



Crown Heights Service Center, Inc. OASAS Prevention Program

After-School Program Admission Application

Applicant Name _____ Date of Birth _____

Parent/Guardian(s) Name _____

Status of parents (*Please Circle ONE*) *Single Married Separated Divorced*

Siblings (*If Applicable*)

<u>Name</u>	<u>Age</u>	<u>Residence (if different from above)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate the reason(s) for admitting your child into the program by placing a check mark in between all brackets that apply. Specify all other reasons on the lines following the word "Other"

- Needs Educational Assistance ()
- Needs a program for Leadership Guidance ()
- Needs after school Recreation Activities ()
- Needs a structured Program ()
- Parents are working ()
- **Summer Program** ()
- Other: _____

I _____, wish to apply for admission to Crown Heights Service Center, Inc, Summer Prevention Program.

I recognize that success in this program will depend upon my complete cooperation. I also recognize that Crown Heights has rules and procedures, which are essential to its successful operation; I agree to abide by all rules and regulations.



Crown Heights Service Center, Inc. OASAS Prevention Program

Participant Rules & Regulations

1) PUNCTUALITY

The importance of each participant's punctual arrival is imperative for the fluency of the program. Regularity is essential for each participant as it allows participants to achieve maximum benefits from the programs purpose, procedures, relevant curriculum and coordinated activities.

2) PERSONAL APPEARANCE

Wearing hats, caps or any headdress will not be permitted on the premises, unless authorized by Executive staff. Please note that appearance is an important dynamic of life. Clothing should always reflect morals and values taught within the home as well as by those taught within *CHSC*.

3) MANNERS

Profanity is unacceptable. In addition insulting, and intimidating language will not be permitted. Fighting or any form of disorderly conduct will be addressed by *CHSC* staff and may result in suspension or possible termination.

4) LEAVING THE PREMISES

Participants are not permitted to leave the premises during the scheduled program time without permission from their Primary Counselor, or Program Director.

5) SMOKING

As a prevention program we aim to guard our participants from the negative aspects of their surrounding environment while educating on the dangers of participating in such activities. As a direct result smoking is not permitted on the premises or within 25 feet of the *CHSC* building.

6) PERSONAL EQUIPMENT

CD players, mp3 players, iPods and personal game systems of any kind may not be utilized during the program. Infraction of this rule will be immediately addressed by *CHSC* staff. Determination of consequence will then be left up to the *CHSC* staff.

7) DRUGS & ALCOHOL

The use or possession of drugs or alcohol while on the *CHSC* premises or within the immediate vicinity, will be cause for corrective actions. Any participant arriving under the influence of drugs or alcohol will not be permitted to participate in program activities, and will be sent to the Program Director for further consequence.

8) WEAPONS

Use or possession of weapons of any kind will be cause for immediate termination from the program. Please note that there will be no exceptions.

9) STAIRWELLS

Participants are aware of the established areas of occupancy. Loitering on stairwells and the building corridor will not be permitted at any time.

10) VISITORS

Visitors are not permitted during program hours; exceptions are made for parents or other authorized persons.



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Addendum to Participant Rules and Regulations

*Part of the daily curriculum for all **CHSC** participants is highlighted in regards to cleanliness. All CHSC participants are to take part in keeping their area clean. This is carried out by restoring room to its original order at not only the end of each day but after each scheduled activity.

*Respect for all **CHSC** staff and **CHSC** participants is held in high regard. Respect is considered vital to each participant's overall benefit and achievement while in the program. Failure to adhere to **ALL** rules is grounds for suspension or possible termination.

*Parents **WILL** be informed when child is suspended. This will be accompanied by the reasoning associated with participant's suspension. The **CHSC** staff will readily discuss any and all details pertinent to your child development as it relates to suspension decisions. Continuous suspensions will automatically lead to participant discharge.

*As condition of official enrollment, any and all **CHSC** services are dependent on applicant's ability to provide required documents. These documents must be completed in full. This is nonnegotiable.

*Vandalism or any other unlawful activities will not be tolerated. Such actions will be addressed and responded to in accordance with the judgment of the **CHSC** staff and may lead to termination.

Critical Reminder for the Parent/Legal Guardian

All CHSC participants will be released at 6:00 pm. Please make arrangements for your child to be picked-up on time. Children left at the program after 6:25pm, they will be taken to the 77th precinct and registered as abandons.

I _____ have read the above rules and regulations and agree to abide by them. I agree that I am in the program by free choice and may terminate my participation at any time.

Participants Signature

Date



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Notice to Client of Confidentiality Requirements

Crown Heights Service Center, Inc. Prevention Service After School Program is funded by the Office of Alcohol and Substance Abuse Services (OASAS), and is bound by Federal and State confidentiality privacy laws. The confidentiality of client's records maintained by this program is protected by federal and state law and regulations. Generally the program may not say to a person outside the program that a clients receiving Preventive Services

Unless:

1. The patient consents in writing:
2. The disclosure is allowed by a court order, or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal or State law regulations by a program is a crime. Suspected violations may be reported to appropriate Federal or State authorities in accordance with regulations.

Federal regulations do not prohibit any information about suspect child abuse or neglect from being reported under to appropriate State law to appropriate State or local authorities.

Under New York State law, HIV related information can only be given to persons allowed to have it by law or allowed to have it by law or allowed to have it by a release that you sign. You can ask for a list of people who can be given confidential HIV related information without release form.

- If you experience discrimination because of release of HIV related information, you may contact the New York State Division of human rights at (212) 870-8624 or the New York City Commission of human rights at (212) 566-5493. These agencies are responsible for protecting your rights.

I have received a copy of these requirements.

Parent Signature

Date

Agency Representative

Date



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PREVENTION PROGRAM EMERGENCY INFORMATION *(Please Print Information)*

Participant: Last Name _____ First _____ MI _____ DOB _____ Sex _____

Parent/Guardian (Participant Resides With): _____ Relationship _____

Parent's Preferred Language of Communication: Written _____ Oral _____

Home Telephone () _____ Work Telephone () _____ Cell () _____ E-mail _____

Address _____ Apt. _____ Borough _____ ZIP _____

Parent/Guardian: _____ Relationship _____

Parent's Preferred Language of Communication: Written _____ Oral _____

Home Telephone () _____ Work Telephone () _____ Cell () _____ E-mail _____

Address _____ Apt. _____ Borough _____ ZIP _____

List below names of three (3) persons who may be called in case of **EMERGENCY** or if child is observed sick during the program:

CHILD WILL BE RELEASED ONLY TO PERSONS NAMED ON THIS **FORM**.

Name _____ Telephone () _____ Relationship _____

Name _____ Telephone () _____ Relationship _____

Name _____ Telephone () _____ Relationship _____

If there is a person who may NOT HAVE ACCESS to child under any circumstances, please indicate:

Name _____ Relationship _____ Order of Protection Exists? Yes ___ No ___

HEALTH INFORMATION

Name of Physician/Clinic: _____ Telephone () _____

Health Alert

Does child have any health condition that may affect participation in physical activities? Yes ___ No ___

Limitations (e.g., stair climbing, participation in physical activities) _____

Has your child been hospitalized in the past? _____ if yes please explain _____

My child has ("X" any that apply): Private Health Insurance _____; Medicaid _____; No Health Insurance _____

If none of the named contacts can be reached, what do you wish CHSC to do if your child is sick or injured? _____

It is understood that in the final disposition of an emergency case, the judgment of the program authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.

Parents Signature _____

Date _____



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Special Needs Information

1. Has your child had medication prescribed by a doctor for the past six months?

___ Yes ___ No ___

If yes, please provide an explanation of the circumstances, type of medication prescribed (*if any*) and frequency of ingestion:

2. Is your child currently using doctors prescribed medication?

___ Yes ___ No

If yes, please indicate medication name and frequency of usage:

3. Does your child have any unusual behavioral problems?

___ Yes ___ No

If yes, please provide an explanation:

I attest to all the information given as being the truth and I agree to waive any claims or rights I may have against Crown Heights Service Center Prevention Program due to inappropriate medication supervision. I will not hold Crown Heights Service Center Prevention Program liable for any dietary or special food related medical problems.

Participant's Name: _____ **Date:** _____

Parents Name: _____ **Date:** _____



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Permission to Pick-up Child/Children Form

Dear Parents/Guardians:

In accordance with the state law we must have on files the names, address, and telephone number of the individuals permitted to pick-up your child from Crown Heights Service Center (CHSC). If someone arrives to pick-up your child/children and their name is not on listed in our files as a pick-up contact we cannot allow your child to leave with them

Please list the full name, address, and telephone number of any persons who you have given permission. who is allowed to need to pick-up your child become. If you are unable to pick your child up please call us to inform us in advance.

Thank you for your cooperation

Child's Full Name _____

May be picked up by the following adults:

Name	Address	Phone Number

I _____, understand that if the person attempting to pick-up my child does not appear on the mention list, my child will not be released from the center

Parent/Legal Guardian Signature

Date of Signature



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Trip Form

I, _____ Parent/ Guardian of _____, a participant in the Crown Heights Service Center, Inc, (CHSC) Prevention Program give my child permission to attend all agency trips supervised by the program staff; outside of the building premises for the period during which my son/daughter is a participant of the program.

The Crown Heights Service Center, Inc. is a 501 (c) (3) not-for-profit organization committed to serving the youth and families of the Crown Heights Community. While the Crown Heights Agency is insured according to all applicable and required regulations employees of the Crown Heights Service Center, Inc are not liable for injury that may occur as a result of interaction between participants or staff persons.

I realize I am a participant in the program by free choice and I am free to terminate my participation at any time.

Parent/Guardian Signature _____

Date _____

Participants Signature _____

Date _____



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Photo/Video Release

I, _____ hereby authorize the Crown Heights Service Center, Inc. (CHSC, Inc.) the right and permission to publish, my child's photographs and/or video image in various publications, public affair releases, recruitment materials, broadcast public service advertising and for other related endeavors. This material may also appear on the agency's website or social media page. In giving my consent, I hereby release and hold harmless CHSC, Inc., their office employees, agents and designees from any and all responsibility or liability. I understand that I will receive no compensation, should any photographs/videos of my child be used.

I understand that my child's picture and this photo release form will be maintained at CHSC. This authorization is continuous and may be withdrawn at any time by contacting CHSC, Inc. in writing to the below address.

I understand CHSC has full authority as to which pictures they choose to place on their website. CHSC is not required nor obligated to use any and all pictures.

I have read this agreement and understand it.

Printed Name of Parent/Guardian

Signature and Date

Kesha J. Harmon
Agency Administrator

Signature and Date