

New Settlement
PROGRAM FOR GIRLS & YOUNG WOMEN
2019-2020 Registration Form



Personal Information (please fill in ALL spaces)

Participant first name: _____

Last name: _____

Parent/Guardian name : _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home phone: () _____ Parent/Guardian Daytime phone: () _____

Participant cell phone: () _____ Parent/Guardian cell phone: () _____

Participant Email Address: _____

Date of Birth: ____/____/____ Age: _____

School (fall 2019): _____ Grade: _____

If accepted, I agree to uphold the following requirements of New Settlement Apartments' Girls' Program:

1. Abide by all rules and regulations of the program.
2. Respect self, other participants and staff at all times.
3. Make a commitment to only miss program days when it is unavoidable.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

This is a violence and drug free program

New Settlement Program for Girls & Young Women 2019-2020

EMERGENCY MEDICAL CARE

(To be completed by the parent or guardian)

Participant's
Name: _____

Date of Birth: _____

1. If my child requires emergency medical care and I cannot be reached, I give my consent to the above after-school 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.

2. Following emergency medical care, my child may be released to the following people:

Name: _____	Relationship to Student: _____
Address: _____	Employer: _____
Home Phone: _____	Work Phone: _____

Name: _____	Relationship to Student: _____
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Home Phone: _____	Work Phone: _____

Name: _____	Relationship to Student: _____
Address: _____	Employer: _____
Home Phone: _____	Work Phone: _____

3. Health/Insurance Information:

Participant's Doctor: _____	Insurance Company: _____
Phone: _____	Policy Holder's ID: _____
Allergies: _____	Religious Preference: (optional) _____
Last Tetanus: _____	Medication(s) being taken: _____
Address (student's doctor): _____	

Additional Comments: _____

4. 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 this youth program.

Parent/Guardian Signature

Date

Permission to Use Photograph

I give my permission to **New Settlement Program for Girls & Young Women, EDsnaps, Inc.** and **Shake It Out** to use my (or my child's, if participant is under 18) photograph in all forms and media, such as brochures, newsletters, news articles, and online, for the purpose of promoting the work of these non-profit organizations, and fund-raising for future programs.

I have read this release and am fully familiar with its contents.

Name of Participant

Signature & Date

Name of Parent/Guardian

Signature & Date

Address



Girls Inc. of New York City Enrollment Form

For Office Use Only
Date Entered:
Trax ID:

Parent/Guardian - please write legibly and answer all questions as completely as you can. Thank you!

Participant's First and Last Name:
Today's Date:
School:
OSIS #:
Date of Birth:
Age:
Grade:
Participant's Cell Phone (if any):
Street:
Apt #:
City:
Zip Code:
Participant's Email Address (if any):

Primary Guardian:

First and Last Name:
Relationship to Participant:
Work Phone:
Cell Phone:
Home Phone:
Street:
Apt #:
City:
Zip Code:
Email Address (if any):

Other Primary Guardian (if any):

First and Last Name:
Relationship to Participant:
Work Phone:
Cell Phone:
Home Phone:
Street:
Apt #:
City:
Zip Code:
Email Address (if any):

Emergency Contact (in case Primary/Other Primary Guardian(s) cannot be reached):

First and Last Name:
Relationship to Participant:
Work Phone:
Cell Phone:
Home Phone:
Street:
Apt #:
City:
Zip Code:
Email Address (if any):

Second Emergency Contact (in case other emergency contact cannot be reached):

First and Last Name:
Relationship to Participant:
Work Phone:
Cell Phone:
Home Phone:
Street:
Apt #:
City:
Zip Code:
Email Address (if any):

The following information is collected solely for reporting to Girls Inc.'s funders and will be kept anonymous.

- 1. Participant's Ethnicity:
2. Participant's Race:
3. Primary Language Spoken at Home:
4. Participant Lives With:
5. For School Lunch Participant:
6. Annual Household Income:

Emergency Medical Care Authorization (REQUIRED)

If the participant requires emergency medical care and I cannot be reached, I give my consent to Girls Incorporated of New York City to obtain the necessary medical care for the participant. I agree to pay all of the costs associated with the emergency medical care that the participant receives. I understand that every effort will be made to contact me before and after medical care is provided. 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 this program.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

Liability Release (REQUIRED)

I hereby authorize the participant to participate in Girls Incorporated of New York City programs, including off-site trips. In consideration for this participation, I do hereby, for myself and my heirs and assigns, release and agree to indemnify and hold harmless Girls Inc. of NYC, its employees, and volunteers from all liability, loss, claim, demand, action or cause of action which arises or may arise or be occasioned in any way by such participation. I also release and hold harmless Girls Inc. of New York City, its employees and volunteers from all liability, loss, or claim which may occur in transporting the participant for the purposes of participating in any Girls Inc. activity or off-site trip.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

Confidentiality Statement (REQUIRED)

Participants in Girls Incorporated of New York City programs have the right to confidentiality and privacy. This means we will not share any of the participant's personal information unless you give us written permission to do so. There are instances, however, when we would need to break confidentiality. Instances in which we would share confidential information would be if the participant let us know that they were being hurt by someone (like physical, sexual or emotional abuse) or if the participant or any member of your family indicated that they wanted to hurt themselves or someone else. Please sign below to indicate that you have read and understood your right to confidentiality and exceptions to it.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

Permission to Evaluate Programs (optional)

Girls Incorporated of New York City programs are currently undergoing a process of evaluation. Philliber Research Associates and Girls Inc. National are the agencies that will be responsible for this evaluation. For this evaluation, we need information from all students participating in our program. This information may include student surveys, teacher rating scales, focus groups, evaluator observations, and academic records. All information collected about your child will be held in the strictest of confidentiality, to the extent that is permitted by the law. **Participation in this evaluation is completely voluntary.**

I give permission for Girls Inc. of New York City, Philliber Research Associates and Girls Inc. National to review the participant's school data (test scores, report cards, attendance and other performance indices) for the purpose of providing targeted academic instruction and assessing the effectiveness of Girls Inc. of New York City programs. I also agree to take part in, and to allow the participant to take part in, evaluation surveys and focus groups for the purpose of determining program effectiveness. Comments from surveys and focus groups will remain confidential.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

Media/Photo Release (optional)

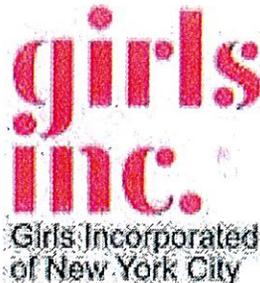
I hereby authorize Girls Incorporated of New York City, its agents, and others working for it or on its behalf to use the participant's image/likeness/voice in still photos, slides, video productions, radio coverage, television coverage, interviews, testimonials and/or any other media for the purpose of promoting and representing Girls Inc. and its programs, and do hereby grant and convey unto Girls Inc. all rights, title, and interest in the above media including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

**Thank you for completing the enrollment forms.
We value keeping the girls safe and your information confidential.**



GIRLS INC. OF NYC DATA RELEASE CONSENT FORM

Dear Parent/Guardian:

To support Girls Inc. of NYC's work to improve programming and track student success, we are requesting consent to survey your child and access your child's New York City Department of Education (DOE) records. These DOE records include attendance, course and grade data, New York state test scores, and demographic information. DOE data will be requested for the 2016-17 to 2017-18 school years. If your child goes to college, then they will be tracked through the National Student Clearinghouse.

The study is directed by Philliber Research & Evaluation (Philliber). The purpose of the request is to gather data on academic success. Philliber will keep all of your child's information confidential. Data will be reported in summary format and will not identify individuals.

By signing this consent form, you are not waiving any legal rights. You are only giving Philliber permission to access your child's survey data and school records. This research is voluntary and does not pose any risk other than that encountered in everyday life. If you do not provide consent for your child to participate, then there will be no effect on your child's eligibility to participate in the program. If you decide that you do not want your child to be part of this research, you may stop at any time.

If you have any questions, please contact Dr. Stacie Powers, the person in charge of this research, at spowers@philliberresearch.com or phone 845-626-2126.

If you consent to Philliber accessing your child's data, please complete and sign below.

Name of child: _____
First Name Last Name

Your child's date of birth: _____
Month Day Year

Your child's OSIS#: _____
Your child's 9-digit NYC student ID number (if known)

Name of your child's school: _____

Printed name of parent/legal guardian: _____
First Name Last Name

Signature of parent/legal guardian: _____

Today's date: _____
Month Day Year