones de 1 milla o menos. (Cuando las excursiones exijan transporte público o sean más lejos de un radio de 1 milla, recibirá una descripción de la excursión y una boleta de permiso por escrito para que la firme.);
- Mi hijo recibirá una merienda todos los días.



### AUTORIZACION PARA FOTOGRAFIAR, FILMAR O REALIZAR UNA GRABACION DE VIDEO DE UN ESTUDIANTE SIN FINES DE LUCRO - INDIQUE AQUÍ

Por el presente autorizo la participación en entrevistas, el uso de citas y la toma de fotografías, películas o grabaciones de video del estudiante indicado mas arriba por la Escuela UNMS/Programa después de clases 21<sup>st</sup> Century. Tambien otorgo a la Escuela UNMS/Programa después de clases 21<sup>st</sup> Century el derecho de editar, utilizar, volver a utilizar dichos productos sin fines de lucro, incluyendo su uso en versión impresa, en Internet y en todas las otras formas de medios de comunicación. Tambien por el presente, eximo al Departamento de Educacion de la Ciudad de Nueva York y a sus agentes y empleados de todo reclamo, demanda y responsabilidad de toda índole, en relación con lo antes mencionado

Nombre del estudiante: \_\_\_\_\_ Clase: \_\_\_\_\_

Nombre del padre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Número de teléfono: (casa) \_\_\_\_\_ (trabajo y/o celular) \_\_\_\_\_

Firma del padre/tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

\_\_\_\_\_ Mi hijo puede salir de la escuela por su cuenta.

\_\_\_\_\_ Mi hijo será recogido por un adulto:

Adulto autorizado: \_\_\_\_\_ (parentesco) \_\_\_\_\_

Adulto autorizado: \_\_\_\_\_ (parentesco) \_\_\_\_\_

Me aseguraré de mantener mi información de contacto actualizada e informaré a la Sra. Collazo-Baker, coordinadora del programa de la escuela UNMS /21<sup>st</sup> Century, sobre cualquier cambio.



**HENRY STREET SETTLEMENT**

**Division of Youth Services**

**301 Henry Street**

**(P) 212-254-3100**

**(F) 212-777-1445**

**Henry Street Settlement After-School Program**

*Youth Services Division, 301 Henry Street, NYC10002*

**Date:** September 1 2014– June 31 2015

**Location:** **Henry Street Settlement Helen Hall Youth Services**  
 301 Henry Street NY NY 10002  
 Corlears Complex  
 220 Henry Street NY NY 10002  
 BGR, A Division of Henry Street  
 888 66<sup>th</sup> Street, NY NY 10009  
 Local parks and school yards TBD

**Time:** Monday 3-5, Friday 2-4, 4-6 – other times TBD

**Purpose:** After-School Programming

**Details:** The HSS /UNMS After-School program club will be meet at both 220 Henry Street AND 301 Henry Street and will use other Henry Street Settlement locations, buildings, programs to augment the program. This permission slip allows your child to walk to the programs that are held in buildings outside of your child’s school at 220 Henry Street.

**PHOTO RELEASE**

I hereby grant Henry Street Settlement permission to use my likeness in a photograph or other digital reproduction in any and all of its publications, including website entries and any media platforms not yet discovered or developed without payment or any other consideration.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge the Henry Street Settlement from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

If you have any questions, please feel free to call me at 212-254-3100, ext. 263

Katha Cato  
 Dir. Of After-School and Camp Services

\_\_\_\_\_ YES, I give permission for \_\_\_\_\_ to attend the activities at/in Henry Street Settlement facilities and buildings and I agree to the photo release terms above.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Contact Number: \_\_\_\_\_ Alternative number: \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_, Emergency Phone Number: \_\_\_\_\_