

Part I: Applicant Information

- I am a teen completing this application for myself I am a parent or guardian completing this application for my child
- I am a relative/non-relative, completing this application on behalf of the applicant

Relationship to applicant: _____

Applicant's First Name: _____

Applicant's Last Name: _____

Applicant's Date of Birth (MM/DD/YEAR): _____ / _____ / _____

Applicant's Primary Address (Number and Street): _____

Applicant's Apt. Number: _____ **Applicant's City:** _____ **Zip Code:** _____

Gender Identity (Select One):

- Female Male
 X (not female or male) Not sure
 Prefer not to answer

Applicant's Race (Select all that Apply):

- American Indian and Alaskan Native Asian
 Black/African-American Middle Eastern/North African
 Prefer not to answer

Applicant's Ethnicity (Select One):

- Hispanic or Latinx Not Hispanic or Latinx
 White or Caucasian Native Hawaiian and Other Pacific Islander
 Other _____

Applicant lives in a NYCHA Development (please provide name)

Part II: Applicant's (or Parent/Guardian's) Contact Information

Applicant's Contact Information

Write down phone numbers for the applicant and check the preferred method of contact:

Home _____ Work _____
 Cell _____ Email _____

Parent/Guardian Information

Write down all phone numbers and check the best number to call in case of an emergency:

Home _____ Work _____
 Cell _____ Email _____

Emergency Contact Information

2nd person who we can contact if first person is unavailable. Write down all phone numbers and check the best number to call in case of an emergency:

Emergency Contact Name: _____

Relationship to Participant: _____

Home _____ Work _____
 Cell _____ Email _____

Part III: Applicant's Education/Work Status

Applicant's Education Status (Select One):

Full-Time Student*** Part-Time Student*** Not in School****

If applicant is a *Part-Time Student* or *Full-Time Student*: **Select applicant's current grade** (Select One): *If applicant is *Not in School*: **Select the last grade completed by the applicant** (Select One):

Middle School: 6th 7th 8th

High School: 9th 10th 11th 12th Obtained High School Diploma Obtained High School Equivalency (GED)

4-Year College/University: Freshman Sophomore

Community College: 1st year 2nd Year

Applicant's Current Work Status (Select One):

Employed Full-Time Employed Part-Time Retired

Unemployed (Short-Term, 6 months or Unemployed (Long-term, more less) than 6 months)

Unemployed (Not in labor force)

Migrant Seasonal Farm Worker

Not applicable (applicant is under 14 years of age)

School Type:

Public Charter Private Other _____

School Name: _____

School Address: _____

City: _____ Zip Code: _____

Principal Name: _____



Principal Email: _____

Part IV: Health Information

Applicant's Health Information

*Please answer the questions below and provide additional details in the space provided.
Many needs or health challenges can be accommodated and may not limit enrollment in the program.*

Does the applicant have any allergies? (food, medication, etc.)

No Yes _____

Does the applicant have asthma?

No Yes _____

Does the applicant have special health care needs?

No
Yes _____

Does the applicant take medication for any condition or illness?

No Yes _____

Are there activities the applicant cannot participate in?

No
Yes _____

Please provide any additional health information details:

N/A _____

Please list any accommodation(s) you are requesting for yourself/the applicant:

N/A _____

Part V: Additional Applicant Information

How well does the applicant speak English? (Select One)

- Fluent/Very well Well
 Not well Not well at all

Is the applicant any of the following:

Parent/Legal Guardian? Yes No Offender/Justice Involved? Yes No Foster Care Participant? Yes No

Runaway Youth? Yes No Veteran? Yes No Active Military Personnel? Yes No

An Individual with a Disability? Yes No Decline to answer

If the applicant is an individual with a disability, please select disability type(s) (Select all that Apply):

- Cognitive impairment
 Hearing-related
 Learning disability
 Mental or Psychiatric
 Physical/Chronic Health Condition
 Physical/Mobility Impairment
 Vision-related
 Other: _____
 Decline to Answer

Part VI: Household Information

For all the next set of questions, **HOUSEHOLD** is defined as any individual or group of individuals (family or non-family members) who are living together as one economic unit. **INCOME** is defined as the total annual gross income of all family and non-family members 18+years old living within the household.

The applicant lives in a household that is headed by (Select One):

- Single Parent - Female Single Parent - Male Single Person - No children Non-related adults with children
- Two Adults – No Children Two Parent Household Multigenerational Household Other: _____
- Decline to Answer

Applicant's Housing Type (Select One):

- Rent NYCHA Homeless Other Permanent Housing Decline to Answer

Applicant's Household Size (Select One):

- One Two Three Four Five Six Seven Eight Nine Ten Eleven Twelve
- Thirteen Fourteen Fifteen Sixteen Seventeen Eighteen Nineteen Twenty or more Decline to Answer

Total Household Income in the last 12 Months (Select One):

- \$0 \$1 to \$12,060 \$12,061 to \$16,240 \$16,241 to \$20,420 \$20,421 to \$24,600 \$24,601 to \$28,780
- \$28,781 to \$32,960 \$32,961 to \$37,140 \$37,141 to \$41,320 \$41,321 to \$50,000 \$50,001 to \$60,000
- \$60,001 to \$70,000 \$70,001 to \$80,000 \$80,001 to \$90,000 \$90,001 to \$100,000 \$100,000+
- Decline to Answer



Part VII: Consents and Signatures

Pick-up/Dismissal Information

My child has permission to travel home alone at dismissal:

Yes No

Consent to Participate

To the best of my knowledge the information above is true. I agree to its verification and understand that falsification may be grounds for termination of service. Information provided may be used by the City of New York to improve City services and access to those services, and to access additional funding.

Attendance in the Teen Center program is completely voluntary. The Educational Alliance does not assume guardianship for teens in the EDGIES Teen Center program. Teens come at their own will. Parents will not be informed if the teen does not show up for the program, unless absences are persistent (see attendance policy attached).

If participant is 18 and over:

I acknowledge that I am 18 years of age or older and am authorized to give consent.

Yes No

Participant's Signature Participant: _____

Print Name: _____

Date: _____

If participant is under 18 years old:

Parent/Guardian's Signature: _____

Parent/Guardian Print Name: _____



Date: _____

Consent for Emergency Medical Treatment

If participant is 18 and over:

I am enrolled as a participant in a DYCD-funded program. In the event of a medical emergency, I hereby give consent for necessary emergency medical treatment to be obtained on my behalf. I further authorize the emergency contact(s) listed to be contacted.

Yes, I give my permission No, I do not give permission

Participant's Signature Participant: _____

Print Name: _____

Date: _____

If participant is under 18 years old:

My child is enrolled as a participant in a DYCD-funded program. In the event of a medical emergency, I hereby give consent for necessary emergency medical treatment for my child to be obtained, with the understanding that I will be notified as soon as possible. I understand that every effort will be made to contact me, or, if I am unavailable, the emergency contact(s) listed, before and after medical care is provided.

Yes, I give my permission No, I do not give permission

Parent/Guardian's Signature: _____

Parent/Guardian Print Name: _____

Date: _____



Consent for Photography/Videotaping and Use of Original Work

As a participant enrolled in EDGIES Teen Center program, please be aware that from time to time, subcontractors or staff may photograph, videotape, interview or otherwise record participants in these programs. The resulting images, videos, and interviews may be used, with or without the participant's name, in printed and electronic media such as brochures, books, print and email newsletters, DVDs and videos, websites, social media and blogs (collectively, "Media").

I hereby authorize and permit the Authorized Parties, without compensation and without further approval, to photograph and/or record my and my child's image, name, likeness, and the sound of my and my child's voice during program activities and special events, and I hereby consent to the resulting images, videos and interviews being used, without compensation and without further approval by the Authorized Parties solely for non-profit, non-commercial purposes in any and all Media.

Yes No

If, in the course of participating in program activities and special events, any original work such as art, music, choreography, poetry, or prose (collectively, "Original Work") is created by me or my child, I hereby consent to such Original Work being used by the Authorized Parties, without compensation and without further approval, solely for non-profit, non-commercial purposes in any and all Media.

Yes No

If participant is 18 and over:

Full Name of Participant: _____

Participant's Signature: _____

Date: _____

If participant is under 18 years old:

Full Name of Participant: _____

Parent/Guardian's Signature: _____

Date: _____

Parent Consent for Participation in Data Collection

Dear Parent:

Your child is enrolled in the Educational Alliance (Edgies) Teen Center Program located in Lower Manhattan at 197 East Broadway, CR Level, NY NY 10002. (edalliance.org and mannycantor.org)

In order to monitor the effectiveness of this program and ensure its future success, Educational Alliance is collecting information about participants' experiences in the program via surveys, Department of Education records such as attendance (including number of days attended and absences); academic performance data (including your child's results on state and national exams, credits earned, grades, promotion and retention status); and student identification number.

In addition to this, we are requesting consent for photos/videography and medical treatment in case of an emergency.

Please check Yes or No to each of the following statements:

- I understand why Educational Alliance is asking my permission to access the information listed above from my child's student records, and I give permission to DOE to share that information with Educational Alliance on an ongoing basis.
 Yes, I give my permission No, I do not give my permission
- I understand my child may be photographed, interviewed or otherwise recorded during program activities and special events and give permission for my child to be photographed, interviewed or otherwise recorded solely for non-profit, non-commercial purposes of the program.
 Yes, I give my permission No, you do not have permission
- I give authority to the Program Agency's staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. I understand that every effort will be made to contact me before and after medical care is provided.
 Yes, I give permission No, I do not give permission

Consent Statement

I, the undersigned, certify that I have reviewed all the above consent statements and indicated my wishes. I understand that consent is voluntary and I can withdraw it in writing at any time.

Student/Applicant Name

Student Signature (*if 18 or older*)

Parent/Guardian Name

Parent/Guardian Signature Date



Additional Adult Name (can be a non-parent)
Signature Date

Additional Adult

(optional)

Dear Teen Center Program Participant,

Thank you for participating in the EDGIES Teen Center Program at Manny Cantor Center (MCC). We are happy to announce that in the coming weeks, we are making some changes and improvements to the structure of our program, which will allow us to provide more enrichment and extracurricular activities. We are delighted that our teens feel comfortable and safe at the Teen Center, and eager to provide more offerings to our students so that they can grow and thrive while they are with us. We will be offering a variety of activities, including but not limited to art, photography, mentorship, and basketball to start.

What follows is a code of conduct, policies, and expectations for participation. This was created so that everyone in our community – teens, families, and staff – can be aligned on what to expect and what will be expected from them.

In order to continue participating in the program, all students and parents/guardians must complete and acknowledge this letter. **Please fill out and return this document by _____(date).**

We look forward to continuing to evolve and grow our program offerings, and it all starts with YOU!

Sincerely,

Desiree Hollingsworth
Interim Program Director
Educational Alliance Teen Center
dhollingsworth@edalliance.org
646-395-4292



EDGIES TEEN CENTER @MCC COMMUNITY AGREEMENTS AND POLICIES



Edgies Teen Center @ MCC Program Expectations/ Agreements:

1. Students may start/complete their HW in designated rooms. If you do not have homework, ETC will provide you with card games or other structured activities.
2. If you leave the building, you **WILL NOT** be allowed to re-enter the building that day and won't be able to participate in our program activities.
3. Students are expected to participate in activities while at EDGIES Teen Center. If you are not participating, you may be asked to leave for the day.
4. Please leave the spaces the way you found them.
5. No hitting, bullying, cursing, negative words, or fighting are allowed in the Teen Center. **Students must adhere to discipline and attendance policies, which follow these agreements, to continue participating in the program.**
6. Students enrolled in academic activities, SAT or college prep programs must provide your transcript and/or most recent report card. Please submit a copy to Desiree or Jason in the teen center office or email it to dhollingsworth@edalliance.org.
7. No smoking (including vapes). Drinking and/or non-prescription drugs are prohibited in all spaces of the Teen Center and Manny Cantor Center. (Please refer to the discipline policy on the next page for more information.)
8. You are only permitted to be on the CR Level, unless accompanied by a staff member.
 - a. Failure to adhere to this rule is grounds for an automatic dismissal from the program.
9. No EDGIES member may bring non-registered guests, including siblings to the Center.
 - a. Any guests that are not between the ages of 13-19 are not able to stay at the center.
10. All teens must follow rules and directions of Teen Center staff. Any refusal to follow staff member directions will result in disciplinary action outlined in the policies below.

Attendance Policy:

1. All students are expected to make a best faith effort to attend every session for which they are signed up.
2. If a teen is not going to attend EDGIES, they should contact the Program Director at dhollingsworth@edalliance.org, 646-395-4292 or on instagram @edgiesnyc that day.
3. Students will be contacted if they do not come to the program for one consecutive week. Parents will be notified if teens do not attend for two consecutive weeks.

Consent Statement

I, the undersigned, certify that I have reviewed all the above statements/expectations.

Student/Applicant Name

Student Signature



Parent/Guardian Name
Signature Date

Parent/Guardian

Additional Parent/Guardian Name (*optional*)

Additional Parent/Guardian Signature Date

Teen Center at Manny Cantor Center Discipline Policies

MINOR INFRACTIONS:

Misbehaviors and/or not following the instructions of EDGIES Teen Center Staff may result in the initiation of a disciplinary process. Examples of these types of misbehaviors and disrespect (minor infractions) include but are not limited to cursing, rough housing, disrespecting property, or refusal to follow the instructions of staff. These misbehaviors and disrespect will result in the initiation of a three-strike disciplinary process:

First Offense: Students may not misbehave or disrespect a student, group leader, or other staff member of the program, or damage MCC/EDGIES property. If done, the student will have a meeting with the Program Director and parents will be contacted via phone.

Second Offense: If a student continues to misbehave or disrespect another student or staff member at any time within the same semester they will receive a phone call home and will be dismissed early from the program for the day. An official written warning will be noted to their file.

Third Offense: If students are brought into the Program Director a **THIRD** time within a given semester, the student will receive a 5 day suspension (with a phone call home to parent/guardian and a written letter with a warning of an indefinite suspension/removal from the program).

****If a student gets suspended twice from the program within a calendar year, they will be removed from the program indefinitely.**

MAJOR INFRACTIONS:

EDGIES Teen Center Staff and Management reserve the right to suspend or dismiss any student without warning and after one infraction for serious code of conduct violations or major infraction to our discipline policies.

Serious code of conduct violations include but are not limited to possession of weapons, possession of illegal substances, fighting/hitting, overt or subtle forms of harassment including bullying, and other violations of the MCC Code of Conduct linked below.

The Manny Cantor Center Code of Conduct for all members, program participants, and guests can be found on the MCC website at:
<https://mannycantor.org/mcc-member-and-guest-code-of-conduct/>

NOTE:

All incidents and infractions will be documented and recorded into our student records system.

Consent Statement

I certify that I have reviewed, read and understand all the consent statements and the policies and agreements forms. I understand that consent is voluntary and I can withdraw it in writing at any time.



Student/Applicant Name

Student Signature

Parent/Guardian Name

Parent/Guardian Signature Date

Additional Adult Name (can be a non-parent)
(*optional*)

Additional Adult Signature Date