



## Emmy's Dream Builders Participant Application Form

For Applicants Ages 13 and Younger

### Part I: Applicant Information

Applicant Type:

- ☐ I am completing this application for myself
- ☐ I am a parent or guardian completing this application for my child
- ☐ I am a relative/non-relative completing this application on behalf of the applicant

Applicant Details:

- First Name: \_\_\_\_\_

- Last Name: \_\_\_\_\_

- Middle Initial: \_\_\_\_\_

- Date of Birth (MM/DD/YYYY): \_\_\_\_\_

- Primary Address (Number and Street): \_\_\_\_\_

- Apt. Number: \_\_\_\_\_

- City: \_\_\_\_\_

- Zip Code: \_\_\_\_\_

☐ Applicant lives in NYCHA Development (Provide Name): \_\_\_\_\_

Sex at Birth (Select One):

☐ Female ☐ Male ☐ X (not male or female) ☐ Not Sure

Race/Ethnicity (Select all that apply):

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American



- ☐ Hispanic or Latino/a
- ☐ Middle Eastern/North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White or Caucasian
- ☐ Other: \_\_\_\_\_

## Part II: Contact Information

### Applicant Contact Details (if applicable):

- Primary Phone Number: \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work
- Secondary Phone Number: \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work
- Parent/Guardian Email Address (**Required**): \_\_\_\_\_

### Preferred Method of Contact:

- ☐ Cell Phone ☐ Home Phone ☐ Email ☐ U.S. Mail

### Parent/Guardian Contact Information:

- Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work
- Address (if different from applicant): \_\_\_\_\_

## Part III: Emergency Contact Information

### Emergency Contact #1:

- Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work
- Relationship to Applicant: \_\_\_\_\_

### Emergency Contact #2:

- Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work
- Relationship to Applicant: \_\_\_\_\_



**Authorized Pick-Up Individuals:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Student Pick up acknowledgement:**

I understand that all elementary students in Emmy's Dream Builders program must have an authorized pick up person that is 18 and older.

☐ Yes, I acknowledge

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

Consent for Emergency Medical Treatment:

☐ Yes, I give my permission

☐ No, I do not give permission

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

The following people **MAY NOT** pick up my child:

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Name: \_\_\_\_\_

**Part IV: Applicant's Education/Work Status**

**Applicant's School Type (Select One):**

☐ Full-Time Student

☐ Part-Time Student

☐ Not in School\*



If applicant is a Part-Time Student or Full-Time Student, please select applicant's current grade (Select One):

- Elementary School: ☐ Pre-K ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th
- Middle School: ☐ 6th ☐ 7th ☐ 8th
- High School: ☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐ Obtained High School Diploma
- ☐ Obtained High School Equivalency

If applicant is Not in School, please select the last grade completed by the applicant (Select One):

☐ Community College

- ☐ 1st Year ☐ 2nd Year ☐ 3rd Year ☐ 4th Year
- ☐ Obtained Associate's Degree

☐ Vocational/Trade School

- ☐ Some vocational or trade school credits, but no certificate or degree attained
- ☐ Obtained a certificate or degree from a vocational or trade school

☐ 4-Year College/University

- ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

☐ Master's Degree

- ☐ Some master's degree credit, but no degree attained
- ☐ Obtained Master's Degree

☐ Professional Degree

- ☐ Some professional degree credits (e.g., MD, DDS, DVM, LLB, JD) but no degree attained
- ☐ Obtained Professional Degree (e.g., MD, DDS, DVM, LLB, JD)

☐ Doctorate Degree

- ☐ Some doctorate degree credits, but no degree attained
- ☐ Obtained Doctorate Degree

☐ Other



- ☐ Obtained Foreign Degree
- ☐ No Formal Schooling Attained

## Part V: Household Information

### Housing Type (Select One):

☐ Own ☐ Rent ☐ NYCHA ☐ Shelter ☐ Homeless ☐ Other: \_\_\_\_\_

### Household Type (Select One):

- ☐ Single Parent – Female
- ☐ Single Parent – Male
- ☐ Two Parent Household
- ☐ Multigenerational Household
- ☐ Other: \_\_\_\_\_

Household Size: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8+

Annual Household Income: \$\_\_\_\_\_

☐ Decline to Answer

## Part VI: Health and Disability Information

**1. Does the applicant have health insurance?** ☐ Yes ☐ No

- If yes, type: ☐ Medicaid ☐ Private ☐ Other: \_\_\_\_\_

**2. Does the applicant have allergies (e.g., food, medication)?** ☐ No ☐ Yes

- If yes, list: \_\_\_\_\_

**3. Does the applicant have asthma?** ☐ No ☐ Yes

**4. Does the applicant have special health care needs?** ☐ No ☐ Yes

- If yes, specify: \_\_\_\_\_

**5. Does the applicant take medication for any condition or illness?** ☐ No ☐ Yes

- If yes, specify: \_\_\_\_\_

**6. Are there activities the applicant cannot participate in?** ☐ No ☐ Yes



- If yes, specify: \_\_\_\_\_

**If the applicant is an individual with a disability, please select disability type(s) (Select all that Apply):**

- ☐ Cognitive impairment
- ☐ Hearing-related
- ☐ Learning disability
- ☐ Mental or Psychiatric
- ☐ Physical/Chronic Health Condition
- ☐ Physical/Mobility Impairment
- ☐ Vision-related
- ☐ Other: \_\_\_\_\_
- ☐ Decline to Answer

## **Part VII: Consent and Permissions**

### **1. Mandated Reporter Acknowledgment:**

I understand that all staff members of Emmy's Dream Builders are mandated reporters and must report any suspected or witnessed child and or adult criminal actions to the proper authorities.

☐ **Yes, I acknowledge**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Consent for my child to walk home:** Note: student must be 10 and up. This question must be answered for parents/guardians enrolling their children My child has permission to travel home alone at dismissal:

☐ **Yes, I give my permission**

☐ **No, I do not give permission**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **2. Consent for Emergency Medical Treatment:**



I am enrolled as a participant in a E.D.B-funded program. In the event of a medical emergency, I hereby give consent for necessary emergency medical treatment to be obtained on my behalf. I further authorize the emergency contact(s) listed to be contacted.

☐ **Yes, I give my permission**

☐ **No, I do not give permission**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **3. Photography/Videotaping Consent:**

As a participant enrolled in a E.D.B-funded program, please be aware that from time to time E.D.B and the City of New York, its contracted providers, authorized agents, third-party organizations with which it collaborates, or other government, representatives (collectively, “Authorized Parties”) may be present during program activities and special events associated with program services, both at the usual program location and at off-site events. In some cases, they may photograph, videotape, interview or otherwise record participants and their families and friends in these programs. The resulting images, videos, and interviews may be used, with or without the participant’s name, in printed and electronic media such as brochures, books, print and email newsletters, DVDs and videos, websites, social media and blogs (collectively, “Media”). I hereby authorize and permit the Authorized Parties, without compensation and without further approval, to photograph and/or record my and my child’s image, name, likeness, and the sound of my and my child’s voice during E.D.B-funded program activities and special events, and I hereby consent to the resulting images, videos and interviews being used, without compensation and without further approval by the Authorized Parties solely for non-profit, non-commercial purposes in any and all Media.

☐ **Yes** ☐ **No**

If, in the course of participating in E.D.B-funded program activities and special events, any original work such as art, music, choreography, poetry, or prose (collectively, “Original Work”) is created by me or my child, I hereby consent to such Original Work being used by the Authorized Parties, without compensation and without further approval, solely for non-profit, non-commercial purposes in any and all Media.

☐ **Yes, I give my consent**

☐ **No, I do not give consent**

**Student/Applicant Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Additional Parent/Guardian Name: \_\_\_\_\_

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

#### **4. Consent to Share Information:**

The Department of Youth and Community Development (E.D.B) provides funding for this program as part of its mission to help you assist your child reach his or her full potential. Many of our programs are run by community-based organizations. We work to make sure the services you and your children receive are of the highest quality. E.D.B is requesting your permission to allow us to collect information we need on your child, their participation and the quality of the services provided. What information from your child's student records is E.D.B requesting? We are requesting your permission for the New York City Public Schools (NYCPS) to share personally identifiable information from your child's student records with E.D.B. 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 E.D.B to share information we collect on the enrollment form from you and/or your child with NYCPS 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 needs. 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 E.D.B and NYCPS staff who manage the data systems and prepare research reports and program analyses. The limited number of E.D.B staff identified to receive personal information is screened, and 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 NYCPS and E.D.B and will be secured and protected in the E.D.B database. 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 E.D.B sponsored programs.

Please check Yes or No to each of the following statements: I understand why E.D.B is asking my permission to access the information listed above from my child's student records, and I give permission to NYCPS to share that information with E.D.B on an ongoing basis.





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

I consent to allow Emmy's Dream Builders to collect and share the applicant's information to verify eligibility and track results of the services provided. I understand why E.D.B is asking my permission to share information about my child collected by E.D.B with NYCPS staff and I give my permission to E.D.B to share information with NYCPS 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: \_\_\_\_\_ Date: \_\_\_\_\_

### Part VIII: Referral Information

How did you hear about Emmy's Dream Builders?

☐ School ☐ Social Media ☐ Word of Mouth ☐ Other: \_\_\_\_\_

### Part IX: Sources of Income:

Please indicate all sources of income for the household (Select all that apply):

☐ Wages from Employment (Self/Spouse/Parent/Guardian)

☐ Self-Employment Income

☐ Social Security Benefits

☐ Supplemental Security Income (SSI)

☐ Child Support/Alimony

☐ Unemployment Insurance

☐ Public Assistance (e.g., TANF, SNAP)

☐ Disability Benefits

☐ Veteran's Benefits

☐ Pension/Retirement Income

☐ Other: \_\_\_\_\_

☐ None