

Enrollment Application

Participant Information		
First Name:	Last Name:	Last 6 digits of Social Security #: 2018
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (month/day/year):	
Home Address:		
City:	State:	Zip Code:
Phone Number:	Email:	
School Attending:	Current Grade:	

Emergency Contacts	
Primary Language:	
Parent/Guardian (1)	
First Name:	Last Name:
Home Phone Number:	Cell Number:
Email:	Relationship:
Parent/Guardian (2)	
First Name:	Last Name:
Home Phone Number:	Cell Number:
Email:	Relationship:

Pick-Up Permissions	
My child may walk home alone at Dismissal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of Parent or Guardian below:
My child may be picked up by:	
First Name:	Last Name:
Phone:	Relationship:
First Name:	Last Name:
Phone:	Relationship:
My child may <u>NOT</u> be picked up by:	
First Name:	Last Name:
Phone:	Relationship:

Health Information		
Does your child have allergies? ex. Food, Medicine or Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Explain:
Does your child have special health care needs that require treatment or medication: ex. Asthma, Seizures, Diabetes, Chronic physical, developmental, behavioral, or emotional conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Explain:
Does your child take medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Explain:
Are there any activities your child cannot participate in?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Explain:
Do you have Health Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	*If Yes please provide information below
Participants Doctor:	Doctor's Phone#:	Doctor's Address:
Medical Insurance Company:	Last Tetanus Shot:	Policy Holders ID#:

Demographic Information		
Participant's Race: <input type="checkbox"/> Black or African-American <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other: _____	Participant's Primary Language is: <hr/> How well does the participant speak English? <input type="checkbox"/> Fluent/Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not Well at All	Parent/Guardian Gross Income: <input type="checkbox"/> \$0 - \$20,000 <input type="checkbox"/> \$21,000 - \$40,000 <input type="checkbox"/> \$41,000 - \$60,000 <input type="checkbox"/> \$61,000 - \$80,000 <input type="checkbox"/> \$81,000 - \$100,000 <input type="checkbox"/> \$101,000 or above
Participant's Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	Household: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless	Household Size: <input type="checkbox"/> One <input type="checkbox"/> Six <input type="checkbox"/> Two <input type="checkbox"/> Seven <input type="checkbox"/> Three <input type="checkbox"/> Eight <input type="checkbox"/> Four <input type="checkbox"/> Nine <input type="checkbox"/> Five <input type="checkbox"/> Ten
		Household Type: <input type="checkbox"/> Single Parent – Female <input type="checkbox"/> Single Parent – Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Other <input type="checkbox"/> Decline to Answer

Parent Information	
Parent First Name:	Parent Last Name:
Phone Number:	Email:
When is your birthday?	Are you interested in serving as Member of the Advisory Board?
<p align="center">I would like to support SMEL programs by (Check areas of interest):</p> <p>Serve as a:</p> <ul style="list-style-type: none"><input type="checkbox"/> President of SMEL Advisory Board<input type="checkbox"/> Vice President of SMEL Advisory Board<input type="checkbox"/> Secretary of SMEL Advisory Board<input type="checkbox"/> Board Member of SMEL Advisory Board<input type="checkbox"/> Chairman / Chairwoman of SMEL Advisory Board<input type="checkbox"/> Volunteer in SMEL programs<input type="checkbox"/> Fundraiser Committee of SMEL programs<input type="checkbox"/> Food Preparer for Summer Camp Program<input type="checkbox"/> Food Preparer for After-school Program	

Certification Statement

I certify that all information on this form is true and correct. I understand that my statements are subject to verification. I agree and accept that I will abide by all applicable rules and regulations of this program. I consent to the enrollment and participation of the child listed above in this program.

Parent/Guardian Print: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Waiver of Liability

WAIVER OF LIABILITY: Parents, guardians and SMEL recognize that the activities to be engaged in during the program may result in injury to a child. SMEL staff will undertake the steps outlined in the SMEL Parent Handbook under the heading **EMERGENCY PROCEDURE** to ensure that the proper attention is given to these events. By signing this waiver, I hereby release and hold harmless Stimulating Minds through Entrepreneurship and Leadership from any and all claims, suits, or actions of any kind whatsoever for liability, damages or compensation for injuries that may arise from my child’s participation in this program.

- I, the undersigned, have read the above information and I give permission for my child to participate in Stimulating Minds through Entrepreneurship and Leadership after-school and summer camp program.

Parent/Guardian Signature: _____

Date: _____

Behavior Contract

All families are required to sign the following contract regarding the expectations of SMEL programs. These rules and regulations are mirrored after the rules set forth by the Chancellor of the Department of Education.

Please review these expectations with your child.

1. All participants must attend the program five days a week, and may not miss the program without prior consent.
2. Participants may not leave the program or building. **Any participant who leaves the building without permission will be immediately dismissed from the program.**
3. Participants may not leave any activity or academic session without being escorted by a staff member (elementary and middle school). High School students must have verbal permission to leave a session in the form of a pass.
4. Participants should be respectful and responsible. They should behave in an appropriate manner and not act disruptively in the building or during activities.
5. The use of profane or obscene language or gestures is prohibited.
6. Lying or giving false information verbally or in writing to SMEL staff is prohibited.
7. The use of racial, ethnic, gender, sexual orientation, religious or national origin slurs is prohibited.
8. Acts of intimidation, coercion, extortion, or sexual harassment are prohibited.
9. Fighting and bullying is prohibited. **Physical force against other participants or staff is prohibited and will result in immediate dismissal.**
10. School and SMEL's property, including walls, books and other equipment, should be treated with respect and not defaced.
11. Stealing is prohibited.
12. Tobacco, Alcohol, any other Drugs, or weapons are prohibited. **Any participant who brings a weapon onto school or SMEL Cornerstone property will be immediately dismissed from the program.**
13. Falsely activating a fire alarm or other disaster alarm is prohibited. **Any participant who falsely activates a fire alarm or other disaster alarm will be dismissed from the program.**

Any participant who receives four to five warnings within a season is subject to dismissal from the program at the discretion of Stimulating Minds through Entrepreneurship and Leadership. SMEL maintains the sole authority to discipline participants based upon the Behavioral Contract.

Student Name: _____

Student Signature: _____

Date: _____

Parent or Guardian Name: _____

Parent Signature: _____

Date: _____

PHOTO/VIDEO/INTERVIEW CONSENT

(To be completed by the parent or guardian)

I certify that I am the parent or legal guardian of _____, whose date of birth is _____.

Name of child

month/day/year

I understand that SMEL holds events in-school, within it’s cornerstones, and elsewhere. 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, including my child.

I am aware that my child may be asked a variety of questions concerning SMEL and SMEL related activities and programs, and that the contents of the interview may be published or aired publicly. I understand that my child will be under the supervision of SMEL personnel during the interview or photo session. However, there may not be SMEL personnel supervision if the photographs or video or voice recordings are part of a general background scene in which I understand that my child is not identified.

I understand that my child reserves the right to refuse to answer any questions or participate in any discussions that make him/her feel uncomfortable or embarrassed and that my child and/or the supervising SMEL personnel may terminate the interview, photo or video session at any time for any reason.

I give permission for my child to be photographed or otherwise recorded during SMEL events and activities, and for any and all such photographs and/or recordings to be displayed by the Stimulating Minds through Entrepreneurship and Leadership, in any medium (books, newsletters, web sites, etc.), whether now or hereafter known or developed, for which neither my child or I shall receive monetary compensation or ownership rights.

YES, I give permission for my child to be photographed or otherwise recorded during after-school or summer camp events and activities.

SIGNATURE OF PARENT OR GUARDIAN

DATE

NO, I do not give permission for my child to be photographed or otherwise recorded during after-school or summer camp events and activities. As a result, my child may not be able to participate in these events and activities.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Parent Consent to Participate in the Evaluation of the After-school & Summer Camp Program

Dear Parent/Guardian,

Your child, _____, is enrolled in the after-school and/or summer camp program at P.S. / _____. In order to monitor the effectiveness of the after-school and summer camp program and ensure its future success, SMEL is conducting ongoing evaluations. It is the intention of the evaluations to learn how these services help students and how they can be improved in order to meet grant requirements.

We ask permission from parents to:

- Contact their children’s school and obtain records showing their progress, including report cards, grades, citywide and statewide test scores, attendance, and school choice.
- Talk to teachers and after-school and summer camp staff about children’s progress and participation in SMEL programs, and review program records on participation in the after-school and summer camp program.
- Survey and/or interview parents and children about the after-school and/or summer camp program and its effects. There will be up to six surveys over the course of the year. Each will take approximately 15 minutes. Group discussions may also be held, that would take up to 30 minutes.

Any information we collect will be used only to assess the after-school and summer camp program and will not be made public. Participating in the evaluation will not affect your child in school, in the after-school or summer camp program, or in any other way. Personal information will not be used for any purposes after the evaluation is complete. 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 PARTICIPATE.** I have read the above information and I give permission for my child to participate in the evaluation of the after-school program. I also consent for the above organizations to obtain my child's records and to interview program and school staff for evaluation and support purposes.

SIGNATURE OF PARENT OR GUARDIAN

DATE

- NO, I DO NOT WANT MY CHILD TO PARTICIPATE.** I have read the above information and do not give permission for my child to participate in the evaluation of the after-school program.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Parent/Guardian Data Release Consent Form

I. Information being requested.

SMEL is requesting your permission to collect academic performance and enrollment data on your child. This information will be used for the purposes of establishing program outcomes and may be used in an aggregated format to help advocate for continued funding.

II. What information from your child’s student records is SMEL requesting?

We are requesting your permission to allow/authorize SMEL to obtain personally identifiable information from your child’s student records from NYC Department of Education (DOE). Simultaneously, you are authorizing the DOE to release personally identifiable information from your child’s student records with SMEL. The following information we would like to collect consists of biographical and enrollment information (specifically consisting of your child’s name, address, date of birth, student identification number, grade, school(s) attended and transfer, discharge, and graduation data about your child); data concerning your child’s school attendance (including number of days attended and absences); and academic performance data (including your child’s results on state and national exams, credits earned, grades, promotion and retention status, and fitness gram score); and data related to any disciplinary actions taken against your child (including number and type of suspensions). We are requesting to collect the information listed above about your child on a past, present and future (i.e., ongoing) basis.

III. How will your child’s data remain confidential?

The only people authorized to view your child’s information are the SMEL Director and/or executive management team and DOE staff who manage the data systems and prepare research reports and program analyses. A limited number of SMEL staff identified to receive personal information is screened, provided extensive training to follow strict guidelines on protecting the confidentiality of information that would personally identify you or your child. Personally identifiable information collected from student records will only be shared electronically between DOE and SMEL and will be secured and protected in the SMEL data base. We will not use your name or your child’s name in any published report. While we request your consent, your responses to the requests below will not affect your child’s participation in our programs.

Please check Yes or No to the following statement:

I understand why SMEL is asking my permission to access the information listed above from my child’s student records, and I give permission to DOE to share that information with SMEL on an ongoing basis.

Yes, I authorize SMEL and DOE to share my child’s information/student records.

No, I do not authorize SMEL and DOE to share my child’s information/student records.

Student/Applicant Name: _____

Parent/Guardian Name: (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

EMERGENCY MEDICAL CARE FORM

(To be completed by the parent or guardian)

Participant's Name: _____ Date of Birth: _____

- I authorize Stimulating Minds through Entrepreneurship and Leadership ("Program") to, if necessary, provided basic first aid in accordance to their level of training. Injury assessment and intervention will include the use of topical skin antibiotic as appropriate.
- If my child requires emergency medical care as determined by an appropriately trained employee of the Program, I give my consent to the above Program to obtain the necessary medical care for my child. I agree to pay all of the 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 hereby release the Program from any and all claims which I or my child may have against the program arising from or in connection with the providing of First Aid including but without limitation any claims, demands or causes of action for injuries to my child, including but not limited to injuries resulting from the negligence of the program. This agreement is signed for the purpose of fully and completely releasing, discharging, and indemnifying the program from all liability
- Following emergency medical care, my child may be released to the following people:

Name: _____ Relationship to Child: _____
 Address: _____ Age: _____
 Home Phone: _____ Work Phone: _____

Name: _____ Relationship to Child: _____
 Address: _____ Age: _____
 Home Phone: _____ Work Phone: _____

Name: _____ Relationship to Child: _____
 Address: _____ Age: _____
 Home Phone: _____ Work Phone: _____

5. Health Information:

Allergies: _____ Medication(s) being taken: _____

Student's Doctor (Name and Phone) _____

Medical history or other pertinent facts that should be known: _____

- 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 the Program.

Parent/Guardian Signature

Date