

Adult Registration Form FY'18

Provider Name: The Child Center of NY – Beacon @ Roosevelt Island

Last Name		First Name	
Home Address		Apartment No.	
City/State			
Zip Code		Borough	
Home Phone		Cell Phone	
School Attending		Email	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No Response		
Ethnicity	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> No Response		
Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> No Response		
Country of Origin		Primary Language	

EMERGENCY CONTACTS		If there is an emergency, please contact the following individuals:	
NAME		Relationship to you:	
Address/Apt		Contact	Write down all numbers and circle the best number to call in case of an emergency: <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____
City, State			
Zip Code			
NAME		Relationship to you:	
Address/Apt		Contact	Write down all numbers and circle the best number to call in case of an emergency: <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____
City, State			
Zip Code			

PARTICIPANT HEALTH INFORMATION

Please check any of the following that pertain to you. Many needs or health challenges can be accommodated and may not limit enrollment in the program.

- | | | | |
|---|--|-------------------------------------|--|
| <input type="checkbox"/> Allergies to food | <input type="checkbox"/> Behavioral/Emotional Issues | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Allergies to _____ | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Medication | <input type="checkbox"/> Physical Disabilities |

medications

- Asthma Congestive Illness (e.g., heart murmur/disease, blood pressure) Corrective Devices (e.g., crutches, hearing aid, eye glasses) Pregnancy

Other, not listed _____

If you checked any or wrote in for 'Other, not listed,' please explain the health needs, challenges and /or limitations:

Medications taken: _____

SIGNATURES

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 or to access additional funding.

Applicant: _____ (Print) _____ (Sign) _____ (Date)

Intake Specialist/Staff: _____ (Print) _____ (Sign) _____ (Date)

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I give authority to the Child Center of NY's staff to obtain necessary emergency medical treatment for **myself** with the understanding that **my** family will be notified as soon as possible. I understand that every effort will be made to contact **my** family/emergency contact before and after medical care is provided.

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

CONSENT FOR PHOTO/VIDEOTAPING AND USE

Please be aware that sometimes, staff, photographers, newspapers, television reporters, media representatives and public relations personnel may be present during program activities and special events, both in-school and away from school. In some cases, they may photograph, interview or otherwise record children and/or adults who participate in these program activities and events. The resulting images, videos and interviews may be used for non-profit, non-commercial purposes of the program to promote the programs in printed and electronic media published by the Child Center of NY or the NYC Department of Youth and Community Development (DYCD), such as brochures, books, print and email newsletter, DVDs and videos, websites and blogs. These images may also be used by the Child Center of NY, DYCD and/or any DYCD designee including, but not limited to the New York State Department of State in its publications.

I understand that I may be photographed, interviewed or otherwise recorded during program activities and/or events and I give my permission to be photographed, interviewed or otherwise recorded solely for non-profit, non-commercial purposes of the program.

Yes, I give my permission

CONSENT STATEMENT

I the undersigned, agree and understand that I am responsible for my actions. I release The Child Center of New York from all claims and liability that arise in connection with the Child Center of NY's Parsons Community School programming, except if due to the negligence of the Child Center staff.

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.

Applicant: _____ (Print) _____ (Sign) _____ (Date)
 Intake Specialist/Staff: _____ (Print) _____ (Sign) _____ (Date)

CODE OF CONDUCT FOR PARTICIPANTS

PLEASE READ CAREFULLY AND BE AWARE OF WHAT YOU SIGN

Beacon is a place where we value respect for people and property. We have created a safe program where you can have a great time. All program participants can enjoy themselves without using foul language, using ethnic slurs, destroying property, stealing, writing graffiti or fighting. If a program participant is not able to maintain these standards, he/she will be given the opportunity to resolve his/her problem with the assistance of a Beacon supervisor. If a participant is not willing or able to resolve the problem, then his/her membership will be limited or the participant may be asked to forfeit membership. Beacon’s director or a designated supervisor will address the problem as it relates to the safety and the values of the program.

SPECIFIC RULES:

- Beacon is made up of activity based programs and you are expected to participate. All participants must be at their scheduled program activity at all times. **There will be no wandering.** Therefore, participants should be found in supervised program areas only.
- Participants have the unique option of choosing specific activities that they can attend. In order to benefit from our offerings, participants must be respectful and actively participate in all of their activities.
- All participants must be properly dressed for all activities. For gym activities, shorts and sweats, T-shirts and sneakers should be worn. Participants are responsible for their own clothing. Therefore, valuable clothing should not be worn to the program.
- Destroying property or using foul language will not be tolerated.
- Fighting will not be tolerated. All conflicts should be referred to Beacon staff in order to resolve the conflict. Illegal substances or weapons in or near the program are forbidden. Anyone under the influence of an illegal substance or found with a weapon will not be allowed to participate in Parsons Community School activities.
- **Do not bring anything of value to Beacon.**
The Child Center of New York is not responsible for any lost, damaged or stolen property.

PARTICIPANT’S AGREEMENT:

I have read the Code of Behavior for participants and understand that if I do not maintain these standards, my membership will be limited or forfeited.

Applicant: _____ (Print) _____ (Sign) _____ (Date)
 Intake Specialist/Staff: _____ (Print) _____ (Sign) _____ (Date)