

| STAFF COMPLETES | | | |
|--|--|---|--|
| Registration Date/ Fecha de hoy | | Group/Grupo | |
| PARTICIPANT INFORMATION/INFORMACIÓN DEL PARTICIPANTE | | | |
| Please Check Sessions | | <input type="checkbox"/> Session 1: July 1 – July 26 <input type="checkbox"/> Session 2: July 29 - August 16 | Extended Hours <input type="checkbox"/> Post-Camp/Pick-Up 5:30pm-6:15pm |
| Last Name/ Apellido | | First Name, Middle / Nombre, Inicial | |
| Home Address/ Dirección | | | Apt/Apto |
| City/Cuidad | | <input type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Bronx <input type="checkbox"/> Brooklyn <input type="checkbox"/> Staten Island <input type="checkbox"/> _____ | |
| State/Estado | | <input type="checkbox"/> NY <input type="checkbox"/> NJ <input type="checkbox"/> _____ | Zip Code/ Codigo Postal |
| Home Telephone/ Teléfono de su casa | | | |
| Housing/Vivienda <input type="checkbox"/> Rental/Alquiler <input type="checkbox"/> NYCHA Housing/Vivienda NYCHA <input type="checkbox"/> Other/Otro <input type="checkbox"/> Family Owned/ Propiedad Familiar | | | |
| Age/Edad | | Gender/Sexo <input type="checkbox"/> F <input type="checkbox"/> M | |
| Date of Birth/ Fecha de nacimiento (mm/dd/yyyy) | | Primary Language Spoken/ Idioma Principal | |
| Current Grade/Grado | | School/Escuela | |
| School Type/ Tipo de Escuela | | <input type="checkbox"/> Public/Publica <input type="checkbox"/> Charter/Carta <input type="checkbox"/> Private/Privada <input type="checkbox"/> Parochial/Parroquial <input type="checkbox"/> Home School /Instrucción en el hogar <input type="checkbox"/> Other/Otro | |
| Sibling(s) Attending This Program Location Hermano/as en el programa | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Sibling(s) Attending Other Youth Program Locations Hermano/as asistiendo otro programa para juvenes | | <input type="checkbox"/> Beacon <input type="checkbox"/> PAC <input type="checkbox"/> BWC | |
| Background/ Origen Etnico | | <input type="checkbox"/> American Indian/Indio Americano <input type="checkbox"/> Multi-Racial/ /Multi-Raza <input type="checkbox"/> Black/African-American/Afroamericano <input type="checkbox"/> Pacific Islander/Isleño Pacifico <input type="checkbox"/> Asian/Asiático <input type="checkbox"/> White/Blanco <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other/Otro | |
| Any Medical Conditions/Allergies/ Alguna condición medica/Alergias | | <input type="checkbox"/> Y <input type="checkbox"/> N | If yes explain/ Si es si porfavor de explicar |
| Goddard Riverside Community Center/ Lincoln Square 250 West 65th, NY, NY 10023 (212) 874-0860 Fax (212) 799-6574 lsncsummercamp@gmail.com | | | |

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| Youth's Last Name/ Apellido | | Youth's First Name/ Nombre | |
| PARENT/GUARDIAN INFORMATION/INFORMACION DEL PADRE/GUARDIAN | | | |
| Primary Parent/Guardian | | | |
| Last Name/ Apellido | | First Name/ Nombre | |
| Relationship/Relación | | | |
| Home Telephone/Teléfono de la casa | | | |
| Cell/Other Telephone/ Teléfono del celular | | | |
| Business Telephone/Teléfono del trabajo | | | |
| Email Address/ Correo Electronico | | | |
| Primary Language Spoken/ Idioma Primario | | | |
| Are you a registered voter? /¿Usted esta registrado para votar? | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 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? / ¿Usted o algún miembro de su familia (de 0-65 años) tienen el seguro de Medicaid, Child Health Plus, Family Health Plus o seguro médico privado? | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Additional Contact. Contacto adicional | | | |
| Last Name/ Apellido | | First Name/ Nombre | |
| Relationship/Relación | | | |
| Home Telephone/Teléfono de la casa | | | |
| Cell/Other Telephone/Teléfono del celular | | | |
| Business Telephone/Teléfono del trabajo | | | |
| Email Address/ Correo Electronico | | | |

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| Youth's Last Name/ Apellido | | Youth's First Name/ Nombre | |
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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 will notify Goddard Riverside Community Center if there are any changes in the persons named in emergency contacts and dismissal authorizations **Parent/Guardian is automatically included as an authorized person. Authorized escorts under 14 old years of age will be allowed at the Program's discretion. /**

Por favor proveer una lista de nombres y telefonos de personas que podemos llamar en caso de emergencia y que pueden recoger a su hijo(a) del programa. Yo notificaré a Goddard Riverside Community Center si hay cambios en los nombres de las personas que estan en los contactos de emergencia y autorización de partida. **Padres/Guardianes están automáticamente incluidos como personas autorizadas. Escoltas autorizadas menos de 14 años de edad serán permitidos a la discreción del programa.**

| Last Name/APELLIDO | First Name/NOMBRE | Telephone/Telefono | Relationship/Relación | Pick Up/Recojer |
|--------------------|-------------------|--------------------|-----------------------|--------------------------|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

I give permission for my child to walk home alone. / Yo autorizo a que mi hijo/a camine solo a su casa.

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

| Last Name/ Apellido | First Name/Nombre | Relationship/ Relación |
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| Youth's Last Name/ Apellido | | Youth's First Name/ Nombre | |
| PARENT/GUARDIAN CERTIFICATION & AGREEMENT/ CERTIFICACIÓN Y ACUERDO DEL PADRE O GUARDIÁN | | | |
| <p>As a condition of registration of my child in the PROGRAM of GODDARD RIVERSIDE COMMUNITY CENTER (CENTER), I agree to the following:/Como condición del registro de mi hijo(a) en el PROGRAMA en GODDARD RIVERSIDE COMMUNITY CENTER, yo convengo lo siguiente:</p> | | | |
| <p>All 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. /Toda la información en el contrato de registraci3n esta corecta. Yo entiendo las reglas y polizas y voy a hacer lo mejor posible para recoger a mi hijo(a) a tiempo al la hora de partida del programa. Yo voy hacer lo mejor posible para apoyar a mi hijo(a) durante su participaci3n en le programa.</p> | | | |
| <p><u>PARTICIPATION/ PARTICIPACI3N:</u> I agree to participate in Parent/Family Events including attending meetings, volunteering or contributing to special events. /Yo participar3 en las actividades de los padres lo cual incluye reuniones, ser voluntario o contribuir a evento especiales.</p> | | | |
| <p><u>TRIP PERMISSION/ PERMISO PARA PASEOS:</u> I hereby give my child permission to participate in all program activities, field trips, sports, arts, recreation and events with the CENTER during regular program hours, within the New York City/Tri State area. /Yo doy permiso para que mi hijo(a) vaya a los paseos con el programa durante las horas regulares.</p> | | | |
| <p><u>WAIVER/ RENUNCIA:</u> I hereby authorize Goddard Riverside Community Center and DYCD to photograph and record, both digital and analog, my child for any and all purposes in connection with Goddard Riverside Community Center or DYCD. I agree to hold Goddard Riverside Community Center and DYCD 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. /Yo autoriz3 a Goddard Riverside Community Center y DYCD que retrat3 o grabe a mi hijo(a) para todo los propositos en conexi3n a Goddard Riverside Community Center o DYCD. Estoy de acuerdo con mantener a Goddard Riverside Community Center and DYCD libre de toda responsabilidad que pueda surgir de las fotografias, imagenes, videos y grabaciones de mi hijo(a).</p> | | | |
| <p><u>MEDICAL AUTHORIZATION/ AUTORIZACI3N MEDICA:</u> 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. /En el evento de una emergencia, y despu3 de que todos los medios de comunicarse conmigo sean agotados, yo le doy permiso a la agencia de Goddard Riverside Community Center de obtener atenci3n medica para mi hijo(a). Adem3s autorizo al medico y al hospital que pueden hacer cualquier procedimiento de emergencia o cirugia durante su asistencia en Goddard Riverside Community Center.</p> | | | |
| <p>_____ Parent/Guardian Signature/ Firma del Padre/Guardián</p> | | <p>____/____/_____ Date/Fecha</p> | |

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| <i>Youth's Last Name/ Apellido</i> | <i>Youth's First Name/ Nombre</i> |
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INFORMED CONSENT/ CONSENTIMIENTO INFORMADO

Purpose/ Proposito: Each year to assure that the Goddard Riverside Summer Day Camp/After School Programs is of high quality and has a positive impact on your child(ren), Goddard Riverside Community Center engages in ongoing evaluation and quality improvement efforts. Therefore, all children enrolled in the program may potentially be asked to complete a survey at the beginning and end of each program cycle. / Cada año, para asegurar el programa de verano y de despues de la escuela de Goddard Riverside Community Center sea de altà calidad y tenga un impacto positivo para sus niños, el Centro Comunitario Goddard Riverside se esfuerza a participar en evaluaciones y mejoramineto de calidad. De este modo, potencialmente les pediriamos a todos los participantes registrados en el program llenar una encuesta al principio y al final de cada ciclo del programa.

Procedures/ Procedimiento: Goddard Riverside Community Center is participating in the *Algorhythm Social Emotional Learning Survey*. Data will be gathered and analyzed through a web-based software – *Algorhythm's Youth Development Impact Learning System (YD iLearning System)*; each child will be assigned a unique identifier. Algorhythm's YD iLearning System will never use a child's name for any reason and all data analyzed through this system will be presented as group results. Staff within the Programs will have access to the data so that they can continue to improve programming and support all child(ren)s needs. / El Centro Comunitario Goddard Rivesride participa en ALGORHYTHM (Algoritmo)– encuesta de aprendizaje socio emocional. Los datos seran recogidos y analizados con equipos basados en la red Impacto del Desarrollo Juvenil en el Sistema Algorhythm (Sistema YD iLearning). Cada participante sera asignado un identificador exclusivo. El Sistema de Aprendizaje Algorhythm no usara el nombre de participantes por ninguna razòn y toda la informaciòn analizada atraves de este sistema sera presentada como el resultado del grupo. El personal de the After School Program in Goddard Riverside Community Center tendra acceso a esta inofrmacion para que puedan continuar mejorando el programa y apoyar las necesidades de los participantes.

Confidentiality/ Confidencialidad: Data within this system will be kept confidential in a secure database. All data collected from your child will be kept confidential and will be used by Goddard Riverside Community Center staff to increase the quality of the program/ La informacion dentro de este sistema se mantendra confidencial en una base de datos segura. Toda la informacion se mantendra confidencial y solo sera usada por el personal de G.R.C.C. para aumentar la calidad de este programa.

Voluntarily Participation: Participation is completely voluntary. If you agree that your son/daughter can take the survey, he/she will bring this form back to their program with your signed consent. / Participaciòn es completamente voluntaria. Si usted esta de acuerdo que su hijo/a tome parte en esta encuesta, necesita regresar este formulario al programa con su firma.

Consent/ Consentimiento

I have read this form and understand that my child will take part in the Algorhythm evaluation. I have also been provided a signed copy of this form. / He leído este formulario y entiendo que mi niño sera parte de la evaluacion Algorhythm. Tambien se me ha dado una copia firmada de este formulario.

_____ / _____ / _____
Parent/Guardian Signature/ Firma del Padre/Guardián **Date/Fecha**

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| <i>Youth's Last Name/ Apellido</i> | <i>Youth's First Name/ Nombre</i> |
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PROGRAM FEES/HONORARIOS DEL PROGRAMA

| | | | |
|--|---------------------------------------|--------------------------------------|---|
| Gross Annual Income | | Number of People in Household | |
| FEE SCALE | | | |
| | Income Range/Rango de Ingresos | Fee/Costos | |
| | \$0 - \$24,999 | \$600 | |
| | \$25,000 - \$49,999 | \$980 | |
| | \$50,000 - \$89,999 | \$1,370 | |
| | \$90,000 or greater | \$1,750 | |
| FEE FOR SINGLE SESSIONS (No Discounts except 5% off with Full Payment on day of registration) | | | |
| | Sessions | | Fee/Costos |
| | Session 1 Only | 18 days | Pro-rated from scale (no discounts) 55% |
| | Session 2 Only | 15 days | Pro-rated from scale (no discounts) 45% |

Program Discounts.

Check all that apply. Each entry is a 10% discount from total fee with a maximum of 20% discount.

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| <input type="checkbox"/> | NYCHA Resident |
| <input type="checkbox"/> | Enrolled in after school program 2018-2019 |
| <input type="checkbox"/> | Enrolled in summer camp 2018 |
| <input type="checkbox"/> | Enrolled in GRCC Early Childhood Program Spring 2019 |
| <input type="checkbox"/> | Enrolling one or more siblings in LSNC Summer Camp |
| <input type="checkbox"/> | Staff Discount |
| <input type="checkbox"/> | *Full Payment made on day of registration (Additional 5% Reduction) |
| Financial Assistant Organizations | |
| <input type="checkbox"/> | ACS Household |
| <input type="checkbox"/> | 1199 |
| <input type="checkbox"/> | Other (Foster Care, etc.) |

A non-refundable \$50.00 deposit is required at time of registration.
Payments must be complete by June 21st.

Se requiere un depósito no reembolsable de \$ 50.00 al momento de la inscripción.
Los pagos deben completarse antes del 21 de junio.

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