

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:

- ☐ 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 Primary Address (Number and Street):
--	---

Applicant's Apt. Number:	Applicant's City:	Zip Code:
---------------------------------	--------------------------	------------------

Applicant's Sex at Birth (Select One): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X (not female or male) <input type="checkbox"/> Not sure	Applicant's Race (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 _____	Applicant's Ethnicity (Select One): <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Not Hispanic or Latinx
---	--	--

Applicant's Gender Identity (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 American/First Nations) <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Do Not Understand the Question <input type="checkbox"/> Not Sure <input type="checkbox"/> Another Gender: _____	Does The Applicant Identify As Transgender? (For Applicants Ages 14+, Select One): <input type="checkbox"/> Yes <input type="checkbox"/> Decline to answer <input type="checkbox"/> No <input type="checkbox"/> Do Not Understand The Question <input type="checkbox"/> Not Sure
--	--

Applicant's Gender Pronoun (For Applicants Ages 14+, Select One):

- ☐ She/Her/Hers
☐ He/Him/His
☐ They/Them/Theirs

- ☐ Decline to Answer
☐ Another Pronoun: _____

Applicant's Sexual Orientation (For Applicants Ages 14+):

- ☐ Heterosexual (straight)
☐ Gay
☐ Lesbian
☐ Bisexual
☐ Pansexual
☐ Asexual
- ☐ Queer
☐ Questioning
☐ Not Sure
☐ Decline to Answer
☐ Another Sexual Orientation: _____

☐ 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:

- ☐ Home _____ ☐ Cell _____
☐ Work _____ ☐ Email _____ ☐ No Email

Address:	City:	State:	Zip Code:
<input type="checkbox"/> Same as Participant			

Emergency Contact Information

At least one emergency contact must be identified

1	Emergency Contact #1 Name:	Relationship to Participant:		
	<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: <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email _____ <input type="checkbox"/> No Email			
	Address:	City:	State:	Zip Code:
	<input type="checkbox"/> Same as Participant			
2	Emergency Contact #2 Name:	Relationship to Participant:		
	<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:			
<input type="checkbox"/> Home _____		<input type="checkbox"/> Cell _____	
<input type="checkbox"/> Work _____		<input type="checkbox"/> Email _____ <input type="checkbox"/> No Email	
Address: <input type="checkbox"/> 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):

Elementary School: <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	Middle School: <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th
High School: <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	Community College: <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
4-Year College/University: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Obtained Bachelor's Degree	Master's Degree: <input type="checkbox"/> Some Master's Degree credits, but no degree attained <input type="checkbox"/> Obtained Master's Degree
Doctorate Degree: <input type="checkbox"/> Some Doctorate degree credits, but no degree attained <input type="checkbox"/> Obtained Doctorate Degree	Professional Degree: <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)
Other: <input type="checkbox"/> Obtained Foreign Degree <input type="checkbox"/> No Formal Schooling Attained	Vocational/Trade School: <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 Trade school

Applicant's Current Work Status (Select One):

- | | | |
|--|--|--|
| <input type="checkbox"/> Employed Full-Time | <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Unemployed (Short-Term, 6 months or less) | <input type="checkbox"/> Unemployed (Long-term, more than 6 months) | <input type="checkbox"/> Unemployed (Not in labor force) |
| <input type="checkbox"/> Migrant Seasonal Farm Worker | <input type="checkbox"/> 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

Does the applicant have health insurance? (Select One):

- ☐ Yes ☐ No
☐ Decline to Answer

If yes, what kind of health insurance does the applicant have?
 (Check all that Apply):

- ☐ Medicaid ☐ Medicare ☐ State Children's Health Insurance Program
☐ Employment-Based ☐ Direct-Purchase ☐ State Children's Health Insurance for Adults
☐ Military Health Care ☐ Decline to Answer

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):

- ☐ Yes ☐ No ☐ Decline to Answer

If you would like to be contacted about signing up for public health insurance, what is your preferred method of contact? (Select One):

- ☐ Email ☐ Phone ☐ US Mail ☐ Via provider
☐ Decline to Answer

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 ☐ 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*

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: _____

☐ Not applicable (only one language spoken by applicant)

**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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Offender/Justice Involved? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Foster Care Participant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Runaway Youth? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Veteran? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Active Military Personnel? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| An Individual with a Disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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):

- | | |
|---|--|
| <input type="checkbox"/> Single Parent - Female | <input type="checkbox"/> Two Adults – No Children |
| <input type="checkbox"/> Single Parent - Male | <input type="checkbox"/> Two Parent Household |
| <input type="checkbox"/> Single Person - No children | <input type="checkbox"/> Multigenerational Household |
| <input type="checkbox"/> Non-related adults with children | <input type="checkbox"/> Other: _____ |

Applicant's Housing Type (Select One):

- ☐ Own ☐ Rent ☐ NYCHA
☐ Shelter ☐ Homeless
☐ Other Permanent Housing
☐ Other: _____

Applicant's Household Size (Select One):

- | | | |
|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> One | <input type="checkbox"/> Two | <input type="checkbox"/> Three |
| <input type="checkbox"/> Four | <input type="checkbox"/> Five | <input type="checkbox"/> Six |
| <input type="checkbox"/> Seven | <input type="checkbox"/> Eight | <input type="checkbox"/> Nine |
| <input type="checkbox"/> Ten | <input type="checkbox"/> Eleven | <input type="checkbox"/> Twelve |
| <input type="checkbox"/> Thirteen | <input type="checkbox"/> Fourteen | <input type="checkbox"/> Fifteen |
| <input type="checkbox"/> Sixteen | <input type="checkbox"/> Seventeen | <input type="checkbox"/> Eighteen |
| <input type="checkbox"/> Nineteen | <input type="checkbox"/> Twenty+ | |

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

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

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

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Employment Wages | <input type="checkbox"/> Affordable Care Act Subsidy | <input type="checkbox"/> Alimony or other Spousal Support | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Childcare Voucher | <input type="checkbox"/> Earned Income Tax Credit (EITC) | <input type="checkbox"/> Employment Tax Credit | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> Housing Choice Voucher | <input type="checkbox"/> HUD-VASH | <input type="checkbox"/> LIEHEAP | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Private Disability Insurance | <input type="checkbox"/> Public Housing | <input type="checkbox"/> Safety Net/Home Relief |
| <input type="checkbox"/> Retirement Income from Social Security | <input type="checkbox"/> Social Security Disability Income (SSDI) | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> VA Non-Service Connected Disability Pension | <input type="checkbox"/> VA Service-Connected Disability Compensation |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> 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): _____

CBO: _____

School: _____

Parent Consent for Participation in Afterschool Evaluation Data Collection (SONYC and COMPASS High Participants Only)

Dear Parent:

Your child is enrolled in an afterschool program that is supported by the Department of Youth and Community Development (DYCD). American Institutes for Research (AIR) is doing a study of the afterschool programs that are part of COMPASS. In order to monitor the effectiveness of these programs and ensure their future success, DYCD, and its evaluation partner AIR, are collecting information about participants and their experiences in the afterschool program, specifically around youth leadership development. This project has been approved by the Department of Education (DOE). AIR will visit some of the afterschool programs and survey its staff as well as youth and their families to learn more about DYCD afterschool programs and how they can be improved.

We ask permission from parents to conduct the following study activities:

- Administer 10-minute surveys to children asking about the DYCD afterschool program in which they participate and their perceptions of youth leadership development in the afterschool program
- Invite children to attend 45-minute focus group and/or interview about the DYCD afterschool program in which they participate, focused on their experience in the afterschool program and their perceptions of youth leadership development

AIR may also collect and analyze of your child's school records from New York City Department of Education, including demographic data, school day attendance, disciplinary referrals, grade promotion, and academic performance data (e.g., test scores and grades). These data are anonymous and completely confidential. The data will be combined to the school-level and we will not be able to link this school information to individual children or their families.

Any information we collect will be used only to assess the DYCD afterschool program and will not be made public. The only people who will have access to this information are members of the AIR evaluation team. Choosing not to **participate in the evaluation will not affect your child in school, in the afterschool program, or in any other way.** We will not use your name or your child's name in any report. There are no known risks to participating in this study. Participation is voluntary and participants may withdraw at any time. Please contact Jessica Newman by phone (312-588-7341) or email (jnewman@air.org) with questions about the study.

If you have concerns or questions about your child's rights as a participant, please contact AIR's Institutional Review Board (which is responsible for the protection of project participants) at IRB@air.org, toll free at 1-800-634-0797, or c/o IRB, 1000 Thomas Jefferson St. NW, Washington, DC 20007.

TURN THE PAGE TO COMPLETE AND SIGN →

Parent Consent for Participation in Afterschool Evaluation Data Collection

Please select from the options below:

- ☐ *Yes, I GIVE PERMISSION FOR MY CHILD, _____, TO PARTICIPATE IN THE FOLLOWING AIR DATA COLLECTION ACTIVITIES:*
- ☐ *My child CAN complete AIR surveys about youth leadership development.*
 - ☐ *My child CAN attend focus groups and interviews about their experience in the afterschool program and their perceptions of youth leadership development.*
 - ☐ *Additionally, I would like to receive SMS text message updates about the evaluation of DYCD afterschool programs. AIR can send me text messages for future voluntary surveys. I understand that standard messaging may apply, and I can cancel at any time.*
- ☐ *No, I DO NOT WANT MY CHILD, _____, TO PARTICIPATE IN THE AIR DATA COLLECTION ACTIVITIES.*

Signature

Date

Consent for Audio Recording

If you gave your child permission to participate in focus groups and interviews, AIR researchers may record the student focus group and interviews for note-taking purposes. If you allow AIR to record the focus group and interviews, please sign below. No one outside of the research team will hear the recording, and the recording will be deleted when the study is concluded. Students can request to have the recorder turned off at any point.

- ☐ *Yes, I allow my child to be audio-recorded in the focus groups and interviews.*
- ☐ *No, I do not allow my child to be audio-record in the focus groups and interviews.*

Signature

Date

If you have any questions or concerns about the evaluation, please contact Jessica Newman, the project manager at AIR, at (312) 588-7341 or by email at jnewman@air.org. If you have questions about DYCD afterschool programs, visit DYCD Youth Connect <http://www1.nyc.gov/site/dycd/connected/youth-connect.page> or call by phone at 1-800-246-4646.

COMPASS PROGRAM