BCM 2020 Summer Program Application Packet

This is your 2020 Summer Program Application Packet.

This packet should contain:

☐ A letter outlining guidelines for the registration process (1 page)

☐ A copy of the DYCD Application (9 pages)
Dear Parents/Guardians:

We hope this letter finds you well and looking forward to the summer ahead. With generous support from the Department of Youth and Community Development, the Brooklyn Children's Museum (BCM) is able to offer a tuition-free summer program, Monday – Friday from 8:30am to 5:45pm, July – August, 2020 at P.S. 189 located at 1100 East New York Avenue, Brooklyn, NY 11212. Enrolled participants will take field trips to the Museum and other cultural institutions across the city. All participants will be provided breakfast and lunch during the program. This opportunity is available to children entering Grades 1- 6 in the Fall 2020 academic year. **Children entering first grade must celebrate their 6th birthday by July 5, 2020.**

*We are accepting applications from Friday, February 28, to Friday, April 10, 2020. Placement notifications will be sent during the week of May 4, 2020.*

To enroll your child(ren):

**STEP 1: Complete the Web Form**

Fill out and submit the BCM Summer 2020 Web Form (available on February 28th 2020) at [https://www.brooklynkids.org/education/summer-camp/](https://www.brooklynkids.org/education/summer-camp/)

This form allows us to better communicate your child’s status during the registration process.

**STEP 2: Download or Pick Up A Copy of The Application**

Pick up a copy of the application for each child. Forms will be available at the following locations from February 28 – April 10, 2020:

- Brooklyn Children’s Museum Admissions Desk - Hours: Tuesday-Sunday, 10:00am – 5:00pm (CLOSED MONDAYS)
- P.S. 189 – Main Office. Hours: Monday-Friday, 9:00am – 5:45pm (CLOSED during scheduled school holidays)

Downloaded applications must be printed out, completed, and submitted manually.

- If your child is selected for the program you will be required to submit a health form stamped by a doctor in order to confirm your child’s placement.

**STEP 3: Drop Off your Completed Application**

Parents/guardians must submit the following documents for each child applying to the program:

- a completed DYCD application (even if the child has already participated in any of the Museum's after school or summer programs)
- a copy of the child’s birth certificate or passport for age verification

Completed applications should be returned to Brooklyn Children’s Museum’s admissions desk or to Uscis Douglass in the Main Office at P.S. 189. Incomplete applications will not be accepted. **Admission to the program is determined by a lottery**, which gives preference to families who attend an Information Session and to siblings of selected applicants.

Information Sessions with details concerning the program will be held at the Brooklyn Children’s Museum from 12:00pm-12:30pm on the following dates:

- Saturday, March 7th 2020
- Saturday, April 4th 2020

Please do not hesitate to contact After School Program Manager Kwame Brandt-Pierce if you have any questions – [kbpierce@brooklynkids.org](mailto:kbpierce@brooklynkids.org) (Please write “BCM Summer 2020” in the subject of the email), or at 646-301-2511.

Warmly,

Kwame Brandt-Pierce

After School Program Manager
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:

☐ 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’s First Name: ____________________________  Applicant’s Last Name: ____________________________  MI:

Applicant’s Date of Birth (MM/DD/YEAR):

Applicant’s Gender (Select One):
☐ Male
☐ Female
☐ Gender Nonconforming

Applicant’s Race (Select all that Apply):
☐ American Indian and Alaskan Native
☐ Asian
☐ Black or African-American
☐ Native Hawaiian and Other Pacific Islander
☐ White or Caucasian
☐ Other

Applicant’s Ethnicity (Select One):
☐ Hispanic or Latino(a)
☐ Not Hispanic or Latino(a)

Applicant’s Primary Address (Number and Street):

Apt. Number:

City: ____________________________  Zip Code: ____________________________

☐ Applicant lives in a NYCHA Development (please provide name) ____________________________

Questions? Call Youth Connect: 1-800-246-4646  
www.nyc.gov/dycd
## Part II: 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:

<table>
<thead>
<tr>
<th>Method</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>________________________</td>
</tr>
<tr>
<td>Work</td>
<td>________________________</td>
</tr>
<tr>
<td>Cell</td>
<td>________________________</td>
</tr>
<tr>
<td>Email</td>
<td>________________________</td>
</tr>
<tr>
<td>No Email</td>
<td></td>
</tr>
</tbody>
</table>

### 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:

<table>
<thead>
<tr>
<th>Method</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>________________________</td>
</tr>
<tr>
<td>Work</td>
<td>________________________</td>
</tr>
<tr>
<td>Cell</td>
<td>________________________</td>
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<tr>
<td>Email</td>
<td>________________________</td>
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<tr>
<td>No Email</td>
<td></td>
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</tbody>
</table>

Address: ____________________________

City: ____________________________

State: ____________________________

Zip Code: ____________________________

### Emergency Contact Information

*At least one emergency contact must be identified*

<table>
<thead>
<tr>
<th>Contact #</th>
<th>Name:</th>
<th>Relationship to Participant:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Emergency Contact #1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Emergency Contact #2</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Method</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
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<td>________________________</td>
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<tr>
<td>Cell</td>
<td>________________________</td>
</tr>
<tr>
<td>Email</td>
<td>________________________</td>
</tr>
<tr>
<td>No Email</td>
<td></td>
</tr>
</tbody>
</table>

Address: ____________________________

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone #</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

The following people MAY NOT pick up my child:

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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):

- Elementary School: □ Pre-K □ K □ 1st □ 2nd □ 3rd □ 4th □ 5th
- Middle School: □ 6th □ 7th □ 8th
- High School: □ 9th □ 10th □ 11th □ 12th
- Community College: □ 1st year □ 2nd Year □ 3rd year □ 4th Year □ 5th year □ 6th Year+
- College/University: □ Freshman □ Sophomore □ Junior □ Senior
- Other: □ High School Equivalence (HSE) □ Vocational/Trade School □ Foreign Degree

**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: 
- □ 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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Decline to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the applicant have any allergies? (food, medication, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ No ☐ Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the applicant have asthma?</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td></td>
</tr>
<tr>
<td>Does the applicant have special health care needs?</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td></td>
</tr>
<tr>
<td>Does the applicant take medication for any condition or illness?</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td></td>
</tr>
<tr>
<td>Are there activities the applicant cannot participate in?</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td></td>
</tr>
<tr>
<td>Please provide any additional health information details:</td>
<td>☐ N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Please list any accommodation(s) you are requesting for yourself/the applicant: | ☐ N/A |         |                   |

### Applicant’s Health Insurance Status

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Decline to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the applicant have health insurance? (Select One):</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Decline to Answer</td>
</tr>
<tr>
<td>If yes, what kind of health insurance does the applicant have?</td>
<td>☐ Medicaid</td>
<td>☐ Medicare</td>
<td>☐ State Children’s Health Insurance Program</td>
</tr>
<tr>
<td>☐ Employment-Based</td>
<td>☐ Direct-Purchase</td>
<td>☐ State Children’s Health Insurance for Adults</td>
<td></td>
</tr>
<tr>
<td>☐ Military Health Care</td>
<td>☐ Decline to Answer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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? (Select One):

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Decline to Answer</th>
</tr>
</thead>
</table>
### Part V: Additional Applicant Information

#### How well does the applicant speak English? (Select One):
- [ ] Fluent/Very well
- [ ] Well
- [ ] Not well
- [ ] Not well at all

#### Applicant’s Primary Language (Select One):
- [ ] English
- [ ] Bengali
- [ ] Fulani
- [ ] Haitian Creole
- [ ] Hungarian
- [ ] Korean
- [ ] Punjabi
- [ ] Portuguese
- [ ] Spanish
- [ ] Urdu
- [ ] Other: ____________________________  

*Including Cantonese and Mandarin

#### Other Languages Spoken by Applicant (Select all that Apply):
- [ ] English
- [ ] Albanian
- [ ] Arabic
- [ ] Bengali
- [ ] Chinese*
- [ ] French
- [ ] Fulani
- [ ] German
- [ ] Gujarati
- [ ] Haitian Creole
- [ ] Hebrew
- [ ] Hindi
- [ ] Hungarian
- [ ] Italian
- [ ] Japanese
- [ ] Korean
- [ ] Kru, Ibo, or Yoruba
- [ ] Mande
- [ ] Punjabi
- [ ] Persian
- [ ] Polish
- [ ] Portuguese
- [ ] Romanian
- [ ] Russian
- [ ] Spanish
- [ ] Tagalog
- [ ] Turkish
- [ ] Urdu
- [ ] Vietnamese
- [ ] Yiddish
- [ ] Other: __________________________________________

*Including Cantonese and Mandarin

#### Would the applicant like to receive information/be contacted about registering to vote?** (Select One):
- [ ] Yes
- [ ] No

**Applicant is eligible to vote in U.S. federal elections if:
1) You are a U.S. citizen;
2) You meet your state’s residency requirements;
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.

#### 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 children
- 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 Subsidy
- Alimony or other Spousal Support
- Child Support
- Childcare Voucher
- Earned Income Tax Credit (EITC)
- Employment Tax Credit
- General Assistance
- Housing Choice Voucher
- HUD-VASH
- LIEHEAP
- Pension
- Permanent Supportive Housing
- Private Disability Insurance
- Public Housing
- Safety Net/Home Relief
- Retirement Income from Social Security
- Social Security Disability Income (SSDI)
- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Unemployment Insurance
- VA Non-Service Connected Disability Pension
- VA Service-Connected Disability Compensation
- 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

<table>
<thead>
<tr>
<th>Participant's Signature</th>
<th>Participant: Print Name</th>
<th>Date</th>
</tr>
</thead>
</table>

If participant is under 18 years old:

<table>
<thead>
<tr>
<th>Parent/Guardian’s Signature</th>
<th>Parent/Guardian: Print Name</th>
<th>Date</th>
</tr>
</thead>
</table>

#### 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

<table>
<thead>
<tr>
<th>Participant’s Signature</th>
<th>Participant: Print Name</th>
<th>Date</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Parent/Guardian’s Signature</th>
<th>Parent/Guardian: Print Name</th>
<th>Date</th>
</tr>
</thead>
</table>
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

If participant is under 18 years old:

Full Name of Participant  Participant’s Signature  Date

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): ___________________________________________