

**Activity Selection Fall 2014**

**AFTER-SCHOOL STARTS: Monday, September 8<sup>th</sup>**

After-School begins at school dismissal. Students have a 15 minutes grace period after the final bell to gather their things and get what they need for After-School. Snack is provided in the cafeteria starting at 2:30pm. Students must check in with After-School staff by 2:35pm. Sports activities change each Trimester. Students may change their activity selections at the end of each Trimester. Students who sign up for an activity that begins at 4:40pm must also select an activity at 3:15pm.

**Student's Name:**

**Grade:**

MONDAY	2:20pm-3:00pm	3:15pm-4:30pm	4:40pm-5:40pm
	Snack and Recess	<input type="checkbox"/> Study Lab <input type="checkbox"/> LEGO Robotics <input type="checkbox"/> Girls Basketball <input type="checkbox"/> Step In/Step Up <input type="checkbox"/> Science Explorers	<input type="checkbox"/> Study Lab <input type="checkbox"/> LEGO Robotics <input type="checkbox"/> Boys Basketball <input type="checkbox"/> Cross Country
TUESDAY	2:20pm-3:00pm	3:15pm-4:30pm	4:40pm-5:40pm
	Snack and Recess	<input type="checkbox"/> Study Lab <input type="checkbox"/> Dance <input type="checkbox"/> Science Explorers <input type="checkbox"/> Art Smart <input type="checkbox"/> Musical Theater	<input type="checkbox"/> Study Lab <input type="checkbox"/> Dance <input type="checkbox"/> Art Portfolio (8 <sup>th</sup> Grade Only) <input type="checkbox"/> Yearbook <input type="checkbox"/> Theater*
WEDNESDAY	2:20pm-3:00pm	3:15pm-4:30pm	4:40pm-5:40pm
	Snack and Recess	<input type="checkbox"/> Study Lab <input type="checkbox"/> JV Flag Football* <input type="checkbox"/> Debate Club <input type="checkbox"/> Filmmaking <input type="checkbox"/> Boys/Girls Soccer <input type="checkbox"/> Bacteria Busters <input type="checkbox"/> Audition Prep-Acting	<input type="checkbox"/> Study Lab <input type="checkbox"/> JV Flag Football* <input type="checkbox"/> Plant Palooza <input type="checkbox"/> Filmmaking <input type="checkbox"/> Volleyball (Girls)*
THURSDAY	2:20pm-3:00pm	3:15pm-4:30pm	4:40pm-5:40pm
	Snack and Recess	<input type="checkbox"/> Study Lab <input type="checkbox"/> Debate Club <input type="checkbox"/> Theater* <input type="checkbox"/> Varsity Flag Football* <input type="checkbox"/> Forensic Lab	<input type="checkbox"/> Study Lab <input type="checkbox"/> Glee Club <input type="checkbox"/> Theater* <input type="checkbox"/> Varsity Flag Football* <input type="checkbox"/> Forensic Lab <input type="checkbox"/> Girls Basketball
FRIDAY	2:20pm-3:00pm	3:15pm-4:30pm	4:40pm-5:40pm
	Snack and Recess	<input type="checkbox"/> Art Smart <input type="checkbox"/> Chess <input type="checkbox"/> Music Video Club <input type="checkbox"/> Video Game Design <input type="checkbox"/> Volleyball (Girls)*	<input type="checkbox"/> Art Smart <input type="checkbox"/> Fashion <input type="checkbox"/> Music Video Club <input type="checkbox"/> Video Game Design <input type="checkbox"/> Open Gym

**SALK SPORTS TEAMS**

**Fall**

September 8 - November 15  
Soccer, Flag Football, X-Country

**Winter**

November 17 - March 7  
Basketball

**Spring**

March 9 - June 12  
Softball, Baseball, Volleyball, Tennis, Track

\*Students must sign-up for all sections of Theater and Team Sports

### Welcome to Manhattan Youth After-School Programs!

This program is funded by the Department of Youth and Community Services as a part of the city's Comprehensive After-School System (COMPASS) School's Out NYC (SONYC). Please review activity descriptions and fill out the entire enrollment packet. Packets can be mailed, faxed, e-mailed or hand delivered to Kim Waldon. We must receive a complete application before your child may participate in our program. At the end of each trimester, students will be able to enroll in different clubs and winter sports teams. Please read your weekly emails for updates about the program.

**AUDITION PREP:** With the help of theater professionals and current performing arts high school students, 7<sup>th</sup> and 8<sup>th</sup> graders will learn about the audition process, identify monologues, rehearse, and prepare to apply to performing arts high schools.

**ART SMART:** Students will combine science and art as they experiment with paint, oil pastels, textiles, clay, charcoal, ink and glue.

**ART PORTFOLIO:** Prepare your visual art portfolio for high school 8th graders prepare portfolios in compliance with the application process to an arts high school or program.

**BACTERIA BUSTERS:** An exploration of the world of germs that lives all around us. Students will analyze the growth of bacteria from different surfaces (even their own mouths) in petri dishes, visualize bacteria on surfaces under UV light, and learn how to protect from harmful microorganisms.

**CHESS:** This class is open to beginners through advanced players. Students will be paired with players of similar experience as they learn fundamentals, explore the game's complexities, and prepare for serious competition.

**DANCE:** A comprehensive dance class where you can learn hip hop, modern, jazz and contemporary dance.

**DEBATE:** Learn to argue properly! Practice research and presentation skills as you develop arguments to take on your fellow students in debates on relevant topics of the day.

**FORENSIC LAB:** Students will investigate recreated "crime scenes," complete with police tape and physical evidence. The young sleuths will use their deductive skills to deconstruct the "crimes."

**FASHION:** Learn the basics of fabric and design as you conceive, sketch and create your own wearable fashion pieces.

**GLEE CLUB:** Come and sing your heart out with all of the chart-topping hits! Glee Club develops your musical voice as you work on tone and range.

**LEGO ROBOTICS:** Introduces students to real-world engineering challenges by building LEGO-based robots to complete tasks on a thematic playing surface. Teams will participate in citywide competitions as part of the FIRST LEGO League

**MUSIC VIDEO CLUB:** Students will write, record and mix original songs, then produce music videos to go along with them!

**MUSIC PRODUCTION:** Using music software and technology, students learn about music theory, composition and production while producing their own album. The program will be led by a professional DJ and sound engineer.

**PLANT PALOOZA:** Students will dissect and understand the anatomy of plants, take community walks to discover the age of trees, experiment with plant parts, grow Venus fly trap plants, hydroplants, and cacti.

**SCIENCE EXPLORERS:** Students will journey through the physical sciences, exploring the world inside and outside the school, learning the physics and chemistry behind the architectural structures, energy sources, waste management and products that they interact with every day.

**STUDY LAB:** Study lab provides all students an opportunity to work on homework in a quiet environment. Assistance is available at all times.

**STEP IN STEP TO:** Rhythmical dance put into orchestrated polyrhythms celebrating music in every movement of the body's multi-faceted potential for rhythm. Students develop rhythm, coordination, flexibility, imagination & self-confidence

**THEATER:** Beginning with theater games, improvisation and scene study, the theater program, headed by Salk's Aliza Sarian, will culminate in two major productions each year. All students who participate in the theater program will have roles in the shows.

**VIDEO GAME DESIGN:** The class will explore questions through discussion and hands on game development using some of today's industry standard tools. Much of the class will be aimed at the creation of games by the students

#### PLEASE RETURN COMPLETED APPLICATIONS TO:

Kim Waldon  
Manhattan Youth  
120 Warren Street, New York, NY 10007  
Phone: 917-565-7162  
Fax: 212-766-3980



**1 PARTICIPANT BACKGROUND**

<b>Primary Parent / Guardian of Participant:</b>	<b>Who is enrolling in this program?</b> <input type="checkbox"/> Me <input type="checkbox"/> My child <i>To register yourself, you must be 18+ years old.</i>
<b>Phone number:</b>	<b>Phone number (2):</b>
	<b>Email Address:</b>

participant contact information	<b>Date</b>		<b>Program Year</b>		
	<b>Last Name</b>		<b>First Name</b>		
	<b>Home Address</b>		<b>Apartment Number</b>		
	<b>City</b>		<b>State</b>		
	<b>Zip Code</b>		<b>Borough</b>		
	<b>Home Phone</b>		<b>Cell Phone</b>		
	<b>Email</b>		<b>*SSN</b>		
demographics	<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No Response	<b>*Proof of ID</b>	<input type="checkbox"/> Birth Certificate	
	<b>Date of Birth</b>			<input type="checkbox"/> Passport	
	<b>Ethnicity</b>	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> No Response		<input type="checkbox"/> Driver's License	
student or employment status	<b>Race</b>	<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		<input type="checkbox"/> Non-Driver State ID	
	<b>Country of Origin</b>			<input type="checkbox"/> Other	
	<b>English Proficient</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Primary Language</b>		
	<b>Student Status</b>	Is the participant a student: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Additional Language(s)</b>		
	<b>School Type</b>	<input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Other	<b>If yes:</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
	<b>School Name</b>		<b>Student ID / OSIS #</b>		
	<b>Teacher/ Advisor</b>		<b>School Address</b>		
			<b>Current Grade Level</b>		
		<b>If you are NOT a student, please provide the last school grade level completed:</b>	<input type="checkbox"/> Grade K-11; please list your last grade: _____ <input type="checkbox"/> HS Graduate <input type="checkbox"/> HS Equivalency <input type="checkbox"/> Some College <input type="checkbox"/> College Degree		
		<b>If you are NOT a student, are you:</b>	<input type="checkbox"/> Unemployed for _____ weeks <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time		
other	<b>Please list anyone else in your household who is participating in this program. Provide first and last names.</b>				

**1 PARTICIPANT BACKGROUND**

Section 1. Participant Background (continued)

<b>other family and household information</b>	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"/> Social Security <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Pension <input type="checkbox"/> SSI <input type="checkbox"/> General Assistance <input type="checkbox"/> Other _____	

**2 PARTICIPANT SAFETY**

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

<b>NAME</b>	_____	<b>Relationship to Participant:</b>
<b>Pick Up</b>	<input type="checkbox"/> This person may pick up my child.	<b>Contact</b> 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 _____
<b>Address</b>	_____	
<b>Apartment</b>	_____	
<b>City, State</b>	_____	
<b>Zip Code</b>	_____	

<b>NAME</b>	_____	<b>Relationship to Participant:</b>
<b>Pick Up</b>	<input type="checkbox"/> This person may pick up my child.	<b>Contact</b> 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 _____
<b>Address</b>	_____	
<b>Apartment</b>	_____	
<b>City, State</b>	_____	
<b>Zip Code</b>	_____	

**2**

**PARTICIPANT SAFETY**

Section 2. Participant Safety (continued)

**PARTICIPANT HEALTH INFORMATION.**

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:

 This section is only for parents enrolling their children. 

**PICK UP/DISMISSAL INFORMATION.**

My child has permission to walk home alone at dismissal.  Yes  No

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:	
<b>Phone</b>	<input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Other _____
<b>Email Address:</b>	

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

**PARTICIPANT INTERESTS.**

Interests/Activities	<input checked="" 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 School Equivalency
- Adolescent Literacy
- Fatherhood Services
- Workshops/Fairs (College Prep, Financial Planning, Parenting, etc.)
- Housing Assistance
- Immigrant Services
- LGBTQ Support Services
- Runaway and Homeless Youth
- Senior Services
- Summer Youth Employment
- Young Adult Internships

**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) (Sign) (Date)

Organization: Manhattan Youth \_\_\_\_\_  
 Intake Specialist/Staff: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Consent

The **Department of Youth and Community Development (DYCD)** provides funding for this program as part of its mission to help you assist your child reach his or her full potential. This program is operated by Manhattan Youth. Manhattan Youth and DYCD work to make sure the services you and your children receive are of the highest quality. DYCD and Manhattan Youth are requesting your permission to allow us to collect information we need on your child, their participation and the quality of the services provided.

### Consent to Collect and Share Student Information

#### What information from your child’s student records is DYCD requesting?

We are requesting your permission for the NYC **Department of Education (DOE)** to share personally identifiable information from your child’s student records with DYCD. The 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 fitnessgram 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.

We are also requesting your permission for DYCD to share information we collect on the enrollment form from you and/or your child with DOE staff. The information includes registration information, student’s interests and challenges, type of program enrolled in and frequency of participation. This information will be used to help the school and community organization work together to meet you and your child’s need.

#### Who will see my child’s information and how will it be safeguarded?

The only people who will see your child’s individual information are DYCD and DOE staff who manage the data systems and prepare research reports and program analyses. The limited number of DYCD 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 DYCD and will be secured and protected in the DYCD data base. Personally identifiable information will not be shared with any community based organizations or their staff members.

We will not use your name or your child’s name in any published report. While we request your consent, your responses to the below requests will not affect your child’s participation in DYCD sponsored programs.

#### **Please check Yes or No to each of the following statements:**

- I understand why DYCD 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 DYCD on an ongoing basis.  
 **Yes, I give my permission**                       No, I do not give my permission
- I understand why DYCD is asking my permission to share information about my child collected by DYCD with DOE staff and I give my permission to DYCD to share information with DOE on an ongoing basis.  
 **Yes, I give my permission**                       No, I do not give my permission

Student/Applicant Name: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Additional Parent/Guardian Name: \_\_\_\_\_  
 Additional Parent/Guardian Signature: (optional) \_\_\_\_\_

COMPASS PROGRAM

**Consent for Photo/Videotaping and Use of Youth Work**

Please be aware that sometimes, staff, photographers, newspapers, television reporters, media representatives and public relations personnel may be present during program activities and special events, both in-school and away from school. In some cases, they may photograph, interview or otherwise record children who participate in these events. The resulting images, videos and interviews may be used solely for non-profit, non-commercial purposes of the program to promote the programs in printed and electronic media published by our agency, such as brochures, books, print and email newsletter, DVDs and videos, websites and blogs. These images may also be used by DYCD and Manhattan Youth in its publications for non-profit educational purposes.

- I understand my child may be photographed, interviewed or otherwise recorded during program activities and special events and give permission for my child to be photographed, interviewed or otherwise recorded solely for non-profit, non-commercial purposes of the program.  
 Yes, I give my permission                       No, you do not have permission
- I understand that my child’s work may be used in materials that promote programs, solely for non-profit, non-commercial purposes of the program.  
 Yes, I give my permission                       No, you do not have permission

**Consent for Emergency Medical Treatment**

I give authority to Manhattan Youth's staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. I understand that every effort will be made to contact me before and after medical care is provided.

Yes, I give permission                       No, I do not give permission

**Consent Statement**

I the undersigned, certify that I have reviewed all the above consent statements and indicated my wishes. I understand that consent is voluntary and I can withdraw it in writing at any time.

\_\_\_\_\_  
Student/Applicant Name

\_\_\_\_\_  
Student Signature (*if 18 or older*)

\_\_\_\_\_  
Parent/Guardian Name

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

\_\_\_\_\_  
Additional Parent/Guardian Name (*optional*)

\_\_\_\_\_  
Additional Parent/Guardian Signature      Date





**Agency: Manhattan Youth**

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

## Parent Consent for Participation in Data Collection

Dear Parent:

Your child, \_\_\_\_\_, is enrolled in a program at \_\_\_\_\_ which is supported by the Department of Youth and Community Development (DYCD). In order to monitor the effectiveness of this program and ensure its future success, DYCD is collecting information about participants' experiences in the program. This information will help DYCD learn how the program helps students and how it can be improved. This project has been approved by the Department of Education.

Specifically we ask permission from parents to:

- Survey children about the DYCD program.

**Any information we collect will be used only to assess the DYCD program and will not be made public. Participating in the evaluation will not affect your child in school, in the program, or in any other way. We will not use your name or your child's name in any report.** Participation is completely voluntary and participants may withdraw at any time with no consequences.

Please select one of the options below.

**You only need to complete and return this form if you select “No, I do not want my child to participate.”**

*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 DYCD survey.*

\_\_\_\_\_  
Signature Date

*NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the above information and I **DO NOT** give permission for my child to participate in the DYCD data collection activities.*

\_\_\_\_\_  
Signature Date

If you have any questions or concerns, please contact the after school program coordinator/director or Lisa Gulick, Assistant Commissioner, Planning, Research and Program Development, at **DYCD at (212) 676-8100** or by e-mail at [lgulick@dycd.nyc.gov](mailto:lgulick@dycd.nyc.gov).