





















## **Parent/Guardian Consent to Collect and Share Student Information**

The **Department of Youth and Community Development (DYCD)** provides funding for this program as part of its mission to help you assist your child reach his or her full potential. Many of our programs are run by community based organizations. We work to make sure the services you and your children receive are of the highest quality. DYCD is requesting your permission to allow us to collect information we need on your child, their participation and the quality of the services provided.

### **What information from your child’s student records is DYCD requesting?**

We are requesting your permission for the **NYC Department of Education (DOE)** to share personally identifiable information from your child’s student records with DYCD. The information we would like to collect consists of biographical and enrollment information (specifically consisting of your child’s name, address, date of birth, student identification number, grade, school(s) attended and transfer, discharge, and graduation data about your child); data concerning your child’s school attendance (including number of days attended and absences); and academic performance data (including your child’s results on state and national exams, credits earned, grades, promotion and retention status, and fitnessgram score); and data related to any disciplinary actions taken against your child (including number and type of suspensions).

**We are requesting to collect the information listed above about your child on a past, present and future (i.e., ongoing) basis.**

We are also requesting your permission for DYCD to share information we collect on the enrollment form from you and/or your child with DOE staff. The information includes registration information, student’s interests and challenges, type of program enrolled-in and frequency of participation. This information will be used to help the school and community organization work together to meet you and your child’s needs.

### **Who will see my child’s information and how will it be safeguarded?**

The only people who will see your child’s individual information are DYCD and DOE staff who manage the data systems and prepare research reports and program analyses. The limited number of DYCD staff identified to receive personal information is screened, and provided extensive training to follow strict guidelines on protecting the confidentiality of information that would personally identify you or your child. Personally identifiable information collected from student records will only be shared electronically between DOE and DYCD and will be secured and protected in the DYCD data base. Personally identifiable information will not be shared with any community based organizations or their staff members. We will not use your name or your child’s name in any published report. While we request your consent, your responses to the below requests will not affect your child’s participation in DYCD sponsored programs.

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

I understand why DYCD 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 DYCD on an ongoing basis.

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

I understand why DYCD is asking my permission to share information about my child collected by DYCD with DOE staff and I give my permission to DYCD to share information with DOE on an ongoing basis.

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

Student/Applicant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Parent/Guardian Name (optional): \_\_\_\_\_

Additional Parent/Guardian Signature (optional): \_\_\_\_\_



## Consent to Make Referrals and Share Information

The New York City Department of Youth and Community (DYCD) invests in programs and services to help our communities and the people who live here. We want to make sure you know about them and make it easy for you to apply.

### *Why we need your permission*

With it, we can:

- send you information about DYCD-funded programs and services you can apply for, and
- share information from your DYCD Participant Application each time you apply.

### *What we share*

We'll only give information to show you qualify or help you enroll in DYCD-funded programs.

### *Who sees your information and how we protect it*

Only authorized DYCD and funded program staff can see it. We don't share it with others except to:

- decide if you're eligible for services,
- enroll you in programs and services, and
- track the results of the services you receive

*Please read below, check one of the boxes, and fill in the rest.*

I understand why DYCD needs my consent to:

- send me information about programs and services I can apply for,
- refer me to DYCD-funded programs, and/or
- share information from my DYCD Participant Application with the programs I apply for

**Yes, I give my permission**

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

Full Name of Participant (please print)

Signature of Participant (or Parent/Guardian for participants under 18 years old)

Date



### Parent Involvement

**Parent First Name:**

**Parent Last Name:**

**Home Phone Number:**

**Work Phone:**

**Mobile Number:**

**Email:**

I give New York Edge permission to email special alerts, announcements and student information. You may opt out at any time.

I give New York Edge permission to text my mobile number with special alerts, announcements and student information. You may opt out anytime, standard text messaging rates may apply as provided in your wireless plan.

I give New York Edge permission to call/robocall my phone number with special alerts, announcements and student information. You may opt out anytime, standard text messaging rates may apply as provided in your wireless plan.

**What kind of work do you do?**

**What is your company affiliation (optional):**

**I would like to support New York Edge programs by (Check areas of interest):**

**Becoming a volunteer:**

- Fall (September-December)
- Winter (January-March)
- Spring (April-June)
- Summer (July- August)

- Getting my company involved
- Advocating for after school programs
- Following New York Edge on social media
- Directing donations to New York Edge (in-kind or monetary)
- Other:

## Certification Statement

I certify that all information on this form is true and correct. I understand that my statements are subject to verification. I agree and accept that I will abide by all applicable rules and regulations of this program. I consent to the enrollment and participation of the child listed above in this program.

**Parent/Guardian Print:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# WAIVERS AND CONSENTS

**Please place your initial next to the consents below.**

**WAIVER OF LIABILITY:** I recognize that activities to be engaged in by participants during New York Edge programs may result in personal injury or property damage. I hereby release and hold harmless New York Edge from any and all claims I or my child may have arising from, or in connection with, participation in the program. Such release includes, but is not limited to, any claims, demands or causes of action for injuries to my child, except where due to the negligence of New York Edge.

**E-LEARNING CONSENT:** I understand that at times my participant may have to engage in E-learning to participate in New York Edge programs. New York Edge will be facilitating any required E-learning, including in response to COVID-19 related closures, through the Google Classroom and Zoom platforms.

I provide consent for my child to participate in New York Edge E-learning opportunities using the Google Classroom platform and Zoom.

For additional information about E-Learning platforms, please visit:

[https://gsuite.google.com/terms/education\\_privacy.html](https://gsuite.google.com/terms/education_privacy.html) (Google Classroom)

<https://zoom.us/terms> (Zoom)

**PHOTO/VIDEO CONSENT:** I consent for my participant to be photographed or otherwise recorded during New York Edge events and activities, whether in school or away from school. I give my permission for any and all such photographs and/or recordings to be displayed by New York Edge in any lawful medium (books, newsletters, websites, social media, etc.) now or in the future, for which neither I or my participant shall receive ownership rights or monetary compensation.

**INTERVIEW/SURVEY CONSENT:** I understand that New York Edge holds events, both in-school and away from school, at which media representatives, television reporters, photographers or public-relations personnel may be present. In some cases they may interview, photograph or survey children who participate in these events, including my participant.

I understand that my participant may be asked questions concerning New York Edge activities and programs, and that the contents of that interview may be published or aired publicly. I understand that my child will be under the supervision of New York Edge personnel during at all times during any direct interview, photo or survey session. I understand my participant reserves the right to refuse to answer any questions or participate in any discussions, and that my child or the supervising New York Edge personnel may terminate the session at any time for any reason.

I, the undersigned, certify that I am the parent or legal guardian of \_\_\_\_\_, whose date of birth is \_\_\_\_\_, that I have read the consents outlined above and give my participant permission to participate in the New York Edge program.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Parent Consent to Participate in the Evaluation of the After-School Program

Dear Parent/Guardian,

Your child, \_\_\_\_\_, is enrolled in the after school program at \_\_\_\_\_. In order to monitor the effectiveness of the after school program and ensure its future success, New York Edge is conducting ongoing evaluations. It is the intention of the evaluations to learn how these services help students and how they can be improved in order to meet funding requirements.

### Specifically we ask permission from parents to:

- Talk to teachers and after-school staff about children's progress and participation in the after-school program, and review program records on participation in the after-school program.
- Survey and/or interview parents and children about the after-school program and its effects. There will be a survey distributed via text/email over the course of the year. The survey will take approximately 15 minutes. Group discussions may also be held, that would take up to 30 minutes.

**Any information we collect will be used only to assess the after-school program and will not be made public. Participation in the evaluation is completely voluntary, and participants may withdraw at any time without consequence. Personal information will not be used for any purposes after the evaluation is complete.**

Please place your initial next to one of the options below and return this form to the program coordinator/director.

\_\_\_\_\_ YES, I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE. I have read the above information and I give permission for my child to participate in the evaluation of the after-school program.

\_\_\_\_\_ NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the above information and I do not give permission for my child to participate in the evaluation of the after-school program.

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**SIGNATURE OF PARENT OR GUARDIAN DATE**



# Parent/Guardian Data Release Consent Form

## I. Information being requested.

New York Edge is requesting your permission to collect academic performance and enrollment data on your child. This information will be used for the purposes of establishing program outcomes and may be used in a combined, not individualized, format to help advocate for continued funding.

- Contact their children’s school and obtain records showing their progress, including report cards, grades, citywide and statewide test scores, attendance, school choice, and any other reports pertaining to academic progress.
- Biographical and enrollment information (specifically consisting of your child’s name, address, date of birth, student identification number, grade, school(s) attended and transfer, discharge, and graduation data about your child)
- Data concerning your child’s school 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 fitness gram score)
- Data related to any disciplinary actions taken against your child (including number and type of suspensions)

## II. How will your child’s data remain confidential?

We will not use your name or your child’s name in any published report. While we request your consent, your responses to the requests below will not affect your child’s participation in our programs.

***Please place your initial next to Yes or No to the following statement:***

- I understand why New York Edge 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 New York Edge on an ongoing basis.

**Yes, I authorize New York Edge and DOE to share my child’s information/student records.**

No, I do not authorize New York Edge and DOE to share my child’s information/student records

Student/Applicant Name: \_\_\_\_\_

Parent/Guardian Name: *(Please Print)* \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Parent/Guardian Name: *(optional)* \_\_\_\_\_

Additional Parent/Guardian Signature: *(optional)* \_\_\_\_\_



# EMERGENCY MEDICAL CARE FORM

(To be completed by the parent or guardian)

Participant's  
Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. I authorize New York Edge ("Program") to, if necessary, provided basic first aid in accordance to their level of training. Injury assessment and intervention will include the use of topical skin antibiotic as appropriate.
2. If my child requires emergency medical care as determined by an appropriately trained employee of the Program, I give my consent to the above Program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives.
3. I hereby release the Program from any and all claims which I or my child may have against New York Edge arising from or in connection with the providing of First Aid as described herein, except where due to the negligence of New York Edge staff. This agreement is signed for the purpose of fully and completely releasing, discharging, and indemnifying the program from all liability as described herein.
4. Following emergency medical care, my child may be released to the following people:

Name: _____	Relationship to Child: _____	Age: _____
Address: _____	Employer: _____	_____
Home Phone: _____	Work Phone: _____	_____

Name: _____	Relationship to Child: _____	Age: _____
Address: _____	Employer: _____	_____
Home Phone: _____	Work Phone: _____	_____

Name: _____	Relationship to Child: _____	Age: _____
Address: _____	Employer: _____	_____
Home Phone: _____	Work Phone: _____	_____

## 5. Health Information:

Allergies: _____	Religious Preference: (optional) _____
Last Tetanus: _____	Medication(s) being taken: _____

Student's Doctor  
(Name and Phone) \_\_\_\_\_

Medical history or other pertinent facts that should be known: \_\_\_\_\_

6. 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 the Program.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

January 2024

Dear Council Member:

On behalf of my family, I would like to thank you for your support of **New York Edge/NYE**.

My child participates in NYE's FREE afterschool program at \_\_\_\_\_ in our community and, as a result of Council funding which you supported, has benefitted from the enhanced programming and enrichment activities which Council funding underwrites.

I have seen first-hand the benefits – academically, physically and emotionally – that New York Edge programming offers. Its programs are culturally relevant, tailored to students' needs and interests, and rooted in social-emotional learning. Its staff are engaged, caring and committed to the students they serve.

New York Edge provides my child, as well as thousands of other students, with afterschool and summer programming on par with the best private pay enrichment programs in the city.

As your constituent, I ask that you continue to support and champion the work of New York Edge.

Thank you.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_



April 2024

Dear Council Member:

For over 30 years the New York City Council has partnered with **New York Edge/NYE** in providing FREE after school and summer programming across the city that is welcoming, enriching and fun. As a parent whose child participates in NYE programming, I have seen first-hand the benefits – academically, physically and emotionally – that this programming offers.

New York Edge sports, arts, recreation and academic programming is on par with the best private pay enrichment programs in the city. Its programs are culturally relevant, tailored to students’ needs and interests, and rooted in social-emotional learning. Its staff are engaged, caring and committed to the students they serve.

Continued funding of NYE by the Council in the upcoming budget is vital to my child, the children of our community and to thousands of youngsters throughout the five boroughs.

As your constituent, I ask that you advocate for New York Edge and fight on behalf of its FY 25 citywide funding requests.

Thank you.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_