

**The Program for Girls & Young Women at New Settlement  
offers a FREE Summer Arts & Leadership Academy**



For girls aged 10-15  
Monday–Thursday, 9am-4pm  
**July 5-August 10, 2018**



Program begins & ends each day at 1525 Townsend Ave.  
Bronx, NY 10452

Weekly schedule combines the following arts, athletic and leadership activities:

**Dramatic Writing & Performance**

**Poetry**

**Hip-Hop Dance**

**Swimming**

**Yoga**

**Healthy living**

**Bicycling**



(beginners welcome, equipment & instruction provided)

And trips, including Victory Dance performances & last day at Luna Park



Want to learn more, or enroll?? Contact Director Joy Leonard  
@ (718) 716-8000 x119 or [j.leonard@newsettlement.org](mailto:j.leonard@newsettlement.org)

Visit us at [www.newsettlement.org/girls](http://www.newsettlement.org/girls)

**Program offered in partnership with Fordham Athletics Department &**



**WOMEN'S  
SPORTS  
FOUNDATION**

**Go Girl Go!**



# Program for Girls & Young Women

## Summer 2018 Enrollment Packet

### For ages 10-15

This summer we will partner with other organizations to bring more exciting and enriching opportunities to the girls and young women we serve!

There may be waivers or additional health forms to be completed, so that all of our partners get the documentation they need to offer these amazing programs at no cost to your family.

**Location:** All sessions and any trips begin and end at our basement program space, at 1525 Townsend Avenue. The group will walk or travel as a group by train to offsite locations, including St. Mary's Park (Learn to Ride), New Settlement Community Center (swimming, yoga, dance), and Claremont Park. It is very important that participants arrive on time, because the morning group will often be departing by 9:15am for other locations.

**Schedule:** While some accommodation may be offered to applicants who are unable to attend Mon-Fri full days, due to summer school classes or other conflicts, **priority registration** will be offered to applicants who are planning/able to attend the program for the full 6 weeks, July 5-August 10, Mon-Thurs. The final day is a Friday – a special trip to Luna Park. All other weeks are Mon-Thurs only.

#### **Weekly Schedule (starting Thurs, July 5):**

Mondays: **9am-12pm** Hip Hop Dance + healthy living; 12-1pm lunch; **1-4pm** dramatic writing & performance

Tuesdays: **9am-12pm** swim instruction, yoga; 12-1pm lunch; **1-4pm** dramatic writing & performance

Wednesdays: **9am-12:30pm** Biking\* at St. Mary's Park; 12:30-1pm lunch; **1-4pm** dramatic writing & perf.

Thursdays: **9am-1pm** Trips to see dance shows OR special workshops; 1-2pm lunch; **2-4pm** swim instruction

*\*We are limited to 15 participants for Biking. Enrollment will be first-come-first served. Participants who do not get a spot in the bike cohort may either skip Wed morning, arriving for the afternoon session, or stay onsite with program staff and do recreational activities.*

**Meals:** If your child does NOT have your permission to leave the supervised program space alone (go to the store, get lunch), she MUST bring lunch OR be able and willing to eat the lunch provided by School Food at the Walton Avenue School Campus site, at 1425 Walton Ave. One staff member will accompany students who wish to go to the Walton Ave. school to eat, during our lunch breaks when we are on site. Our program staff cannot accompany participants to the store or to get lunch anywhere else.

On Wednesdays and some Thursdays (when we have scheduled trips), your child must either bring a packed lunch or be able and willing to eat the packed "trip" lunch provided by School Food (generally a sandwich and side or fruit or veggies, plus drink).

## DROP OFF/PICK-UP

Please let us know if your daughter can travel to and from program on her own, or whether she will always be dropped off and picked up by an older family member or adult.

\_\_\_\_\_ My child has permission to walk to and from program **by herself**.

\_\_\_\_\_ My child **may NOT leave the program** without an adult/family member.

## MEALS

Please mark one of the following, to indicate how you plan to handle lunch

\_\_\_\_\_ My child may leave at lunch time to purchase lunch. (We cannot be responsible for her timely return to program.)

\_\_\_\_\_ My child will bring her own lunch daily.

\_\_\_\_\_ My child will eat the School Food lunch offered at the Walton Avenue site, or the packed "trip" lunch.

\*Small snacks will be provided twice a day.

Please ensure that your child eats a good breakfast! School food provides free breakfast and lunch for all school age children at their summer feeding sites. The site nearest us (which we will use for lunch as needed) is located at 1425 Walton Ave.

Participant's Name (print): \_\_\_\_\_

Parent/guardian's name (print): \_\_\_\_\_

Parent/guardian's signature: \_\_\_\_\_

**New Settlement**  
**PROGRAM FOR GIRLS & YOUNG**  
**WOMEN** 2018-19 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 2016): \_\_\_\_\_ Grade: \_\_\_\_\_

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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**

**Girls Inc. of New York City Enrollment Form  
New Settlement Apartment Girls Program 2018-19**

**For Office Use Only**

Date Submitted:

Date Entered:

Membership #:

**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): \_\_\_\_\_

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

1. Participant's Ethnicity:

- ☐ Hispanic/Latina
- ☐ Not Hispanic/Latina
- ☐ Decline to State

2. Participant's Race:

- ☐ Asian American/Pacific Islander
- ☐ Black/African American
- ☐ European American/White
- ☐ Multiracial/Mixed Heritage
- ☐ Native American
- ☐ Other

3. Primary Language Spoken at Home: \_\_\_\_\_

4. Participant Lives With:

- ☐ Both Parents
- ☐ Father Only
- ☐ Grandparent(s)
- ☐ Guardian(s)
- ☐ Mother Only
- ☐ One parent at a time (joint custody)
- ☐ Parent and Step Parent
- ☐ Decline to State
- ☐ Other: \_\_\_\_\_

5. For School Lunch Participant: \_\_\_\_\_  
Receives Free Lunch

☐ Pays for Reduced Lunch

☐ Pays for Entire Lunch

6. Annual Household Income:

- ☐ Less than \$10,000
- ☐ \$10,001 – 15,000
- ☐ \$15,001 – 20,000
- ☐ \$20,001 – 25,000
- ☐ \$25,001 – 30,000
- ☐ \$30,001 – 50,000
- ☐ Over \$50,000
- ☐ Decline to State
- ☐ Unknown

### ***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

\_\_\_\_\_  
Participant 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.**



# New Settlement Program for Girls & Young Women 2018-19

## 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: _____
Address: _____	Employer: _____
Home Phone: _____	Work Phone: _____

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

### 3. Health/Insurance Information:

Participant's	Insurance Company:
Doctor: _____	
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 to use my photograph in all forms and media, such as brochures, calendars, newsletters, news articles, and the Program for Girls & Young Women's Facebook page (facebook.com/NSAGirlsProgram). I have read this release and am fully familiar with its contents.

\_\_\_\_\_  
Name of Participant

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

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

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

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_