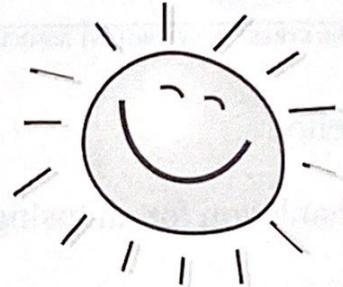




# "SISDA" Beacon Summer Day Camp 2020



Child's Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_(mm/dd/yyyy)

T-Shirt Size:

Youth Size \_\_\_\_\_

Regular Size \_\_\_\_\_

Application # \_\_\_\_\_



# "SISDA" Beacon Summer Day Camp 2020



SIMPSON STREET DEVELOPMENT ASSOCIATION, INC.

997 East 163rd Street Bronx, NY 10459 Tel: (718) 589-1510/1511

Hello,

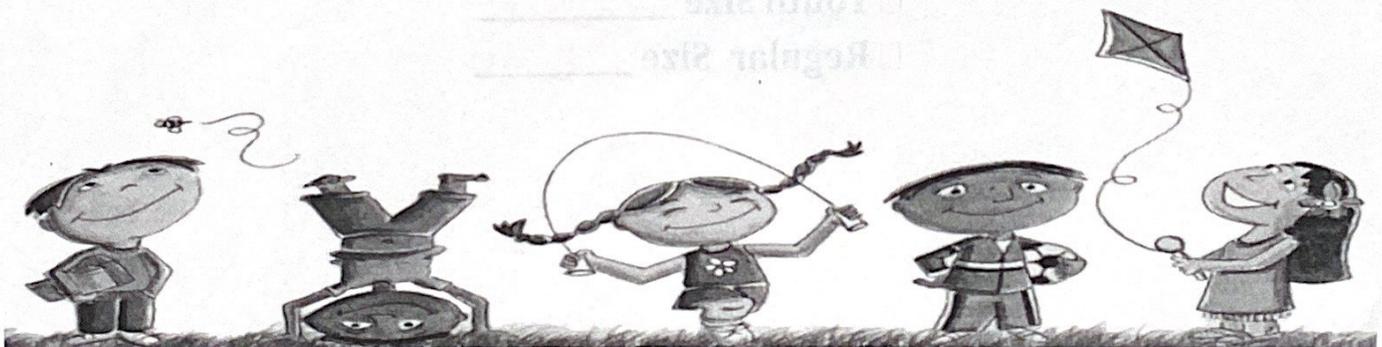
Thank you for choosing SISDA Summer Day Camp!

Our camp is an educational day camp accompanied with recreational activities to supply your child with a progressive, safe, and exciting summer! ***Our seats are on a first come first served basis by age group for those who successfully complete the application process.*** The application should be completed thoroughly in ***black or blue ink and submitted with the required following information:***

- A completed Summer Camp Application
- An Updated Physical Form (that will not expire before August 21, 2020)
- Mandatory Parent Summer Orientation
- A current passport photo of your child. ( Wallet Sized Photo Acceptable)

Please be advised that your application cannot be processed without the required documents. **The last day to submit your application is Friday, June 15, 2020 at 5:30pm.**

We look forward to seeing you this summer!



Office Use Only	
Date Application Received:	
Enrollment Start Date:	
Intake Specialist/Staff:	
Additional Information:	



## DYCD Universal Participant Intake: Youth & Adult Application

Welcome to the Department of Youth and Community Development (DYCD)! DYCD is a New York City agency that funds programs for youth and families. These programs are operated by Community Based Organizations (CBOs). This form will allow you or your child to apply to a DYCD Comprehensive Afterschool System (COMPASS), Beacon, or Cornerstone youth or adult program. Please complete this form fully and return to the CBO that operates the program. One application will be accepted per person per site. **Submission of an application does not guarantee enrollment in the program.** Further paperwork and information may be required to determine program eligibility. If accepted, program will be **at no cost** to the participant. The following application items are collected for informational and program planning purposes only: *Income, Gender, Race, Ethnicity, Language, Population Type, Household Information and Health Insurance Status.* Responses to these questions will not impact your eligibility to receive services and will not be shared outside of DYCD without the applicant's permission.

Part I: Applicant Information		
For the purposes of this application, applicant refers to the person applying to receive services. Select one:		
<input type="checkbox"/> I am completing this application for myself <input type="checkbox"/> I am a parent or guardian completing this application for my child <input type="checkbox"/> I am a relative/non-relative, completing this application on behalf of the applicant		
Applicant's First Name:	Applicant's Last Name:	MI:
Applicant's Date of Birth (MM/DD/YEAR):	Applicant's Primary Address (Number and Street):	
Applicant's Apt. Number:	Applicant's City:	Zip Code:
<b>Applicant's Sex at Birth</b> (Select One): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X (not female or male) <input type="checkbox"/> Not sure	<b>Applicant's Race</b> (Select all that Apply): <input type="checkbox"/> American Indian and Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other _____	<b>Applicant's Ethnicity</b> (Select One): <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Not Hispanic or Latinx
<b>Applicant's Gender Identity</b> (For Applicants Ages 14+, Select all that Apply): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary (not Female or Male) <input type="checkbox"/> Gender Nonconforming <input type="checkbox"/> Two Spirit (Native _____)	<input type="checkbox"/> Decline to Answer <input type="checkbox"/> Do Not Understand the Question <input type="checkbox"/> Not Sure <input type="checkbox"/> Another Gender: _____	<b>Does The Applicant Identify As Transgender?</b> (For Applicants Ages 14+, Select One): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Decline to answer <input type="checkbox"/> Do Not Understand The Question



<b>Applicant's Gender Pronoun</b> (For Applicants Ages 14+, Select One): <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Another Pronoun: _____	<b>Applicant's Sexual Orientation</b> (For Applicants Ages 14+): <input type="checkbox"/> Heterosexual (straight) <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Asexual <input type="checkbox"/> Queer <input type="checkbox"/> Questioning <input type="checkbox"/> Not Sure <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Another Sexual Orientation: _____
<input type="checkbox"/> Applicant lives in a NYCHA Development (please provide name) _____	

**Part II: Applicant's (or Parent/Guardian's) Contact Information**

**Applicant's Contact Information**

*For youth without contact information, skip to the next section to provide parent/guardian contact information*

**Write down phone numbers for the applicant and circle the preferred method of contact:**

<input type="checkbox"/> Home _____	<input type="checkbox"/> Cell _____	<input type="checkbox"/> No Email
<input type="checkbox"/> Work _____	<input type="checkbox"/> Email _____	

**Parent/Guardian Information**

*This section is required for Applicants under 18*

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

**Write down all phone numbers and circle the best number to call in case of an emergency:**

<input type="checkbox"/> Home _____	<input type="checkbox"/> Cell _____	<input type="checkbox"/> No Email
<input type="checkbox"/> Work _____	<input type="checkbox"/> Email _____	

<b>Address:</b> <input type="checkbox"/> Same as Participant	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
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**Emergency Contact Information**

*At least one emergency contact must be identified*

<b>1</b>	<b>Emergency Contact #1 Name:</b>	<b>Relationship to Participant:</b>		
	<input type="checkbox"/> Emergency contact is parent/guardian of participant			
	<b>Write down all phone numbers and circle the best number to call in case of an emergency:</b>			
	<input type="checkbox"/> Home _____	<input type="checkbox"/> Cell _____	<input type="checkbox"/> No Email	
	<input type="checkbox"/> Work _____	<input type="checkbox"/> Email _____		
	<b>Address:</b> <input type="checkbox"/> Same as Participant	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>2</b>	<b>Emergency Contact #2 Name:</b>	<b>Relationship to Participant:</b>		
	<input type="checkbox"/> Emergency contact is parent/guardian of participant			



**Write down all phone numbers and circle the best number to call in case of an emergency:**

Home \_\_\_\_\_  Cell \_\_\_\_\_

Work \_\_\_\_\_  Email \_\_\_\_\_  No Email

**Address:** \_\_\_\_\_  Same as Participant

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

*This section is for parents/guardians enrolling their children*

*Emergency contacts listed in Section II are authorized to pick up the child unless otherwise noted.*

**The following additional people are authorized to pick up my child:**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

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

**Applicant's Education Status (Select One):**  
 Full-Time Student\*\*\*  Part-Time Student\*\*\*  Not in School\*\*\*\*

\*\*\*If applicant is a *Part-Time Student* or *Full-Time Student*: **Select applicant's current grade (Select One):**  
 \*\*\*\*If applicant is *Not in School*: **Select the last grade completed by the applicant (Select One):**

<b>Elementary School:</b> <input type="checkbox"/> Pre-K <input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<b>Middle School:</b> <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th
<b>High School:</b> <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> Obtained High School Diploma <input type="checkbox"/> Obtained High School Equivalency	<b>Community College:</b> <input type="checkbox"/> 1st year <input type="checkbox"/> 2nd Year <input type="checkbox"/> 3rd year <input type="checkbox"/> 4th Year + <input type="checkbox"/> Obtained Associate's Degree
<b>4-Year College/University:</b> <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Obtained Bachelor's Degree	<b>Master's Degree:</b> <input type="checkbox"/> Some Master's Degree credits, but no degree attained <input type="checkbox"/> Obtained Master's Degree
<b>Doctorate Degree:</b> <input type="checkbox"/> Some Doctorate degree credits, but no degree attained <input type="checkbox"/> Obtained Doctorate Degree	<b>Professional Degree:</b> <input type="checkbox"/> Some Professional Degree credits (e.g. MD, DDS, DVM, LLB, JD), but no degree attained <input type="checkbox"/> Obtained Professional Degree (e.g. MD, DDS, DVM, LLB, JD)
<b>Other:</b> <input type="checkbox"/> Obtained Foreign Degree <input type="checkbox"/> No Formal Schooling Attained	<b>Vocational/Trade School:</b> <input type="checkbox"/> Some Vocational or Trade School credits, but no certificate or degree attained <input type="checkbox"/> Obtained a certificate or degree from a Vocational or Tradeschool



**Applicant's Current Work Status (Select One):**

Employed Full-Time       Employed Part-Time       Retired

Unemployed (Short-Term, 6 months or less)       Unemployed (Long-term, more than 6 months)       Unemployed (Not in labor force)

Migrant Seasonal Farm Worker       Not applicable (applicant is under 14 years of age)

*Required for Full-Time Students*

**Student ID/OSIS:** \_\_\_\_\_

**School Type:**  
 Public  Charter  Private  Other \_\_\_\_\_

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

**School Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Part IV: Health Information**

**Applicant's Health Information**  
*Please answer the questions below and provide additional details in the space provided.  
 Many needs or health challenges can be accommodated and may not limit enrollment in the program.*

**Does the applicant have any allergies? (food, medication, etc.)**

No  Yes \_\_\_\_\_

**Does the applicant have asthma?**

No  Yes \_\_\_\_\_

**Does the applicant have special health care needs?**

No  Yes \_\_\_\_\_

**Does the applicant take medication for any condition or illness?**

No  Yes \_\_\_\_\_

**Are there activities the applicant cannot participate in?**

No  Yes \_\_\_\_\_

**Please provide any additional health information details:**

N/A

**Please list any accommodation(s) you are requesting for yourself/the applicant:**

N/A



Applicant's Health Insurance Status	
<p><b>Does the applicant have health insurance?</b> (Select One):</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Decline to Answer</p>	<p><b>If yes, what kind of health insurance does the applicant have?</b> (Check all that Apply):</p> <p><input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program</p> <p><input type="checkbox"/> Employment-Based <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> State Children's Health Insurance for Adults</p> <p><input type="checkbox"/> Military Health Care <input type="checkbox"/> Decline to Answer</p>
<p><b>If you do not have health insurance, do you want to be contacted by someone else with information about signing up for public health insurance?</b> (Select One):</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer</p>	<p><b>If you would like to be contacted about signing up for public health insurance, what is your preferred method of contact?</b> (Select One):</p> <p><input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> US Mail <input type="checkbox"/> Via provider</p> <p><input type="checkbox"/> Decline to Answer</p>

Part V: Additional Applicant Information	
<p><b>How well does the applicant speak English?</b> (Select One):</p> <p><input type="checkbox"/> Fluent/Verywell</p> <p><input type="checkbox"/> Well</p> <p><input type="checkbox"/> Not well</p> <p><input type="checkbox"/> Not well at all</p>	<p><b>Applicant's Primary Language</b> (Select One):</p> <p><input type="checkbox"/> English <input type="checkbox"/> Albanian <input type="checkbox"/> Arabic</p> <p><input type="checkbox"/> Bengali <input type="checkbox"/> Chinese* <input type="checkbox"/> French</p> <p><input type="checkbox"/> Fulani <input type="checkbox"/> German <input type="checkbox"/> Gujarati</p> <p><input type="checkbox"/> Haitian Creole <input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi</p> <p><input type="checkbox"/> Hungarian <input type="checkbox"/> Italian <input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean <input type="checkbox"/> Kru, Ibo, or Yoruba <input type="checkbox"/> Mande</p> <p><input type="checkbox"/> Punjabi <input type="checkbox"/> Persian <input type="checkbox"/> Polish</p> <p><input type="checkbox"/> Portuguese <input type="checkbox"/> Romanian <input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Turkish</p> <p><input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Yiddish</p> <p><input type="checkbox"/> Other: _____</p> <p style="text-align: right;">*including Cantonese and Mandarin</p>
<p><b>Other Languages Spoken by Applicant</b> (Select all that Apply):</p> <p><input type="checkbox"/> English <input type="checkbox"/> Albanian <input type="checkbox"/> Arabic</p> <p><input type="checkbox"/> Bengali <input type="checkbox"/> Chinese <input type="checkbox"/> French</p> <p><input type="checkbox"/> Fulani <input type="checkbox"/> German <input type="checkbox"/> Gujarati</p> <p><input type="checkbox"/> Haitian Creole <input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi</p> <p><input type="checkbox"/> Hungarian <input type="checkbox"/> Italian <input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean <input type="checkbox"/> Kru, Ibo, or Yoruba <input type="checkbox"/> Mande</p> <p><input type="checkbox"/> Punjabi <input type="checkbox"/> Persian <input type="checkbox"/> Polish</p> <p><input type="checkbox"/> Portuguese <input type="checkbox"/> Romanian <input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Turkish</p> <p><input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Yiddish</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Not applicable (only one language spoken by applicant)</p> <p style="text-align: right;">*including Cantonese and Mandarin</p>	<p><b>Would the applicant like to receive information/ be contacted about registering to vote?*</b> (Select One):</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>**Applicant is eligible to vote in U.S. federal elections if:</p> <ol style="list-style-type: none"> <li>1) You are a U.S. citizen;</li> <li>2) You meet your state's residency requirements;</li> <li>3) You are 18 years old. Some states allow 17-year-olds to vote in primaries and/or register to vote if they will be 18 before the general election. Check your state's voter registration age requirements.</li> </ol>



**Is the applicant any of the following:**

- Parent/Legal Guardian?  Yes  No
- Offender/Justice Involved?  Yes  No
- Foster Care Participant?  Yes  No
- Runaway Youth?  Yes  No
- Veteran?  Yes  No
- Active Military Personnel?  Yes  No
- An Individual with a Disability?  Yes  No  Decline to answer

**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 VI: Household Information**

For all the next set of questions, **HOUSEHOLD** is defined as any individual or group of individuals (family or non-family members) who are living together as one economic unit. **INCOME** is defined as the total annual gross income of all family and non-family members 18+ years old living within the household.

**The applicant lives in a household that is headed by**  
(Select One):

- Single Parent - Female
- Single Parent - Male
- Single Person - No children
- Non-related adults with
- Two Adults - No Children
- Two Parent Household
- Multigenerational Household
- Other: \_\_\_\_\_

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

- Own
- Rent
- NYCHA
- Shelter
- Homeless
- Other Permanent Housing
- Other: \_\_\_\_\_

**Applicant's Household Size** (Select One):

- One
- Two
- Three
- Four
- Five
- Six
- Seven
- Eight
- Nine
- Ten
- Eleven
- Twelve
- Thirteen
- Fourteen
- Fifteen
- Sixteen
- Seventeen
- Eighteen
- Nineteen
- Twenty+

**Total Household Income in the last 12 Months** (Select One):

- \$0
- \$1 to \$12,060
- \$12,061 to \$16,240
- \$16,241 to \$20,420
- \$20,421 to \$24,600
- \$24,601 to \$28,780
- \$28,781 to \$32,960
- \$32,961 to \$37,140
- \$37,141 to \$41,320
- \$41,321 to \$50,000
- \$50,001 to \$60,000
- \$60,001 to \$70,000
- \$70,001 to \$80,000
- \$80,001 to \$90,000
- \$90,001 to \$100,000
- \$100,000+
- Decline to Answer

**Sources of Applicant's Household Income** (Select all that Apply):

- Employment Wages
- Affordable Care Act
- Alimony or other
- Earned Income Tax
- Childcare Voucher
- Employment Tax Credit
- General Assistance
- Housing Choice Voucher
- HUD-VASH
- LIEHEAP
- Pension
- Permanent Supportive
- Private Disability
- Social Security
- Supplemental Nutrition
- Retirement Income (SSDI)
- Supplemental Security (SNAP)
- VA Non-Service
- Temporary Assistance for Unemployment Pension
- VA Service-Connected
- WIC
- Worker's Compensation
- Other: \_\_\_\_\_
- Decline to Answer





**Part VII: Consents and Signatures**

**Pick-up/Dismissal Information**

*This question must be answered for parents/guardians enrolling their children*

**My child has permission to travel home alone at dismissal:**

Yes  No

**Consent to Participate**

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 and access to those services, and to access additional funding.

**If participant is 18 and over:**

I acknowledge that I am 18 years of age or older and am authorized to give consent.

Yes  No

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Participant: Print Name

\_\_\_\_\_  
Date

**If participant is under 18 years old:**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian: Print Name

\_\_\_\_\_  
Date

**Consent for Emergency Medical Treatment**

**If participant is 18 and over**

I am enrolled as a participant in a DYCD-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

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Participant: Print Name

\_\_\_\_\_  
Date

**If participant is under 18 years old:**

My child is enrolled as a participant in a DYCD-funded program. In the event of a medical emergency, I hereby give consent for necessary emergency medical treatment for my child to be obtained, with the understanding that

I will be notified as soon as possible. I understand that every effort will be made to contact me, or, if I am unavailable, the emergency contact(s) listed, before and after medical care is provided.

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

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian: Print Name

\_\_\_\_\_  
Date



**Consent for Photography/Videotaping and Use of Original Work**

As a participant enrolled in a DYCD-funded program, please be aware that from time to time DYCD 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 DYCD-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 DYCD-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  No

**If participant is 18 and over:**

I acknowledge that I am 18 years of age or older and am authorized to give consent.

Yes  No

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

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**If participant is under 18 years old:**

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

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



**Parent/Guardian Consent to Collect and Share Student Information**

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. 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. DYCD 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 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 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 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, 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 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 (optional): \_\_\_\_\_

Additional Parent/Guardian Signature (optional): \_\_\_\_\_

# Trip Itinerary & Parental Consent

For Off-Site and Swim Trips at a Summer Camp

Record ID#: 40490612 Camp Name: SISDA Beacon Summer Day Camp

Camp Address: 977 Fox Street Room: 117 Borough: Bronx Zip Code: 10459

Trip Date	Trip Destination & Complete Address	Mode of Transportation	Activities (Include Hours for Swimming)	Parental Consent
Every Tuesday/Thursday from: 7/13/2020 to 8/14/2020 A max of 200 Participant per week.	American Museum of Natural History Address: Central Park West & 79th Street New York, N.Y 10024	Train	Activities Hrs.: 11:00am - 3:00pm	Yes <input type="checkbox"/> No <input type="checkbox"/>
Every Tuesday/Thursday from: 7/13/2020 to 8/14/2020 A max of 200 Participant per week.	African Burial Ground National Monument Address: Corner of Duane and Elk Street New York, N.Y 11211	Train	Activities Hrs.: 11:00am - 3:00pm	Yes <input type="checkbox"/> No <input type="checkbox"/>
Every Tuesday/Thursday from: 7/13/2020 to 8/14/2020 A max of 200 Participant per week.	Bronx Zoo Address: 2300 Southern Blvd Bronx, New York 10460	Train	Activities Hrs.: 11:00am - 3:00pm	Yes <input type="checkbox"/> No <input type="checkbox"/>
Every Tuesday/Thursday from: 7/13/2020 to 8/14/2020 A max of 200 Participant per week.	Park & Recreation Urban Park Rangers Custom Adventure Address: Broadway and, Van Cortlandt Park S. Bronx, New York 10471	Train	Activities Hrs.: 11:00am - 3:00pm	Yes <input type="checkbox"/> No <input type="checkbox"/>
Every Wednesday from: 7/13/2020 to 8/14/2020 A max of 200 Participant per week.	F.D.R PARK Address: 2957 Crompond RD Yorktown, Hts. New York 10598	Bus	Swimming Hrs.: 1:00pm - 3:00pm	Yes <input type="checkbox"/> No <input type="checkbox"/>
Every Wednesday from: 7/13/2020 to 8/14/2020 A max of 200 Participant per week.	Lake Welch Address: 800 Kanawauke Road Stony Point, N.Y 10980	Bus	Swimming Hrs.: 1:00pm - 3:00pm	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wednesday from: 08/19/2020 A max of 200 Participant	Rye Playland Address: 1 Playland Pkwy Rye, 10580	Bus	Activities Hrs.: 12:00pm - 5:00pm Youth & Family Picnic	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

## Parental Consent

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_,  
(Parent Name) (Camper Name)  
 \_\_\_\_\_ hereby give permission for him/her to participate in these trips and activities.  
(Camper age)

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





## Required Supplies for Summer Day Camp

Please LABEL your child's supplies.

- Notebook
- Folder
- Box of Pencils
- Safety Scissors
- Box of crayons/markers/colored pencils (either or)
- Sharpener
- Construction paper
- Glue
- Snacks
- Bottle of water everyday
- Small bottle of sanitizer and facial tissues (optional)

Please note that there are special projects that a group may be doing that may require supplies not on the list.