



# REAL KIDS SUMMER PROGRAM APPLICATION

## SUMMER 2018

DREAM collects information in order to best serve the needs of our youth and families.

REAL Kids Site: Newark

For Office Use:		<b>Checklist</b> <input type="checkbox"/> Contact Information  <input type="checkbox"/> 3 Emergency Contacts <input type="checkbox"/> Waiver Forms (7 total)  <input type="checkbox"/> IEP Receipt
<b>Region</b> <input type="checkbox"/> Newark	<b>Grade Range</b> <input type="checkbox"/> K-1 <input type="checkbox"/> 2-3	
<b>Point of contact:</b> <input type="checkbox"/> Fair <input type="checkbox"/> Open House <input type="checkbox"/> Office <input type="checkbox"/> School: <input type="checkbox"/> Other/Notes:	<b>Orientation Date:</b> <input type="checkbox"/>	
<b>Received by:</b>	<b>Received on:</b>	
<b>Entered by:</b>	<b>Entered on:</b>	



HOUSEHOLD INFORMATION

Address		Apartment:	
City	State	Zip Code	
WARD: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> Central <input type="checkbox"/> East <input type="checkbox"/> West			

PARTICIPANT INFORMATION

Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth: ___/___/_____	
Phone number:			Email address:		
Proficient in English: <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary language:		Youth can walk home alone: <input type="checkbox"/> Yes <input type="checkbox"/> No	
School:		Grade:	District ID #:		STEP Level:
Primary teacher:		School counselor:			
Eligible for free lunch in school: <input type="checkbox"/> Yes <input type="checkbox"/> No			Eligible for reduced lunch in school: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does participant have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> <b>No</b>					
If Yes, IEP modifications:					
Child Limitations (are there any activities participant cannot participate in):					
<b>Participant Allergies</b> (check all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Peanut</li> <li><input type="checkbox"/> Tree nut</li> <li><input type="checkbox"/> Milk</li> <li><input type="checkbox"/> Egg</li> <li><input type="checkbox"/> Wheat</li> <li><input type="checkbox"/> Soy</li> <li><input type="checkbox"/> Fish</li> <li><input type="checkbox"/> Shellfish</li> <li><input type="checkbox"/> Other (please write in Medical Details below)</li> </ul>		<b>Medical Issues</b> (check all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Asthma</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Seizure Disorder</li> <li><input type="checkbox"/> Obesity</li> <li><input type="checkbox"/> ADD</li> <li><input type="checkbox"/> ADHD</li> <li><input type="checkbox"/> Other (please write in Medical Details below)</li> </ul>		<b>Participant Race/ethnicity</b> (check all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Black - African-American</li> <li><input type="checkbox"/> Black – African</li> <li><input type="checkbox"/> Black – Caribbean</li> <li><input type="checkbox"/> Hispanic or Latino</li> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Asian</li> <li><input type="checkbox"/> Other</li> </ul>	
Medical Details (list all medical conditions, medications, issues, and allergies that we should know about):					



**PARENT/GUARDIAN 1 INFORMATION**

Parent/Guardian name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email address :			
Home phone:	Work phone		Cell phone :
Relationship to participant: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other If other, please state relationship	Parent/Guardian race/ethnicity (check all that apply): <input type="checkbox"/> Black - African-American <input type="checkbox"/> Black - African <input type="checkbox"/> Black - Caribbean <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other		Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic partnership
Best contact method: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Social Media (facebook)		Best contact time: <input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening	
Potential Volunteer Areas (mark all that apply): <input type="checkbox"/> New parent group <input type="checkbox"/> Plan events <input type="checkbox"/> Speak to donors <input type="checkbox"/> Community ambassadors		Potential Workshops (mark all that apply): <input type="checkbox"/> High School application <input type="checkbox"/> College application <input type="checkbox"/> Cyber bullying <input type="checkbox"/> DOE Evaluation <input type="checkbox"/> Sexual education <input type="checkbox"/> Parenting Journey <input type="checkbox"/> Other	
Proficient in English: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest level of education completed: <input type="checkbox"/> No High School <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> College <input type="checkbox"/> Advanced Degree		Employment Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed
Employer:			
Work Address:			
City	State		Zip Code
Work Borough:	<input type="checkbox"/> Bronx	<input type="checkbox"/> Brooklyn	<input type="checkbox"/> Manhattan
	<input type="checkbox"/> Queens	<input type="checkbox"/> Staten Island	
WARD (Newark):	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> Central
	<input type="checkbox"/> East	<input type="checkbox"/> West	

Has custody of participant: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, address:		
City	State	Zip Code



<p>Does anyone in the household receive any of the following (please check all that apply):</p> <ul style="list-style-type: none"><li><input type="checkbox"/> NYCHA</li><li><input type="checkbox"/> Section 8</li><li><input type="checkbox"/> Public Assistance</li><li><input type="checkbox"/> Food Stamps (SNAP)</li><li><input type="checkbox"/> WIC</li><li><input type="checkbox"/> SSI</li><li><input type="checkbox"/> Medicaid</li><li><input type="checkbox"/> Child Health Plus</li><li><input type="checkbox"/> Family Health Plus</li><li><input type="checkbox"/> Private Health Insurance</li></ul>	<p>Average household income:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Under \$15,000</li><li><input type="checkbox"/> \$15,000 – \$24,999</li><li><input type="checkbox"/> \$25,000 – \$34,999</li><li><input type="checkbox"/> \$35,000 – \$44,999</li><li><input type="checkbox"/> \$45,000 – \$64,999</li><li><input type="checkbox"/> \$65,000 – \$84,999</li><li><input type="checkbox"/> \$85,000 – \$100,00</li><li><input type="checkbox"/> Above \$100,000</li></ul>
<p># of children in household (including participant):</p>	<p># of adults in household (including participant):</p>



**PARENT/GUARDIAN 2 INFORMATION**

Emergency contact:  Yes  No

Parent/Guardian name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email address :			
Home phone:	Work phone		Cell phone :
Relationship to participant: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other If other, please state relationship	Parent/Guardian race/ethnicity (check all that apply): <input type="checkbox"/> Black - African-American <input type="checkbox"/> Black - African <input type="checkbox"/> Black - Caribbean <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other		Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic partnership
Best contact method: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Social Media (facebook)		Best contact time: <input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening	
Potential Volunteer Areas (mark all that apply): <input type="checkbox"/> New parent group <input type="checkbox"/> Plan events <input type="checkbox"/> Speak to donors <input type="checkbox"/> Community ambassadors		Potential Workshops (mark all that apply): <input type="checkbox"/> High School application <input type="checkbox"/> College application <input type="checkbox"/> Cyber bullying <input type="checkbox"/> DOE Evaluation <input type="checkbox"/> Sexual education <input type="checkbox"/> Parenting Journey <input type="checkbox"/> Other	
Proficient in English: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest level of education completed: <input type="checkbox"/> No High School <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> College <input type="checkbox"/> Advanced Degree		Employment Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed
Employer:			
Work Address:			
City	State		Zip Code

Has custody of participant: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, address:		
City	State	
Zip Code		



EMERGENCY CONTACTS- PLEASE LIST THREE

Name:	Phone number: Can pick up youth: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Phone number: Can pick up youth: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Phone number: Can pick up youth: <input type="checkbox"/> Yes <input type="checkbox"/> No

PICK UP LIST- Non Parent/Guardian that can pick up the youth from program

Name:	Phone number:
Name:	Phone number:
Name:	Phone number:

CAN NOT PICK UP LIST- People who cannot pick up the youth from program

Name:	Order of protection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Order of Protection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Order of Protection: <input type="checkbox"/> Yes <input type="checkbox"/> No



**ACADEMIC RELEASE**

I hereby give permission for Harlem RBI to have access to my child's school records, including information about enrollment, grades, citywide and statewide test scores, and attendance. I give Harlem RBI permission to collect OSIS numbers from school administrators and to conduct survey and/or interviews with parents and children. All collected information will be kept private and reported in aggregate form. Your child's name will not be published.

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature **X**

\_\_\_\_\_  
Date

**WAIVER OF ALL CLAIMS/CONSENT FORM**

I hereby give my child permission to try out for and to participate in any and all programs associated with Harlem RBI Incorporated ("Harlem RBI") including but not limited to Harlem RBI's baseball, softball, educational and mentoring programs and field trips related thereto ("Activities"). I understand that (i) despite the efforts of Harlem RBI to instill a "safety first philosophy" within the organization, my child may be exposed to certain risks and hazards incidental to his/her participation in the Activities, including, but not limited to, physical injury and (ii) the permission that I give hereby means that I am agreeing to assume on his/her behalf all risks and hazards incidental to his/her participation in such Activities, including, but not limited to, physical injury. With respect to such risks of physical injury, I further understand that the permission I hereby grant means that I am agreeing to assume on his/her behalf all risk and hazards incidental to the sport of baseball and all warm-ups, practices and competitions associated with baseball, including specifically (but not exclusively) the danger of being injured by thrown bats, fragments thereof, and thrown or batted balls.

I understand that Harlem RBI program staff members are required to report any suspected abuse or neglect of a child. The staff and volunteers are trained to respond if a child discloses/alleges abuse and a report will be filed with authorities. If I have any further questions, or would like more information on violence prevention, I will ask Harlem RBI staff for additional resources.

In consideration of Harlem RBI permitting my child to participate in the Activities, I hereby release, discharge and agree to indemnify and hold harmless Harlem RBI, its directors, organizers, sponsors, coaches, staff, volunteers and agents from any and all claims, liabilities or causes of action arising out of my child's participation in the Activities, including but not limited to physical injury to my child, whether the result of negligence or any other cause.

WARNING: Protective equipment cannot prevent all injuries that a youth player may sustain while playing baseball or softball.

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature **X**

\_\_\_\_\_  
Date

**EMERGENCY MEDICAL TREATMENT CONSENT FORM**

I hereby give my permission to Harlem RBI Incorporated ("Harlem RBI") to give consent on my behalf in the event of the need for the emergency administration of medical treatment which Harlem RBI, in its sole discretion, believes to be necessary and appropriate, including, without limitation, treatment by trained First Aid personnel, EMTs, First Responders, Paramedics and Emergency Room Physicians. In consideration of Harlem RBI permitting my child to participate in Harlem RBI activities and programs, I hereby release, discharge and agree to indemnify and hold harmless Harlem RBI Incorporated, its directors, organizers, sponsors, coaches, staff, volunteers and agents from any and all claims, liabilities or caused of action arising out of such treatment and with respect to the exercise of its judgment in this regard. I further attest that I have disclosed all vital and important health information (allergies, medications and medical limitations on activities) which would be necessary for the proper care of my child.

I agree to pay, and to assume responsibility, for all medical and dental expenses incurred in the treatment of my child.

WARNING: Protective equipment cannot prevent all injuries that a youth player may sustain while playing baseball or softball

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature **X**

\_\_\_\_\_  
Date

**CONSENT TO PARTICIPATE IN EVALUATION/RESEARCH**

I hereby give my child permission to try out for and to participate in any and all evaluations associated with Harlem RBI Incorporated.



Harlem RBI regularly evaluates the outcomes for youth in youth programs. While your child is enrolled, we are likely to be studying our programs to see what kinds of things young people like about them and how they affect participants. We also want to know how the youth are changing as they mature and if and how things they do in the program contribute to those changes. We are especially interested in understanding more about academic outcomes, life skills, and risk-behaviors.

During our regular course of operations, your child's group may be the subject of some data collection and program observations, and your child may be asked to respond to surveys or interviews. All of his/her information, individual responses and specific observation notes will be kept strictly confidential, and you are free to inquire more directly about any evaluation activities that become scheduled for your child's group. By signing below, you are saying that your child can participate in any standard evaluation activities or studies that are conducted during regular program operations.

\_\_\_\_\_ has my consent to take part in any standard data collection/evaluation of Harlem RBI.  
(Youth's Name)

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_ X \_\_\_\_\_  
Parent/Guardian's Signature      Date





**PARENTAL PERMISSION TO USE HARLEM RBI TRANSPORTATION**

Harlem RBI frequently utilizes vans and/or buses to transport the children to practices, games and other events. At present, your permission is requested below for your child to play in these practices, games and tournaments and to be transported either (i) with the entire team to these events in the vans and/or buses used by Harlem RBI for transportation to these events or (ii) in the event that vans and/or buses do not have the capacity to transport all the children, with one of our Volunteer Coaches in a private automobile.

With my signature below, I hereby give my permission to have my child participate in the various practices, games, and tournaments in which Harlem RBI routinely participates throughout New York City and surrounding areas and to be transported to such events via the vans and/or buses used by Harlem RBI for such purposes or via the private automobile of a Volunteer Coach, it being my understanding that the Van/Bus Policy established by Harlem RBI shall govern all such trips requiring the use of a van or bus and that the Volunteer Coaches' Automobile Policy shall govern all such trips requiring, as supplementary transportation to the regular vans and/or buses, the use of an automobile. Furthermore, I understand and agree that, players are expected to ride in Harlem-RBI arranged transportation to and from all games unless I give 24 hours' prior notice to my child's Coach of the details of alternative transportation arrangements that my child will use, including, but not limited to, (i) travel in my own automobile and (ii) public transportation, which transportation I have determined to be appropriate for my child. I further agree that by furnishing my permission for my child to utilize such alternative transportation arrangements, I will assume on my child's behalf all risks and hazards incidental to such alternative transportation, including, but not limited to, physical injury.

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

X

