



Today's Date/ Fecha de hoy			
To Be Completed By Staff: Member ID		To Be Completed By Staff: Group	
CHILD'S INFORMATION/INFORMACIÓN DEL NIÑO			
<i>Please check sessions:</i>		<input type="checkbox"/> Session 1: July 2– July 27 <input type="checkbox"/> Session 2: July 30- August 16	
<i>Last Name/Apellido</i>		<i>First Name/Nombre</i>	<i>Middle/Inicial</i>
<i>Address/Dirección</i>		<i>Apt</i>	<i>NYCHA Resident</i> <input type="checkbox"/> Y <input type="checkbox"/> N
<i>City/Cuidad</i>		<i>State/Estao</i>	<i>Zip</i>
<i>Home Telephone/Teléfono de la casa</i> ()		<i>Attended Summer 2011</i> <input type="checkbox"/> Y <input type="checkbox"/> N	
<i>Age/Edad</i>	<i>Gender/Sexo</i> <input type="checkbox"/> M <input type="checkbox"/> F	<i>Date of Birth/Fecha de nacimiento: (mm/dd/yy)</i>	
<i>Grade/Grado In September</i>	<i>School/Escuela</i>	<i>School Type</i> <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter	
<i>Primary Language Spoken</i>		<i>Other Languages Spoken</i>	
<i>Ethnicity/Etnicidad</i>	<input type="checkbox"/> American Indian/Americano native <input type="checkbox"/> Asian/Asiático <input type="checkbox"/> African-American/Black (Non-Hispanic) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Blanco (Non-Hispanic) <input type="checkbox"/> Other/Otro/Multi-Race <input type="checkbox"/> Pacific Islander		
<i>Other GRCC Programs Attended</i>	<input type="checkbox"/> Day Care <input type="checkbox"/> BWC After School <input type="checkbox"/> BWC Summer Camp <input type="checkbox"/> Head Start <input type="checkbox"/> W84th Street After School <input type="checkbox"/> W84th Street Summer Camp <input type="checkbox"/> OPTIONS <input type="checkbox"/> Beacon <input type="checkbox"/> Softball <input type="checkbox"/> Swimming		
<i>Where did you learn about this program?</i>	<input type="checkbox"/> Previous Member <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Flyer <input type="checkbox"/> Website <input type="checkbox"/> Email <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> Other _____		





<i>Child's Last Name/ Apellido</i>		<i>Child's First Name/ Nombre</i>	
PARENT/GUARDIAN INFORMATION/INFORMACION DEL PADRE/GUARDIAN			
Parent/Guardian/1			
<i>Last Name/APELLIDO</i>		<i>First Name/NOMBRE</i>	<i>Middle/Inicial</i>
<i>Telephone/Teléfono</i> ()		<i>Business/Other Telephone/Teléfono del trabajo</i> ()	
<i>Cell/Other Telephone</i> ()		<i>Email Address</i>	
<i>Relationship/Relación</i>	<i>Primary Language Spoken</i>		<i>Other Languages Spoken</i>
<i>Are you a registered voter?/¿Usted esta registrado para votar?</i> <input type="checkbox"/> Y <input type="checkbox"/> N			
Parent/Guardian/2			
<i>Last Name/ Apellido</i>		<i>First Name/ Nombre</i>	<i>Middle/ Inicial</i>
<i>Telephone/Teléfono</i> ()		<i>Business/Other Telephone/Teléfono del trabajo</i> ()	
<i>Cell/Other Telephone</i> ()		<i>Email Address</i>	
<i>Relationship/Relación</i>	<i>Primary Language Spoken</i>		<i>Other Languages Spoken</i>
HOUSEHOLD INFORMATION			
<i>Household Type</i> <input type="checkbox"/> Single Parent-Female <input type="checkbox"/> Single Parent-Male <input type="checkbox"/> Two Parents <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other			
<i>Number in Household</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more			
<i>Income/Ingreso</i> <input type="checkbox"/> Employment <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Public Benefits <input type="checkbox"/> Unemployment <input type="checkbox"/> Retirement <input type="checkbox"/> No Income <input type="checkbox"/> Other			
<i>Are you or any member of your household (0-65 years of age) covered by Medicaid, Child Health Plus, Family Health Plus or private medical insurance?</i> <input type="checkbox"/> Y <input type="checkbox"/> N			
<i>Are any other members of the household involved in GRCC programs?</i> <input type="checkbox"/> Y <input type="checkbox"/> N	<i>If yes, which programs?</i> <input type="checkbox"/> Beacon After School <input type="checkbox"/> BWC After School <input type="checkbox"/> Head Start <input type="checkbox"/> Day Care <input type="checkbox"/> Beacon Evening <input type="checkbox"/> BWC Summer Camp <input type="checkbox"/> Softball <input type="checkbox"/> Swimming <input type="checkbox"/> Beacon Summer Day Camp <input type="checkbox"/> W84th Street After School <input type="checkbox"/> OPTIONS <input type="checkbox"/> W84th Street Summer Camp <input type="checkbox"/> Senior Center <input type="checkbox"/> Other		





<i>Child's Last Name/ Apellido</i>		<i>Child's First Name/ Nombre</i>	
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**EMERGENCY CONTACTS & DISMISSAL AUTHORIZATION /
CONTACTOS DE EMERGENCIA Y AUTORIZACIÓN PARA RECOGER A LOS NIÑOS**

Please provide us with a list of additional names and telephone numbers of alternate persons whom we may contact in case of emergency. Designate any of these people as authorize to pick up your child by checking the box beside their name.

<i>Last Name/Apellido</i>	<i>First Name/Nombre</i>	<i>Telephone/Telefono</i>	<i>Relationship/ Relación</i>	<i>Pick Up</i>
		()		[]
		()		[]
		()		[]

*Please list any additional people, family members and friends, not listed above who you authorize to pick up your child from the program. **Parent/Guardian1 is automatically included as an authorized person. Authorized escorts must be 11 years or older.***

[] *I give permission for my child to walk home alone/Yo autorize a que mi hijo/a a casa.*

<i>Last Name/ Apellido</i>	<i>First Name/Nombre</i>	<i>Telephone/ Teléfono</i>	<i>Relationship/ Relación</i>
		()	
		()	
		()	
		()	
		()	

[] **Child may not be picked up by/El niño no puede ser recogido por:**

<i>Last Name/ Apellido</i>	<i>First Name/Nombre</i>	<i>Relationship/ Relación</i>





<i>Child's Last Name/ Apellido</i>		<i>Child's First Name/ Nombre</i>	
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PARENT/GUARDIAN CERTIFICATION & AGREEMENT

As a condition of registration of my child in the Bernie Wohl Center Summer Day Camp Program at **GODDARD RIVERSIDE COMMUNITY CENTER (CENTER)**, I agree to the following:

All of the given information on registration contract is correct. I will follow program rules and regulations including making adequate arrangements to have young children picked up at dismissal time. I will, to the best of my ability, support my child's participation and development and will communicate with the CENTER to accomplish these goals.

PARTICIPATION. I agree to participate in Parent Activities including attending meetings, volunteering or contributing to special events.

TRIP PERMISSION. I hereby give my child permission to take all trips and participate in all events with the CENTER during regular program hours, (8:00 a.m. – 6:00 p.m.), within the New York City/Tri State area. Trip calendars will be available the first day of camp.

WAIVER. I hereby authorize **Goddard Riverside Community Center** to photograph and record, both digital and analog, my child for any and all purposes in connection with **Goddard Riverside Community Center**. I agree to hold **Goddard Riverside Community Center** harmless from any liability arising out of photographs, digital images, videos and recordings and waive any compensation for pictures, printed works or audio/visual products of or by my child.

MEDICAL AUTHORIZATION. In the event of an emergency, and after every attempt has been made to contact me, I hereby give permission for the agency, **Goddard Riverside Community Center**, to get medical treatment for my child. I further authorize the doctor or the hospital to which my child may be brought and whomever they may designate as their assistant, to perform any emergency procedure or operation on my child during their attendance in **the Goddard Riverside Community Center** program.

Parent/Guardian Signature/ Firma del Padre/Guardián	/ / Date/Fecha
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<i>Child's Last Name/ Apellido</i>		<i>Child's First Name/ Nombre</i>	
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REGISTRATION FEES/Costos de registrar a un niño

Parent/Guardian Name/ <i>Nombre del Padre/ Guardián</i>	
Home Telephone/ <i>Teléfono de la casa</i>	()
Business Telephone/ <i>Teléfono del trabajo</i>	()

FOR OFFICE USE ONLY			
FEES			
Registration Fee	Session 1	Session 2	Total

I agree to pay \$ _____ for my child attending the Summer Day Camp. I understand the \$50.00 registration fee is non-refundable and is due at time of registration. Failure to make scheduled payments may result in the forfeit my child's space in the program. All payments should be completed or arrangements made by June 30th. In case of cancellation, camp fees are refundable, minus \$50.00 fee, if child does not attend camp. No refund will be made if a child leaves camp for any reason before the expiration of the camp session. Camp reserves the right to cancel registration if payments are not completed as scheduled or camper is not present at camp for several days without prior notice.

Parent/Guardian Signature/*Firma del Padre/Guardián*

Today's Date/*Fecha de hoy*





<i>Child's Last Name/ Apellido</i>		<i>Child's First Name/ Nombre</i>	
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PAYMENT SCHEDULE/CALENDARIO DE PAGO

(This section will be completed by PROGRAM STAFF/
Esta seccion sera completada por un miembro del Centro)

	Date Paid/ Fecha de pago	Receipt Number/ Numero de recibo	Amount Due/ Total a deber	Amount Paid/ Cantidad pagada	Balance
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



See INSTRUCTIONS on reverse.

DAY CARE CENTER NAME: Goddard Riverside Community Center

Print the name of the child(ren) enrolled in Day Care:

1. _____ 2. _____ 3. _____

DIRECTIONS:

Complete SECTION A if your household:

1. Receives Temporary Assistance to Needy Families (TANF)
2. Receives Food Stamps
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR)
4. Currently has a foster child enrolled in day care

Complete SECTION B if Section A does not apply:

Sign, date and indicate the Social Security number of the adult signing the certification and return the completed form to the day care center.

SECTION A	SECTION B															
<p>TANF Number _____</p> <p>Food Stamp Case Number _____</p> <p>FDPIR Number _____</p> <p>Foster Child's Name _____</p> <p>Foster Child's Personal Monthly Income \$ _____</p> <p>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received last month in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, welfare payments, child support and any other sources of income.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name of Household Members</th> <th style="width: 30%;">Monthly Gross Income</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>\$ _____</td> </tr> <tr> <td>2. _____</td> <td>\$ _____</td> </tr> <tr> <td>3. _____</td> <td>\$ _____</td> </tr> <tr> <td>4. _____</td> <td>\$ _____</td> </tr> <tr> <td>5. _____</td> <td>\$ _____</td> </tr> <tr> <td>6. _____</td> <td>\$ _____</td> </tr> </tbody> </table>		Name of Household Members	Monthly Gross Income	1. _____	\$ _____	2. _____	\$ _____	3. _____	\$ _____	4. _____	\$ _____	5. _____	\$ _____	6. _____	\$ _____
Name of Household Members	Monthly Gross Income															
1. _____	\$ _____															
2. _____	\$ _____															
3. _____	\$ _____															
4. _____	\$ _____															
5. _____	\$ _____															
6. _____	\$ _____															
<p>FOR SPONSOR USE ONLY</p>	<p>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>SS# _____ Date: _____</p>															
<p>Sponsor Agreement Number _____</p> <p>Total Household Members _____</p> <p>Total Income \$ _____</p> <p>Free _____ Reduced _____ Paid _____</p> <p>Signature of Determining Official _____</p> <p>Date Determined ____/____/____</p>																

Section 9

Unless you list the child's food stamp, FDPIR or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the application or indicate that the household member signing the application does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The social security number may be used to identify the household member in verifying the correctness of the information stated on the application. This may include program reviews, audits and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or TANF office to determine current certification for food stamps, FDPIR or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

Definition of Income

"Income" means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) public assistance or welfare payments; (7) unemployment compensation; (8) government civilian employee or military retirement, or pensions or veteran's payments; (9) private pensions or annuities; (10) alimony or child support payments; (11) regular contributions from persons not living in the household; (12) net royalties; (13) military benefits received in cash, such as housing allowance; and (14) any other cash income.

Definition of Household

Household means "family" as defined in Section 226.2. "Family" means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

INSTRUCTIONS FOR COMPLETING DOH-3688

Instructions for Parents or Guardians:

Write in the name of the day care center in the space provided.

Print the name of each child in your household who attends this day care center.

Section A: If your household receives Temporary Assistance for Needy Families (TANF) or Food Stamps or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the TANF, FS or FDPIR number (do not use your ACD or DSS child care subsidy number) and sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in day care, complete Section A only. Write in the foster child's name and any income that the child receives from social services for his or her personal use. Write in "0" if the foster child does not receive any income. A separate application must be completed for each foster child. The foster parent or an official who represents the child must sign and date the form and then return it to the day care center.

Section B: Write in the names of all the people living in your household, even if they do not have any income. Include yourself and all other adults and children in the household, including unrelated people. Do not include the children in day care, who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household on the reverse side of the application. If any amount last month was more or less than the usual, write in that person's usual income. The signature and social security number of the adult signing the certification is required. If you do not have a social security number, write "none".

Instructions for Centers and Sponsors

The "For Sponsor Use Only" section is to be completed, signed and dated by day care center or sponsor staff.

The sponsor/center representative must review the income eligibility application and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The sponsor agreement number.

Total household members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in day care.

Total Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the application must be categorized as "paid."

Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (DOH-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the DOH-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 2.15 to determine monthly income, or by 26 to determine yearly income.

Incomplete applications (missing signatures, income information, social security numbers, TANF FDPIR or Food Stamp numbers) are categorized in the paid category.

The income eligibility application is valid for one calendar year only.

TANF YOUTH SERVICES APPLICATION

The information requested on this form is necessary to determine whether or not federal Temporary Assistance for Needy Families (TANF) funds may be used to provide services to you. This application form may be used by an applicant for services who is under 21 years of age.

SECTION ONE

A. Information About the Youth Applicant

1. Applicant's Name: _____

Home Address: _____
(street) (apartment number)

_____ (city) (state) (zip code)

Social Security Number: _____

Date of Birth: _____
(month, day, year)

Telephone Number: _____

SECTION TWO Citizen / Non-Citizen Status

A. Are you a United States citizen?

- Yes.** If yes, go to Section Three.
- No.** If no, complete Item B.

B. If you (the youth applicant) are not a United States citizen, look at the "Immigration Status List" on pages 5 and 6 and tell us which status applies to you. Enter the status number from the list and complete the information below.

Immigration status (# 1 through 15) that applies: _____

INS Form Number: _____

Alien Number: _____

Date of Entry into United States: _____

SECTION THREE Income of Family Members

A. Do you (the youth applicant) currently receive benefits under one or more of these programs?

- Yes,** check which program(s) and then go to Section Four.

FAMILY ASSISTANCE/ SAFETY NET	MEDICAID	FOOD STAMPS	HEAP	SSI	SCHOOL LUNCH

- No,** complete Item B, on page 2.

B. If you do not currently receive one of the programs listed above, please tell us about any income of your family members.

Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. You should not include other family members such as grandparents, uncles or aunts. If you are married, you should include your spouse, but do not need to include your parents or siblings.

List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member. You do not need to include any earned income (wages) received by you or any other family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

	NAME	INCOME SOURCE: WAGES, SOCIAL SECURITY, etc.	AMOUNT	RECEIVED (Check One)		
				Yearly	Monthly	Weekly
1.						
2.						
3.						
4.						
5.						
6.						

SECTION FOUR Applicant Notification and Signature

The individual signing this application may be asked to prove any or all of your statements. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security number(s) because any person applying for or receiving federal TANF services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, food stamps), to do a computer match to verify other information on the application, or to verify your alien status.

If you disagree with any decisions we make regarding your eligibility to receive TANF services, you may have your certification reviewed by a person at a level above the person who made the first decision.

By signing this, I am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided.

Signed: _____ Date: _____

Relationship to Applicant: _____

If the applicant lives with his or her parents, a parent or other adult relative caretaker must sign this form for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care.

