

**Community for Success Inc.
Scholars for Success @ PS/IS 270**



COMMUNITY 4 SUCCESS INC.
Nurturing Innovative Talent

WELCOME! The following application will allow your child to be enrolled in this program. One application will be accepted for each scholar. Submission of an application does not guarantee eligibility or enrollment in the program. If accepted, the program will be at low cost to the participant. An updated medical is required with the application.

Applicant's First Name **Applicant's Last Name** **Middle Initial**

Applicant's Date of Birth **Applicant's Sex** **Applicant's Primary Language**

Applicant's Age **Current Grade**

Applicant's Primary Address (Number and Street) **Apt. #**

Borough **Zip Code**

Parent/Guardian's Name#1

Parent/ Guardian's Cell Phone Number#1 **Parent Guardian's Email Address#1**

Relationship to Applicant#1

Parent Guardian's Name #2

Parent/Guardian's Cell Phone Number #2 **Parent/Guardian's Email Address #2**

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Relationship to Applicant #2

Preferred Method of (Contact Circle one)

Cell Phone

Home Phone

Email

Other: _____

Emergency Contact # 1

Name

Relationship

Telephone #

Emergency Contact # 2

Name

Relationship

Telephone #

Emergency Contact # 3

Name

Relationship

Telephone #

Emergency Contact # 4

Name

Relationship

Telephone #

Pick-up/Dismissal Information:

My child has permission to sign themselves out at dismissal. Yes No

My child has permission to walk home alone at dismissal. Yes No

My child MAY NOT be picked up by: _____

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Participant Health Information:

Please check any of the following that pertain to the participant. Many needs or health challenges can be accommodated and may not limit enrollment in the program. **(UPDATED MEDICAL REQUIRED WITH APPLICATION)**

Check off all that apply.

Allergies to food

Behavioral/Emotional Issues

Diabetes

Physical

Allergies to medications

Convulsions/Seizures

Individualized Education Plan Disabilities

Allergies other (please Specify)

Congestive Illness (e.g., heart murmur/disease, blood pressure)

Obesity

Other

Corrective Devices (e.g., crutches, hearing aid, eye glasses) (please specify)

Asthma

Does your child have special health care needs that require treatment and/or medication?

Does your child take medication for any condition or illness?

Updated Medical Information on File:

Are there any activities your child cannot participate in? (If so, please specify below) Activities your child cannot participate in:

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Consent for Photo/Videotaping and Use of Youth Work

Please be aware that sometimes staff, photographers, newspapers, television reporters, media representatives and public relations personnel may be present during program activities and special events, both at off-site events and events taking place in the usual program location. In some cases, they may photograph, videotape, interview or otherwise record children who participate in these events. The resulting images, videos and interviews may be used solely for non-profit, non-commercial purposes in printed and electronic media such as brochures, books, print and email newsletters, DVDs and videos, websites, social media and blogs (collectively, "Media"). These images, videos and interviews may be used by S4S and third-party organizations that collaborate with S4S, without compensation and without further approval, solely for non-profit, non-commercial purposes.

If, in the course of participating in program activities or special events, any original work is created by a participant, DYCD may use the created work in any and all Media to promote the program or for other informational, non-profit and non-commercial purposes, without compensation and without further approval.

• I understand my child may be photographed, interviewed or otherwise recorded during program activities and special events and give permission for my child to be photographed, interviewed or otherwise recorded solely for non-profit, non-commercial purposes of the program.

Yes, I give my permission

No, you do not have permission

• I understand that my child's work may be used in materials that promote programs, solely for non-profit, non-commercial purposes of the program.

Yes, I give my permission

No, you do not have permission
Consent for Emergency Medical Treatment I give authority to the Program Agency's staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. I understand that every effort will be made to contact me before and after medical care is provided.

Yes, I give permission

No, I do not give permission
Consent Statement I the undersigned, certify that I have reviewed all the above consent statements and indicated my wishes. I understand that consent is voluntary and I can withdraw it in writing at any time.

Parent/Guardian Name

Parent/Guardian Signature

Date

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Additional Parent/Guardian Name (optional)

Additional Parent/Guardian Signature

Date

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 Black Spectrum Theatre for additional services or to access additional funding.

Signatures: _____ Date: _____

Organization: Community 4 Success Inc. Scholars for Success

Intake Specialist/Staff: _____ Date: _____

****Please hand this application directly to administrative staff****

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Scholars are asked to adhere to the following agreement:

As a member of Scholars for Success's extended day program, I promise to:

1. Always treat others with respect
2. Use polite, kind words; Inappropriate language is discouraged
3. Always listen to and respect the afterschool staff despite emotions that may arise
4. Respect S4S; Refrain from touching PS270 teacher's belongings
5. Respect other people and their property
6. Always keep my hands and feet to myself
7. Always ask permission before leaving the afterschool area
8. Avoid fighting, bullying and teasing others
9. Take responsibilities of my actions
10. Always stand up for my beliefs
11. Always resolve conflicts nonviolently
12. Respect other people cultural/racial/ethnic background
13. Always help others when they are in need of help
14. Always tell the truth
15. Always clean up after myself
16. Be proud of who I am
17. Eat only in the designated areas provided
18. Always come prepared to learn something new everyday
19. Always make an effort no matter how challenging a task may be
20. Have fun!

I have read and understood the Rules and Regulations and discussed them with my scholar. My signature and my scholar's signature below indicate consent to these agreements.

Parent/Guardian Name: _____

Relationship to Scholar: _____

Parent Email: _____

Date: _____

Scholar Name: _____

Scholar Signature: _____

****Please hand this copy directly to administrative staff****

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Dear Parents/Guardians,

Many times throughout the year we take field trips around the neighborhood and/or to attractions to enhance and enrich our units. Please fill out this general permission slip and return it as soon as possible. This slip will be kept on file throughout the year and will cover any field trips (within walking distance or once requiring a bus transportation) taken during the 2023-2024 school year. We will continue to send home information regarding the events with dates, times, etc. for each trip. If at any time the emergency information changes, please send a note to administration.

Complete the bottom portion and return.

Thank you,

Management

I give permission for my child, _____, to attend all field trips throughout the 2023-2024 school year at S4S. I understand that I will receive information regarding these events and will notify the program if the emergency information changes.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

****Please hand this copy directly to administrative staff****

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PAYMENT SCHEDULE

Scheduled Payment	Period	Amount
October 9	October 16-November 3	\$195+\$15
October 30	November 6- November 24	\$195
November 20	November 27- December 15	\$195
December 11	December18- January 12	\$195
January 8	January 15- February 2	\$195
January 29	February 5- March 1	\$195
February 26	March 4- March 22	\$195
March 18	March 25- April 12	\$195
April 15	April 29- May 17	\$195
May 20	May 27- June 14	\$195

As incentive, for 10 consecutive on time payments, families will get their application fee waived for summer camp and priority for enrollment.

I agree to this payment schedule and will ensure Payments are submitted in time in order to prevent disruption of service. Failure to make payments in a timely manner will result in suspension or removal from service. Picking scholars up excessively late will accrue a fee to be paid.

Parent/Guardian #1 Signature

Date

Parent/ Guardian #2 Signature

Date

****Please hand this copy directly to administrative staff****

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This schedule has been created to assist in the financial planning of your scholar's extended day.

Check List

- Completed Application
- Parent Survey
- 3 week service fee
- Updated Medical

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Scheduled Payment	Period	Amount
October 9	October 16-November 3	\$195+\$15
October 30	November 6- November 24	\$195
November 20	November 27- December 15	\$195
December 11	December 18- January 12	\$195
January 8	January 15- February 2	\$195
January 29	February 5- March 1	\$195
February 26	March 4- March 22	\$195
March 18	March 25- April 12	\$195
April 15	April 29- May 17	\$195
May 20	May 27- June 14	\$195

As incentive, for 10 consecutive on time payments, families will get their application fee waived for summer camp and priority for enrollment.

In Partnership,
Management

KEEP FOR YOUR RECORDS

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**Program Closure Dates
2023-2024**

October 9 th , 2023	Italian Heritage/Indigenous People's Day
November 2 nd , 2023	Parent Teacher Conference (Half day)
November 7 th , 2023	Election Day
November 16 th , 2023	Parent Teacher Conference (Half a day)
November 23 rd and 24 th , 2023	Thanksgiving Recess
December 25- January 1, 2023	Winter Recess
January 15 th , 2024	Dr. Martin Luther King Jr. Day
February 19 th -23 rd , 2024	Midwinter Recess
March 7 th , 2024	Parent Teacher Conference (Half a day)
March 22 nd , 2024	Parent Teacher Conference (Half Day)
March 29 th – April 1st, 2024	Easter
April 10 th , 2024	Eid al-Fitr
April 22 nd -April 30 th , 2024	Spring Recess
May 27 th , 2024	Memorial Day
June 6 th , 2024	Chancellor's Day
June 7 th , 2024	Clerical Day
June 14 th , 2024	Last Day of Program

KEEP FOR YOUR RECORDS