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 afterschool 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.
<table>
<thead>
<tr>
<th><strong>Primary Parent / Guardian of Participant:</strong></th>
<th><strong>Secondary Parent/ Guardian of Participant</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone number:</td>
<td>Phone number (2):</td>
</tr>
<tr>
<td></td>
<td>Email Address:</td>
</tr>
</tbody>
</table>

| **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**                            | **Ethnicity** □ Hispanic/Latino □ Not Hispanic/Latino □ No Response |
| **Race** □ American Indian or Alaska 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)

<table>
<thead>
<tr>
<th>Housing Information</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The participant lives in housing that is:</td>
<td>□ Rental</td>
<td>□ Family Owned</td>
</tr>
<tr>
<td>OR The participant is:</td>
<td>□ Homeless</td>
<td>□ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foster Care Information</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the participant ever been in foster care?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children's Services (ACS)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insurance Information</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you answered no to the previous question, would you like to be contacted by someone for assistance with health insurance?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household Information</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of individuals in your household:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assistance Information</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the participant or any member of your household receiving public assistance?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food Stamps Information</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the participant or any member of your household receiving food stamps?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household Income</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Gross Yearly Household Income:</td>
<td></td>
</tr>
</tbody>
</table>

| Household Composition | |
|-----------------------|-----|-----|
| The participant lives in a household that is headed by: |
| □ Self, Single, no children |
| □ Single Female Parent |
| □ Single Male Parent |
| □ Two Parents |
| □ Two Adults, no children |

<table>
<thead>
<tr>
<th>Income Sources</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>* Sources of household income:</td>
<td></td>
</tr>
<tr>
<td>□ Employment</td>
<td></td>
</tr>
<tr>
<td>□ Pension</td>
<td></td>
</tr>
<tr>
<td>□ TANF</td>
<td></td>
</tr>
<tr>
<td>□ SSI</td>
<td></td>
</tr>
<tr>
<td>□ Social Security</td>
<td></td>
</tr>
<tr>
<td>□ General Assistance</td>
<td></td>
</tr>
<tr>
<td>□ Unemployment Insurance</td>
<td></td>
</tr>
<tr>
<td>□ Other</td>
<td></td>
</tr>
</tbody>
</table>

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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:

<table>
<thead>
<tr>
<th>NAME</th>
<th>Relationship to Participant:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pick Up</td>
<td>□ This person may pick up my child.</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Apartment</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td></td>
</tr>
<tr>
<td>Cell</td>
<td></td>
</tr>
<tr>
<td>Work</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

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</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>NAME</th>
<th>Relationship to Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>Write down all phone numbers and circle the best number to call in case of an emergency:</td>
</tr>
<tr>
<td>☐ Home</td>
<td>☐ Cell</td>
</tr>
<tr>
<td>☐ Work</td>
<td>☐ Other</td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
</tbody>
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<td>☐ Other</td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Interests/Activities</th>
<th>Likes/Strengths</th>
<th>Dislikes/Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Media (digital art, photography, videography)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing (poetry, short fiction, journaling)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art (painting, drawing, sculpturing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance (music, dance, drama)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science Technology/Engineering/Math/STEM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sports (team, individual)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video Games</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Games</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooking &amp; Nutrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gardening</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
- School Equivalency
- Adolescent Literacy
- Fatherhood Services
- Housing Assistance
- Immigrant Services
- LGBTQ Support Services
- Senior Services
- Summer Youth Employment
- Young Adult Internships
- 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) (Sign) (Date)

Organization: Henry Street Settlement

Intake Specialist/Staff: __________________________   Date: __________________________
Henry Street Settlement
After-School and Camp Services
Additional Pick-up/Emergency Contacts List (not required)

Participants Name: ___________________________ Date of Birth: ____________

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number: ( ) -</td>
<td>Type: ☐ Home  ☐ Work  ☐ Cellphone  ☐ Other</td>
</tr>
<tr>
<td>Phone Number: ( ) -</td>
<td>Type: ☐ Home  ☐ Work  ☐ Cellphone  ☐ Other</td>
</tr>
<tr>
<td>Is this person an Emergency Contact: ☐ YES ☐ NO</td>
<td>Is this person authorized to pick up: ☐ YES ☐ NO</td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
<tr>
<td>Language Spoken: ☐ English ☐ Spanish ☐ Mandarin ☐ Cantonese ☐ Other - Please Specify: ____________</td>
<td></td>
</tr>
</tbody>
</table>

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<td>Email Address:</td>
<td></td>
</tr>
<tr>
<td>Language Spoken: ☐ English ☐ Spanish ☐ Mandarin ☐ Cantonese ☐ Other - Please Specify: ____________</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Media Messages</th>
<th>Health and Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflict Resolution</td>
<td>Identifying &amp; Avoiding Risky Behavior</td>
</tr>
<tr>
<td>Peer Pressure &amp; Refusal</td>
<td>Self-Esteem &amp; Establishing a Positive Mindset</td>
</tr>
</tbody>
</table>

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
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:__________
Dear Student,

Your name is ________________, and you are enrolled in the after school/GED program at ________________,. In order to monitor the effectiveness of the after school program and ensure its future success, ExpandED Schools, Inc. is conducting an ongoing evaluation. It is the intention 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 from students/parents to:

- Contact schools you are currently or were previously enrolled in and the DOE to obtain identifiable records, including information about enrollment, grades, citywide and statewide test scores, and attendance.
- Survey teachers and afterschool staff about your progress and participation in the afterschool program, and review program records on participation in the afterschool program.
- Survey and/or interview parents and students about the afterschool program and its effects.

Any information we collect will be used only to assess the afterschool program and will not be made public. Participating in the evaluation will not affect you in school, in the afterschool program, or in any other way. We will not use your name in any report. 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 TO PARTICIPATE. I have read the above information and I give permission to participate in the evaluation of the afterschool program. I also consent for ExpandED Schools to obtain my records and to interview program and school staff for evaluation purposes.

☐ NO, I DO NOT WANT TO PARTICIPATE. I have read the above information and I DO NOT give permission to participate in the evaluation of the after-school program.

________________________________________________________________________

Child’s Name (Please Print First and Last) ______________________________________ Date ______________________________

________________________________________________________________________

Student’s Signature __________________________________________ Date ______________________________

If you have any questions about the evaluation, contact the afterschool site coordinator.
# Asthma Action Plan

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>Medical Record #</td>
</tr>
<tr>
<td>Doctor's Office Phone #: Day</td>
<td>Night/Weekend</td>
</tr>
<tr>
<td>Emergency Contact</td>
<td></td>
</tr>
<tr>
<td>Doctor's Signature</td>
<td></td>
</tr>
</tbody>
</table>

**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
- Coughing
- Tight chest
- Mild wheeze
- 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:**

<table>
<thead>
<tr>
<th>MEDICINE</th>
<th>HOW MUCH</th>
<th>HOW OFTEN/WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For asthma with exercise, take:

Continue with green zone medicine and add:

<table>
<thead>
<tr>
<th>MEDICINE</th>
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<th>HOW OFTEN/WHEN</th>
</tr>
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<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

CALL YOUR PRIMARY CARE PROVIDER.

**Take these medicines and call your doctor now.**

<table>
<thead>
<tr>
<th>MEDICINE</th>
<th>HOW MUCH</th>
<th>HOW OFTEN/WHEN</th>
</tr>
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<tbody>
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**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.