NYCDOE Community School
Empire State After School Program
Student Enrollment Form
School Year _____

Student Information

Student Name:		School:	
Student OSIS (I.D Number):		Gender: Male ☐ Female ☐	
Grade:		Date of Birth:	
Mailing Address:			
City:		State:	Zip Code:
Home Phone:		Home Email:	

Racial/Ethnic Group (Optional): 1. American Indian/Alaska Native 2. Black or African American
3. Hispanic or Latino 4. Asian 5. White 6. Pacific Islander 7. Other _____

Language(s) Spoken At Home:			
Math Teacher:		**English Teacher:**	

Parent/Guardian Information

Name of Primary Parent/Guardian 1:			
Guardian Title (please circle one): Mother Father Grandmother Grandfather Other:			
Language(s) Spoken:			
Address:			
Home Phone:		Work Phone:	
Cell Phone:		E-Mail:	
Name of Primary Parent/Guardian 2:			
Guardian Title (please circle one): Mother Father Grandmother Grandfather Other:			
Language(s) Spoken:			
Address:			
Home Phone:		Work Phone:	
Cell Phone:		Email:	

Student Name:		OSIS Number:	

Empire After School
Student Participation Release Form

I give my child, _____, permission to enroll and participate in the Empire After school

Empire After school program at _____.

_____	_____	_____
Parent/Guardian Name (Print)	Parent/Guardian Signature	Date

Release of Child at Dismissal

I give my child permission to walk home alone at dismissal: Yes____ No____

If no, my child will be picked up after-school by me or one of the following individuals:

Name 1:		Relationship to Student:	
Home Phone:		Cell Phone:	
Name 2:		Relationship to Student:	
Home Phone:		Cell Phone:	

My child **MAY <u>NOT</u>** be picked up by the following individuals:

Name 1:		Relationship to Student:	
Name 2:		Relationship to Student:	
Name 3:		Relationship to Student:	

If I am not available during emergencies, my child may be released to one of the following individuals:

Name 1:		Relationship to Student:	
Home Phone:		Cell Phone:	
Name 2:		Relationship to Student:	
Home Phone:		Cell Phone:	

Student Name:		**OSIS Number:**	

Health Information

*** To be completed by the parent/guardian. This confidential health information will only be used to ensure the safety of the children in this program.**

Please provide your child's medical history:

Allergies to food: Yes___ No___ Specify_____

Behavioral/Emotional: Yes___ No___ Specify_____

Physical Disabilities: Yes___ No___ Specify_____

Corrective Device: Yes___ No___ Specify_____

Asthma: Yes___ No___ Does your child use an inhaler: Yes___ No___

Allergies to penicillin: Yes___ No___ Allergy to plants: Yes___ No___

Allergy to insect stings: Yes___ No___ Hay Fever: Yes___ No___

Convulsions/Seizures: Yes___ No___ Diabetes: Yes___ No___

Other: _____

Does your child have special health care needs that require treatment or medication? Yes___ No___

Please explain:_____

Does your child take medication for any condition or illness? Yes___ No___

Please explain:_____

Are there any activities your child cannot participate in: Yes___ No___

Please explain:_____

If my child requires emergency medical care and I cannot be reached, I give my consent to the Empire After School program to obtain the necessary medical care for my child. I agree to pay all costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this program.

Parent/Guardian Name (Print)	Parent/Guardian Signature	Date

Student Name:		**OSIS Number:**	

Consent to Photograph, Film, or Videotape a Student for Non-Profit Use

(E.G., Educational, Public Service or Health Awareness Purposes)

Student Name: _____ School: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of the Student named above by the New York City Department of Education. I also grant to the New York City Department of Education the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Parent/Guardian Name (Print)	Parent/Guardian Signature	Date

Address of Parent/Guardian: _____