



Philadelphia Youth Network Fall/Summer Intake Form

Student Information

Date: _____

Student's Name: _____ Date of Birth: _____

Student's Address: _____

City, State and Zip code: _____

Student phone: _____ Student email: _____

Student's School: (complete name) _____

Current Grade: _____ Student ID#: _____

Child's Race:
[] African American/Black
[] American Indian / Alaska Native
[] Asian
[] Native Hawaiian or Pacific Islander
[] Middle Eastern or North African
[] More than One Race
[] Some Other Race
[] White / Caucasian
Child's Ethnicity:
[] Hispanic or Latino
[] Non Hispanic or Latino

Applicant Sex:
[] Male
[] Female
Applicant Gender
[] Man / Young Man
[] Women / Young Woman
[] Non -Binary
[] My Gender is Not Listed
[] Prefer Not to Say

Program Site:
[] Baldi Middle School
[] Finletter Elementary
[] A.L. Fitzpatrick School
[] Harding Middle School
[] Alexander Adaire School
[] Jay Cooke Elementary School
[] W. H. Hunter School
[] W. H. Ziegler School



Health Information – Required by State Law

<p><u>Child's Physician Information</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____ - _____ - _____</p>	<p><u>Health Insurance Coverage Information</u></p> <p>Name of Insurance: _____</p> <p>Policy Number: _____</p> <p>Phone: _____ - _____ - _____</p>	
<p><u>Please Indicate Any General Health Concerns (Give Details)</u></p> <p><input type="checkbox"/> Physical Limitations/Disabilities (description) _____</p> <p><input type="checkbox"/> Taking Medication (description) _____</p> <p><input type="checkbox"/> History of Convulsions (description) _____</p> <p><input type="checkbox"/> Asthma (description) _____</p> <p><input type="checkbox"/> Diabetes (description) _____</p> <p><input type="checkbox"/> Allergies (including medication reaction) _____</p> <p><input type="checkbox"/> Other (description) _____</p> <p><input type="checkbox"/> None of the Above</p> <p>Additional information on any special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No (Specify): _____</p> <p>Medical or dietary information necessary in an emergency? _____</p> <p>Please Indicate Any Allergies That Your Child Has:</p> <p>_____</p>		
<p><input type="checkbox"/> Milk</p> <p><input type="checkbox"/> Chocolate</p> <p><input type="checkbox"/> Juices:</p> <p><input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Stings/Bites</p> <p><input type="checkbox"/> Foods (What types?) _____</p> <p><input type="checkbox"/> Animals (What type?) _____</p>	<p>Medications (List)</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> No Known Allergies</p>

Parent's Signature is required for each item below to indicate parental consent (Periodic Review)

OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS	SWIMMING
TRANSPORTATION BY THE FACILITY	WADING

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.124 (a) (b), 3280.181 & .182; 3290.124 (a) (b), 3290.181 & .182

CHILD'S NAME		DATE OF BIRTH
ADDRESS		
PARENT'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER ()
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
PARENT'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL SITUATION	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

WHITE COPY (Original)

YELLOW COPY (Child Care Space)

PINK COPY (Excursion)

AGREEMENT

55 PA CODE CHAPTERS 3270.123 & 181(c); 3280.123 & 181(c); 3290.123 & 181(c)

NAME OF CHILD		
FEE AMOUNT \$ 0	PER-DAY-WEEK N/A	DAY PAYMENT TO BE MADE N/A
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
Baldi Middle School, Finletter Elementary, A.L. Fitzpatrick, Harding Middle School, Alexander Adaire School, Jay Cooke Elementary School W. H. Hunter School, W. H. Ziegler School		
Homework Assistance, Program Supplies, Snack, Transportation for Trips and Trips, etc.		
After-School Program		
Fall/Spring Program Hours- 3:00PM – 5:30PM		
CHILD'S ARRIVAL TIME 3:00 PM	CHILD'S DEPARTURE TIME 5:30 PM	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$ 0	PER MIN-HR	
Extra Baldi Middle School, Finletter Elementary, A.L. Fitzpatrick, Harding Middle School, Alexander Adaire School, Jay Cooke Elementary School W. H. Hunter School, W. H. Ziegler School		
Homework Assistance, Program Supplies, Snack, Transportation for Trips and Trips, etc.		
Summer Program Hours – 9:00 AM – 4:00PM		

I, the parent/guardian;

received complete written program information at the time of enrollment (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

SIGNATURE - OPERATOR
DATE
SIGNATURE - PARENT OR GUARDIAN
DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
_____	_____
SIGNATURE - PARENT OR GUARDIAN	DATE



CONSENT TO RELEASE EDUCATION RECORDS UNDER FERPA

(Please complete only if applying for programs at Baldi, Finletter, Fitzpatrick, or Harding Schools)

Student: _____ Student ID #: _____

The Out-of-School programs improves the well-being of children and youth through effective academic support, enrichment, and youth development activities during non-school hours. OST programming provides safe, constructive activities to children when they are not in school and has been demonstrated to improve in-school performance.

In order to assess and improve the quality of OST programs, our third-party evaluators, Research for Action (**RFA**) asks for permission to collect personally identifiable information from education records regarding children's school performance. They will collect standardized test scores, report cards and school attendance, disciplinary and other relevant school records ("education records"). **RFA** will use these education records to measure the impact of OST programming on children's school performance and to improve the quality of those programs.

I am the parent or guardian of the student named above ("Student"). As authorized by applicable law, including but not limited to the Family Education Rights and Privacy Act, 20 U.S.C. 1232g, and 34 C.F.R. Part 99 ("FERPA"), I consent and authorize The School District of Philadelphia (the "School District") to release education records concerning the Student, including confidential records of the School District, to the City's Department of Human Services, the Public Health Management Corporation, and my Student's OST program ("Recipients").

The School District releases these education records in connection with the student's participation in an OST program. The School District may disclose these education records only to the Recipients, and the Recipients may share this information only with other named Recipients, and with the Recipients' officers, staff, administrators and independent contractors under the Recipients' control. The Recipients may use these education records to research, study or evaluate OST programs.

If I ask, the School District will provide me with a copy of the records disclosed. FERPA and other applicable laws protect the confidentiality of and your right to privacy concerning the Student's education records. The Recipients shall keep all information concerning the Student confidential and private to the fullest extent provided by applicable laws, including FERPA. Neither The School District nor the Recipients require me to waive any rights under these laws, and I give my consent voluntarily.

Parent/Guardian Signature (or Student's signature, if

Student is 18 years old or an emancipated minor)

Date

Student's Grade



AFTER SCHOOL PROGRAM DATA SHARING CONSENT FORM

<p>Agency Name: Philadelphia Youth Network</p>	<p>Program Locations (21C): Baldi Middle School Finletter Elementary A. L. Fitzpatrick Harding Middle School</p>	<p>Program Locations (SDP): Alexander Adaire School Jay Cooke Elementary School W. H. Hunter School W. H. Ziegler School</p>
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Purpose:

PYN's 21st Century CCL OST & School District of Philadelphia (SDP) after school programs, hereafter referred to as "PYN's CCL OST Programs", track certain data and records in order to better serve participants. When you enroll your child in an after-school program, a third-party evaluator may collect information from you and your child and from OST programs and the School District of Philadelphia and store it in a secure centralized system. This information may be aggregated and used for reporting purposes for the program & the Department of Education.

Process:

- When you sign up for an afterschool program, you will be asked to provide information about your child, including but not limited to his or her name, age, address, and other demographic information.
- OST program staff may also visit the program and talk to your child about being at that program and may also ask your child to complete short surveys about the program to learn more about the experience; these visits are a part of afterschool programs for every child and every afterschool site.
- Additional information may be added to your child’s file, including from the School District (if you agree) and other OST programs your child has attended including but not limited to: date of birth, gender, race, ethnicity, phone, ID, school name, grade, and attendance.

Information Privacy and Sharing of Information:

- The information that is collected about your child will be shared with staff at the after-school program.
- In addition, the information about your child will be shared with approved City and OST program and administrative staff, including providers or independent contractors.
- If the City ever allows the information to be used for research or evaluation purposes, no identifying information about your child or your family will be shared.
- All of the information will be stored in a database that complies with requirements for managing student education records as set forth in the Family Educational Rights and Privacy Act (FERPA).
- Furthermore, the system is guarded by layered security protocols that prevents unauthorized persons from accessing the system. You also have the right to inspect and review documents collected and maintained in that system.



Consent to Collection and Use of Child’s Information:

- I **give** or **do not give** permission to the Philadelphia Youth Network's (PYN) CCL Out of School Time (OST) programs to collect, store, and share the information I provide on my child for use in the OST program as outlined above and for my child and/or me to complete programmatic surveys that may be shared with other OST programs. Please initial here _____.
- I **give** or **do not give** permission for the Philadelphia Youth Network's (PYN) CCL OST programs to provide the School District of Philadelphia with information about my child’s attendance in the OST program for the purposes of programming for my child and overall program evaluation. Please initial here _____.
- I **give** or **do not give** permission for the School District of Philadelphia to release my child’s educational reports to the OST programs that have need for it. The information to be released under this consent is: all records; grades, test scores; AIMS scores; attendance; Individualized Education Programs if applicable; and any other measurements of academic performance tracking programmatic progress. The information will be released for the following purposes: programming for my child and overall program evaluation. Please initial here _____.
- I **give** or **do not give** permission for the Philadelphia Youth Network's (PYN) CCL OST programs to photograph, digitally record, videotape, or audio tape my child while s/he is participating in any PYN OST program. I further agree that any material may be used in publications, promotional literature, or in other similar ways, and that such use shall be without payment of fees. I understand that any photographs, videotapes, or audio tapes shall remain the property of PYN and that I do not have the right to prior approval of their use. I release and hold harmless the City of Philadelphia, PYN's OST programs, OST providers and their officers, employees, and agents from all claims and causes of action that I or my child may have as a result of the use of my child’s photograph, videotape, or audio tape in connection with the program. Please initial here _____.
- I understand that I may revoke this consent upon providing written notice to the OST program that my child attends. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to the OST program for the reasons described above. Please initial here _____.

ACKNOWLEDGEMENT AND SIGNATURE:

By signing below, I acknowledge that I have read and understand this OST Data Sharing Consent Form and agreement to have my child’s information shared as described above.

Child Name: _____ **Child’s Student ID:** _____

Child’s Address: _____

Parent/Guardian Legal Name: _____

Parent/Guardian Signature: _____ **Date:** _____

(or student’s signature if student is 18 years old or an emancipated minor)

Translation and Interpretation Center (4/2022) OAS_ OST Consent Form



Developmental And Behavioral Assessment

Does your child have an IEP? Yes No

Does your child receive supplemental (additional) support services? Yes No

If yes, please indicate in which areas he/she receives supplemental (additional) services:

Academic/Learning Social/Emotional Speech/Language Health/Physical

In order for the Philadelphia Youth Network CCL OST Programs to receive increased opportunities for funding, subsidies, and materials please provide us with the following information:

Is the child/family receiving:

Cash Assistance (TANF)

Food Stamps

SSI

Medical

Is the child/family currently receiving services from DHS? Yes No

CUA# _____ Name of Community Umbrella Agency (CUA): _____

Do you receive CCIS subsidy to assist in the payment of after-school/childcare costs? Yes No

Family Size (including yourself and child)? _____

All children enrolled in any of our OST Programs, **parents must provide us with a most recent physical record, including shot records at time of registration and every year after that.**



CONSENT TO WALK HOME

May your child _____ be released to walk home alone?

YES, I would like my child to be released to walk home and give consent for my child to be released by PYN's CCL OST Programs at 5:30pm.

- I grant my permission effective until further written notification is given by me. I release the **PYN's CCL OST Programs** from any liability for my child once he/she leaves the program.

NO, I do not authorize my child to be released to walk home.

Signature of Parent/Guardian/Caregiver Date



Philadelphia Youth Network CCL OST Program Consequences

The following behaviors are not allowed in the OST Program: Minor offenses include but are not limited to:

- Cursing
- Hitting/Kicking
- Horseplay (pushing, excessive teasing, tripping, playing in the bathroom, running, etc.)
- Leaving the classroom without permission
- Not following directions
- Major offenses include but are not limited to:
 - Fighting
 - Property destruction
 - Leaving premises
 - Bullying
 - Assault

Repeated occurrences of misbehavior in the classroom will be brought to the attention of the Program Coordinator. The coordinator will implement the following consequences:

Minor Offense

- First time minor offense – warning
- Second time minor offense – in house suspension (1-2 days)
- Third time minor offense – out house suspension (1-2 days)
- Three suspensions due to minor offense – Parent Conference/Discharge

Major Offense (*Phone calls will be made to parents/guardians for all major offenses*)

- First time major offense – out house suspension (2 days)
- Second time major offense – out house suspension (3 days)
- Third time major offense – Parent Conference/Discharge

I understand the rules of the Philadelphia Youth Network's CCL OST Programs.

I received a copy of the Philadelphia Youth Network's CCL OST parent handbook at orientation.

Parent/Guardian Signature: _____ Date: _____



CONSENT AND RELEASE:

In consideration of the enrollment of my child, _____, (birth date) _____ / _____ / _____ within PYN's CCL OST Programs, I/we hereby consent to the following:

INITIALS ONLY

_____ I give permission for my child to participate fully in all OST on-site program activities and special events without restriction, unless otherwise stated.

_____ I agree that in the case of an accident or injury, emergency medical care may be given, the parents will be contacted as soon as possible, and the staff may act on my behalf.

_____ I give consent for my child to receive minor first aide care from trained OST staff. I also agree to pick up my sick child immediately.

_____ I consent for my child to take part in field trips or excursions involving those as listed on the OST schedule, or take walks in the neighborhood under proper supervision, including possible trips to the local library or park. I understand that I will be asked to sign consent/permission forms for my child to participate in any off-site activities and to be transported via approved vehicles.

_____ I give consent for PYN's CCL OST Programs to display in the news media, electronically via the Internet, or in other displays the work created by my child in connection with the OST Program. I also consent to have my child's work, including name, grade level, and school displayed by the OST Program for the viewing of the general public.

_____ I grant PYN's CCL OST Programs permission to display in the news media, electronically via the internet, or in other displays photographs and or video footage of my child taken in connection with his or her participation in PYN's CCL OST Programs.

_____ I give consent for my child to participate in OST surveys administered by PYN's CCL OST Programs, 21st Century Learning Centers on behalf of the PA Department Education, the School District of Philadelphia, and any other third party.

_____ The information written on this form is accurate and true to the best of my knowledge, I understand that the OST staff will consult this form regarding important information about my child's health and safety. I further understand that I must update this form every 6 months (as required by law) or when information changes, whichever comes first.

Signature of Parent/Guardian/Caregiver

Date

**SIX MONTH REAPPROVAL: I HAVE REVIEWED THIS FORM AND MADE ALL NECESSARY UPDATES
(DO NOT SIGN AT TIME OF ENROLLMENT)**

Signature of Parent/Guardian/Caregiver:

Date:

Thank you for completing this form in its entirety; specific information is required by Pennsylvania State



BILL OF RIGHTS & RESPONSIBILITIES For Person Served

PHILADELPHIA YOUTH NETWORK is committed to promoting and protecting the dignity and rights of all persons whom we serve. As a person receiving services from PHILADELPHIA YOUTH NETWORK, you have the right to:

DIGNITY AND RESPECT

Receive services with courtesy, consideration, respect, and dignity regardless of race, religion, color, sex, age, sexual orientation, disability, Limited English Proficiency ("LEP"), gender identity, marital status, national origin, or other characteristic protected by law.

If there is a problem in your use of the service as a result of a disability, a language difference, or a communication difficulty, PYN's CCL OST Programs will attempt to overcome the problem or refer you somewhere that might be able to serve you better.

DECISION MAKING/SELF DETERMINATION

Be given information about the services you will receive, how planning is accomplished, and other services that are available. You will receive information about what you can expect of the service, including location and hours, and what the criteria are for discharge or termination of the service. This information should help give you the ability to make informed choices about the service(s) you receive and participate in the planning of services and any changes in the services to be provided.

Refuse services and receive information about the consequences of such refusal.

Refuse to participate in any experimental treatments or research.

Be informed as soon as possible of the anticipated termination of service(s) and assisted to access the appropriate resource(s) to meet service needs after discharge.

CONFIDENTIALITY

Assurance that information you share will be kept strictly confidential as provided by law. Medical record contents will be released only as required by law or upon your written authorization. Please refer to the attached Notice of Privacy Information Practices. In general, no information will be voluntarily released to any other service provider or person without your written consent. The only exceptions to this would be if we felt your life or that of someone else was in danger, or if we received a subpoena from a court. Also, services provided in some of PYN's CCL OST Programs are funded and regulated by various governmental agencies. These agencies may have access to information and client records related to your services. A staff member will be glad to discuss in detail with you our policy on confidentiality of records.

QUALITY OF CARE

Be served by staff properly trained and competent to provide the services.



Express any complaints/concerns about the care of service(s) furnished, including implementation of Service or Treatment Plans without fear of reprisal or discrimination. Complaints should be directed to your social worker and program supervisor. They will investigate your complaint/concern and report the outcome of the investigation to you. You may appeal to the Department Director if you are not satisfied with the manner in which the complaint/concern is resolved.

RIGHT TO FILE COMPLAINT OF DISCRIMINATION

Furthermore, you have the right to file a complaint of discrimination if you feel you have been discriminated against on the basis of race, religion, color, sex, age, sexual orientation, disability, Limited English Proficiency (“LEP”), gender identity, national origin, or other characteristic protected by law. Complaints of this nature may be filed with any of the following:

Department of Public Welfare Bureau of Equal Opportunity Room 512, Health and Welfare Building P.O. Box 2675 Harrisburg, PA 17105-2675	Department of Public Welfare Bureau of Equal Opportunity Southeast Field Building 1105B State Office Building 1400 Spring Garden Street Philadelphia, PA 19130
U.S. Department of Health and Human Services Office of Civil Rights Suite 372, Public Ledger Building 150 S. Independence Mall West Philadelphia, PA 19106-3499	Pennsylvania Human Relations Commission 711 Philadelphia State Office Building 1400 Spring Garden Street Philadelphia, PA 19130

RESPONSIBILITIES of Persons Served

Provide the Agency with accurate information.

- Promptly report to the Agency when you:
- are unavailable for a scheduled visit.
- experience a change in your service needs.
- move to another residence or change your telephone number.

Your opinion will be asked regarding the quality of services you receive and anything you think should be changed or added. Some of PYN's CCL OST Programs programs have additional rights, responsibilities, and grievance procedures specific to contracts/ regulations/standards governing the service. Your assigned worker will review them with you. I have read and understand the Bill of Rights and Responsibilities for Persons Served and have been offered the opportunity to ask questions.

Person Served: _____

Date: _____



Option to be Contacted for Follow-Up Information

I may be contacted for follow-up information as part of the agency program evaluation and quality improvement. This usually constitutes satisfaction surveys that request information about what was/is positive and negative regarding the services you received. If I refuse to be included, this will not impact services.

- Yes, it is OK to include me**

- No, please do not include me**



EQUAL OPPORTUNITY IS THE LAW

Let me tell you something about **YOUR CIVIL RIGHTS UNDER FEDERAL LAW**. The provider operating this program is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age disability, political affiliation, or belief and, for beneficiaries only, citizenship, or participation in programs funded under Temporary Assistance for Needy Families (TANF) or the Workforce Investment Act (WIA).

If you think that you have been subjected to discrimination in the operation of this program or any activity *conducted therein, you may file a complaint within 180 days from the date of the alleged violation with the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue, NW, Room, N-4123, Washington, D.C. 20210, or with the Commonwealth of Pennsylvania, Department of Labor and Industry's (L&I) Office of Affirmative Action (OAA).*

If you elect to file your complaint with the Commonwealth's Office of Affirmative Action, you must wait until the Office of Affirmative Action issues a decision or until 60 days have passed, whichever is soon, before filing with the Civil Rights Center. If the Commonwealth's Office of Affirmative Action has not provided you with a written decision within 60 days of filing of the complaint, you need not wait for a decision to be issued but may file a complaint with the US Department of Labor's CRC within 30 days of the expiration of the 60-day period.

If you are dissatisfied with the Commonwealth's Office of Affirmative Action resolution of the complaint, you may file a complaint with the US department of Labor's CRC. Such complaint should be filed within 30 days of the date you received notice of the Commonwealth's Office of Affirmative Action proposed resolution.

If you have any questions regarding the above or you wish to file a discrimination complaint, please contact:

**Commonwealth of Pennsylvania
Department of Labor and Industry
Office of Affirmative Action
Room 1415 Labor and Industry Building
Seventh and Forester Streets
Harrisburg, PA 17120
Phone: (717) 787-1767
TDD 1-800-654-5984
Voice 1-800-654-5988**