



HENRY STREET SETTLEMENT

PS 110 After-School Program
Application: School Year 2016-2017

PROGRAM INFORMATION.

The Henry Street Settlement After-School Department is thrilled to operate an after-school program for 60 Students at Youth in Unity PS 110 for the 2016-17 School Year. Henry Street's After-School team has over 100 years of collective experience providing outstanding after-school services. We operate within a 3 cycle theme. Cycle 1: September to December– *All About Learning!* Cycle 2: January to March– *All About Creativity!*; and Cycle 3: March to June *All About Community*. HSS offers an array of quality-driven educational, enrichment and recreational activities, and also strives to enhance academic success through parent programs and referrals to other supportive services. We reinforce family relationships and the social values of self-confidence, self-expression, positive peer relationships, responsible behavior and a social commitment to contribute to one's community.

We are offering a fee based program with a standard program rate of \$75 a week per child. The program will begin on September 13, 2016 and end on in June 16, 2017. Our hours of operation are 2:40pm—6:00pm, Monday—Friday. The weekly fees will go towards providing quality staff, capable of leading exciting activities.

PARTICIPANT BACKGROUND

1

Primary Parent / Guardian of Participant:	Secondary Parent/ Guardian of Participant
Phone number:	Phone number (2): Email Address:

participant contact information	Last Name	Program Year	2016-17
	Home Address	First Name	
	City	Apartment Number	
	Zip Code	State	
	Home Phone	Borough	
	Email		
demographics	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No Response	
	Date of Birth		
	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	
	English Proficient	Additional Language(s)	
	Student Status	Yes or no:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Student ID / OSIS #	
	School Name	School Address	
	Teacher/ Advisor	Current Grade Level	

Section 1. Participant Background (continued)

other family and household information	The participant lives in housing that is: <i>(Check all that apply)</i> <input type="checkbox"/> Rental <input type="checkbox"/> Family Owned <input type="checkbox"/> NYCHA housing		
	OR The participant is: <input type="checkbox"/> Homeless <input type="checkbox"/> Other:		
	Is or has the participant ever been in foster care:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has the participant been enrolled in programs operated by the Administration for Children's Services (ACS)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the participant or any member of the household (0-64 years old) covered by Medicaid, Child Health Plus, Family Health Plus, or private health insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If you answered no to the previous question, would you like to be contacted by someone for assistance with health insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of individuals in your household: _____		
	* Is the participant or any member of your household receiving public assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	* Is the participant or any member of your household receiving food stamps?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	* Gross Yearly Household Income:		\$ _____
The participant lives in a household that is headed by:		<input type="checkbox"/> Self, Single, no children <input type="checkbox"/> Single Female Parent <input type="checkbox"/> Single Male Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Two Adults, no children	
* Sources of household income:			
<input type="checkbox"/> Employment		<input type="checkbox"/> TANF	
<input type="checkbox"/> Pension		<input type="checkbox"/> Social Security	
		<input type="checkbox"/> Unemployment Insurance	
		<input type="checkbox"/> General Assistance	
		<input type="checkbox"/> Other _____	

2 PARTICIPANT SAFETY

Please place parent info in the emergency contact boxes if applicable.

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

NAME	Relationship to Participant:
Pick Up	<input type="checkbox"/> This person may pick up my child.	Write down all numbers and circle the best number to call in case of an emergency: <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email _____
Address	
Apartment	
City, State	
Zip Code	
		Contact

NAME	Relationship to Participant:
Pick Up	<input type="checkbox"/> This person may pick up my child.	Write down all numbers and circle the best number to call in case of an emergency: <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email _____
Address	
Apartment	
City, State	
Zip Code	
		Contact

2 PARTICIPANT SAFETY

Section 2. Participant Safety (continued)

PARTICIPANT HEALTH INFORMATION. Please attach a copy of recent/valid insurance card.

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.

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

If you have checked any of the above OR there are other important health needs that may affect participation in the program, including activities that the participant MAY NOT do, please provide details:

*Please attach updated Asthma Action Plan. (Can be obtained by Child's Primary Care Provider.)

PICK UP/DISMISSAL INFORMATION.

My child MAY NOT be picked up by: _____

The following individuals are authorized to pick up my child:

NAME	Relationship to Participant
Write down all phone numbers and circle the best number to call in case of an emergency:	
Phone	<input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Other _____
Email Address:	

NAME	Relationship to Participant
Write down all phone numbers and circle the best number to call in case of an emergency:	
Phone	<input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Other _____
Email Address:	

Place parent information above only if it was not already placed in emergency contact info.

PARTICIPANT INTERESTS.

Interests/Activities	<input 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?
- Education/Literacy/High
 - Housing Assistance
 - Senior Services
 - School Equivalency
 - Immigrant Services
 - Summer Youth Employment
 - Adolescent Literacy
 - LGBTQ Support Services
 - Young Adult Internships
 - Fatherhood Services
 - Runaway/Homeless Youth
 - Workshops/Fairs

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) _____ N/A (Print) _____ N/A (Sign) _____ N/A (Date)

Organization: Henry Street Settlement
 Intake Specialist/Staff: _____ Date: _____



HENRY STREET SETTLEMENT
 Division of Youth Services
 301 Henry Street
 New York, NY 10002
 (P) 212-254-3100
 (F) 212-777-1445

**Henry Street Settlement
 After-School and Camp Services**

Additional Pick-up/Emergency Contacts List (not required)

Participants Name: _____ **Date of Birth:** _____

Name:		Relationship:	
Phone Number: () -		Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellphone <input type="checkbox"/> Other	
Phone Number: () -		Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellphone <input type="checkbox"/> Other	
Is this person an Emergency Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO		Is this person authorized to pick up: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Email Address:			
Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Other - Please Specify: _____			

Name:		Relationship:	
Phone Number: () -		Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellphone <input type="checkbox"/> Other	
Phone Number: () -		Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellphone <input type="checkbox"/> Other	
Is this person an Emergency Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO		Is this person authorized to pick up: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Email Address:			
Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Other - Please Specify: _____			

Name:		Relationship:	
Phone Number: () -		Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellphone <input type="checkbox"/> Other	
Phone Number: () -		Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellphone <input type="checkbox"/> Other	
Is this person an Emergency Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO		Is this person authorized to pick up: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Email Address:			
Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Other - Please Specify: _____			

CHILD MAY NOT BE PICKED UP BY	RELATIONSHIP OF THE PERSON NOT ALLOWED



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Walking Permission

I give my permission for Henry Street Settlement staff to take my child on walking field trips as a part of their After-School / Summer Day Camp activities. This includes, but is not limited to: neighborhood parks, Abrons Arts Center, events at other public places, after-school programs-Manhattan Charter School I & II, 301 Henry Street, PS110, PS134, PS20, and BGR- etc. I understand that for any field trip involving transportation, I will receive a permission slip specific to that particular trip.

(Check One) Yes No _____
 Parent/ Legal Guardian Signature Date

Educational Evaluation Permission

I give consent for staff from Henry Street Settlement to contact my child’s school and obtain records showing their progress, including information about grades, citywide and state test scores, attendance, and behavior.

(Check One) Yes No _____
 Parent/ Legal Guardian Signature Date

Life Skills/ Therapeutic Services Permission

Occasionally Henry Street is fortunate to have Social Work interns to assist children through individual crisis management sessions, counseling sessions or group “Life Skills” sessions. By signing below, I do hereby give my child permission to participate in these sessions.

“Life Skills” is a series of group session that will be facilitated by a Henry Street Settlement Masters Level Social Work intern. The curriculum is designed to help your child build personal strengths and self- esteem, work through conflicts and learn how to resist pressures to engage in risky behaviors. This is a prevention program in which all students are strongly encouraged to participate.

Your child may be a member of a group of 8-10 girls or boys that may meet on a weekly basis. The sessions may address the following topic

Media Messages
Conflict Resolution
Peer Pressure & Refusal

Health and Nutrition
Identifying & Avoiding Risky Behavior
Self-Esteem & Establishing a Positive Mindset

In the event that your child is selected for “Life Skills” you will be reminded again through a letter and you have the right to review all of the materials used in the “Life Skills” curriculum and that I have the right to revoke this permission at any time.

My child has my permission to participate. YES NO (circle one)
 Parent/Guardian signature _____ Date _____

Photo/Video/Interview Permission

I understand that this after-school/camp program features special events both in-school and away from school. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote this after-school/camp program. I give permission for my child to be photographed or otherwise recorded during after-school/camp events and activities, and for any and all such photographs to be displayed by Henry Street Settlement in any medium (books, newsletters, web sites, etc.), whether now or hereafter known or developed.

(Check One) Yes No _____
 Parent/Guardian signature Date



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Henry Street Settlement
After-School and Camp Services
Code of Conduct and Homework Agreement

As a member of the Henry Street Settlement After-School Programs, I pledge that I will:

1. Follow the rules as stated in the handbook; as well as the rules set by program staff.
2. Be prepared each day with my homework, pencils, notebooks and at least 1 book to read.
3. Respect the rights and property of other students.
4. Resolve conflicts peacefully without fighting or name-calling.
5. Be respectful and courteous to all staff, parents and children of the program.
6. Take proper care of all spaces we utilize, the contents of the room, and all property belonging to the Henry Street Settlement.
7. Enjoy and appreciate the opportunity to be part of this program and to have fun and learn.

Participant Signature: _____

Date: _____

As a Parent/Guardian of a child in after-school, I agree to:

1. Check my child's homework with him/her to make sure it is completed.
2. Support my child with unfinished or difficult homework that may not have been completed.
3. Talk with the program staff about homework or other related issues if necessary.
4. Be on time every day to receive my child at dismissal time or designate another adult to do so.

Parent/Guardian Signature: _____

Date: _____

The After-School program staff agrees to:

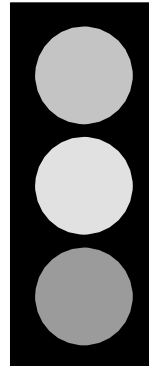
1. Provide a safe, nurturing and comfortable are to grow and develop.
2. Guide and assist student with their homework and in their activities while allowing them space to grow and mature
3. Communicate successes as well concerns about behavior and homework to families.
4. Engage the students in fun, creative activities that will have a positive impact on them.

Staff Signature: _____

Date: _____

Asthma Action Plan

Name	Date
Doctor	Medical Record #
Doctor's Office Phone #: Day	Night/Weekend
Emergency Contact	
Doctor's Signature	



The Colors of a traffic light will help you use your asthma medicines.

Green means Go Zone!
Use preventive medicine.

Yellow Means Caution Zone!
Add quick-relief medicine.

Red means Danger Zone!
Get help from a doctor.

Personal Best Peak Flow _____

GO

You have **all** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

Peak flow from _____ to _____

CAUTION

You have **any** of these:

- First signs of a cold
- Exposure to known trigger
- Cough
 - Mild wheeze
- Tight chest
 - Coughing at night

Peak flow from _____ to _____

DANGER

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well

Peak flow reading below _____

Use these daily preventive anti-inflammatory medicines:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

For asthma with exercise, take:

--	--	--

Continue with green zone medicine and add:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

CALL YOUR PRIMARY CARE PROVIDER.

Take these medicines and call your doctor now.

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.

Make an appointment with your primary care provider within two days of an ER visit or hospitalization.