


STAFF COMPLETES					
Registration Date/ Fecha de hoy				Group/Grupo	
PARTICIPANT INFORMATION/INFORMACIÓN DEL PARTICIPANTE					
Please Check Sessions		<input type="checkbox"/> Session 1: June 29 – July 24 <input type="checkbox"/> Session 2: July 27 - August 13		Extended Hours	<input type="checkbox"/> Pre-Camp/Arrive by 8:15am <input type="checkbox"/> Post-Camp/Pick-Up 5pm-6pm
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/Estao		<input type="checkbox"/> NY <input type="checkbox"/> NJ <input type="checkbox"/> _____		Zip Code/ Codigo Postal	
Primary Telephone/Teléfono Primario					
Housing/Vivienda		<input type="checkbox"/> Rental/Alquiler <input type="checkbox"/> NYCHA Housing/Proyectos 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 <input type="checkbox"/> Gender Nonconforming		Date of Birth/ Fecha de nacimiento (mm/dd/yyyy)
Current Grade/Grado		<input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th			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"/> Other/Otro			
Race/Raza (Select all that Apply) (Seleccione todas las que correspondan)		<input type="checkbox"/> American Indian and Alaskan Native/Indio Americano y Nativo de Alaska <input type="checkbox"/> Asian/Asiático <input type="checkbox"/> Black/African-American/Afroamericano <input type="checkbox"/> Native Hawaiian and Pacific Islander/Hawaiano Nativo/Isleño Pacificas <input type="checkbox"/> White//Caucasian/Blanco <input type="checkbox"/> Other/Otro			
Ethnicity/Etnicidad		<input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> Not Hispanic/No Latino(a)			
Sibling(s) Attending This Program Location				<input type="checkbox"/> Y <input type="checkbox"/> N	
Sibling(s) Attending Other Youth Program Locations				<input type="checkbox"/> Beacon <input type="checkbox"/> PAC <input type="checkbox"/> LSNC	
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/ Bernie Wohl Center 647 Columbus Avenue, NY, NY 10025 (212) 799-9400 Fax (212) 875-9400 dnoyola@goddard.org * ycastillo@goddard.org		
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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			
Primary Telephone/Teléfono Primario			
Secondary Telephone/Teléfono Secundario			
Email Address/Coreo Electronico			
Primary Language Spoken/Lenguaje 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			
Last Name/Apellido		First Name/Nombre	
Relationship/Relación			
Primary Telephone/Teléfono Primario			
Secondary Telephone/Teléfono Secundario			
Email Address/Coreo Electronico			

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 provenos con 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. Escortas 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 nino **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			
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:			
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 el programa .			
<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.			
<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) valla a los paseos con el programa durante las horas regulares.			
_____ Parent/Guardian Signature/ Firma del Padre/Guardián		____/____/_____ Date/Fecha	


Youth's Last Name/Apellido		Youth's First Name/Nombre	
PARENT/GUARDIAN CERTIFICATION & AGREEMENT/ CERTIFICACIÓN Y ACUERDO DEL PADRE O GUARDIÁN			
<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 autorizó a Goddard Riverside Community Center y DYCD que retrató o grabe a mi hijo(a) para todo los propositos en conexión 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 fotografías, imagenes, videos y grabaciones de mi hijo(a).</p>			
<p><u>MEDICAL AUTHORIZATION/ AUTORIZACIÓN 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 después de que todos los medios de comunicarse conmigo sean agotados, yo le doy permiso a la agencia de Goddard Riverside Community Center de obtener atención medica para mi hijo(a). Además 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>_____</p> <p>Parent/Guardian Signature/ Firma del Padre/Guardián</p>		<p>____/____/____</p> <p>Date/Fecha</p>	

Youth's Last Name/Apellido		Youth's First Name/Nombre	
PROGRAM FEES/HONORARIOS DEL PROGRAMA			
Gross Annual Income		Number of People in Household	
FEE SCALE			
	Income Range/Rango de Ingresos	Fee/Costos	
1	\$0 - \$24,999	\$600	
2	\$25,000 - \$49,999	\$1,000	
3	\$50,000 - \$74,999	\$1,450	
4	\$75,000 or greater	\$1,900	
FEE FOR SINGLE SESSIONS (No Discounts)			
	Sessions		Fee/Costos
	Session 1 Only	19 days	Pro-rated from scale (no discounts) 60%
	Session 2 Only	14 days	Pro-rated from scale (no discounts) 40%

Program Discounts.	
Check all that apply. Each entry is a 5% discount from total fee with a maximum of 10% discount.	
<input type="checkbox"/>	NYCHA Resident
<input type="checkbox"/>	Enrolled in After School Program 2019-2020
<input type="checkbox"/>	Enrolled in Summer Day Camp 2019
<input type="checkbox"/>	Enrolled in GRCC Early Childhood Program Fall 2019/Spring 2020
<input type="checkbox"/>	Staff Discount
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 26.**

**Se requiere un depósito no reembolsable de \$ 50.00 al momento de la inscripción.
Los pagos deben completarse antes del 26 de junio.**

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