

HENRY STREET SETTLEMENT AFTER-SCHOOL PROGRAM
at PS. 134



After-School Registration Information
for School Year 2017-2018

Henry Street Settlement will be offering 200 free slots in the PS 134 after-school program for the 2017-2018 school year. These free slots are being offered on a first-come, first-served basis, with on-going registration throughout the summer and into September.

- This upcoming year the program will be operating for 36 weeks, including 13 school holidays. The program will run from September 11th through June 22nd.
- **Applications** are available here on-line, and in the main office at PS 134 with the Parent Coordinator, Miriam Petrovitch. Please complete the attached **Application**, and submit it to the Henry Street Settlement After-School Office at PS 134 or at 301 Henry Street.
- **A Complete Registration Packet** includes:
 - A Completed Application,
 - A **Current** Physical, recorded on DOE/DOH Medical Form with current Immunization Records,
 - A complete Asthma Action Plan, if necessary,
 - A copy of Insurance Card,
 - A copy of child's most current IEP, if applicable.
- To assure that your child is provided with the best care possible during the after-school hours, please provide any information regarding **any other concerns** that may need to be addressed.

*Once all 200 allotted slots have been filled,
 any remaining applicants will be placed on our waiting list.*



FREE PROGRAM



HENRY STREET SETTLEMENT

After-School at P.S. 134

Application: School Year 2017-2018

PARTICIPANT BACKGROUND

PROGRAM INFORMATION.

The Henry Street Settlement After-School Department is thrilled to operate an after-school program for 200 Students at P.S.134 Henry Street for the 2017-18 School Year. Henry Street's After-School team has over 100 years of collective experience providing outstanding after-school services. 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.

This upcoming year we will be operating program for 36 weeks including 13 School Holidays. Program will begin September 11, 2017 – June 22, 2018.



Primary Parent / Guardian of Participant:

Secondary Parent/ Guardian of Participant

Phone number:

Phone number (2):

Email Address:

participant contact information

Date

Program Year 2017-18

Last Name

First Name

Home Address

Apartment Number

City

State

Zip Code

Borough

Home Phone

Email

Gender Female Male No Response

Date of Birth

demographics

Ethnicity Hispanic/Latino Not Hispanic/Latino No Response

Race American Indian or Alaskan Native Asian Black/African American Native Hawaiian/Pacific Islander White Other No Response

Country of Origin

Primary Language

English Proficient Yes No

Additional Language(s)

Student Status Interested in half-day programming?

Yes or no: Yes No

School Name

Student ID / OSIS #

Teacher/ Advisor

School Address

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"/> SSI	
		<input type="checkbox"/> Social Security	
		<input type="checkbox"/> General Assistance	
		<input type="checkbox"/> Unemployment Insurance	
		<input type="checkbox"/> Other _____	



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:	
Address	<input type="checkbox"/> Home _____	
Apartment	Contact <input type="checkbox"/> Cell _____	
City, State	<input type="checkbox"/> Work _____	
Zip Code	<input type="checkbox"/> Email _____	

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:	
Address	<input type="checkbox"/> Home _____	
Apartment	Contact <input type="checkbox"/> Cell _____	
City, State	<input type="checkbox"/> Work _____	
Zip Code	<input type="checkbox"/> Email _____	

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.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Allergies to food | <input type="checkbox"/> Behavioral/Emotional Issues | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Allergies to medications | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Medication | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Asthma* | <input type="checkbox"/> Congestive Illness (e.g., heart murmur/disease, blood pressure) | <input type="checkbox"/> Corrective Devices (e.g., crutches, hearing aid, eye glasses) | <input type="checkbox"/> 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?

- | | | |
|--|---|--|
| <input type="checkbox"/> Education/Literacy/High | <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> School Equivalency | <input type="checkbox"/> Immigrant Services | <input type="checkbox"/> Summer Youth Employment |
| <input type="checkbox"/> Adolescent Literacy | <input type="checkbox"/> LGBTQ Support Services | <input type="checkbox"/> Young Adult Internships |
| <input type="checkbox"/> Fatherhood Services | <input type="checkbox"/> Runaway/Homeless Youth | <input type="checkbox"/> 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) _____
 (Print) N/A (Sign) N/A (Date) N/A

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



HENRY STREET SETTLEMENT
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(F) 212-777-1445

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:

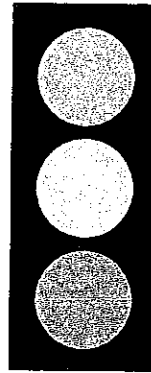
1. Provide a safe, nurturing and comfortable are to grow and develop.
2. Guide and assist student with their homework and in their activities while allowing them space to grow and mature
3. Communicate successes as well concerns about behavior and homework to families.
4. Engage the students in fun,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