After-School Program

Enrichment Activities
• Visual Arts
• Team Building
• Outside Play

Academic Skill Support
• Math & Reading Activities
• Homework Support
• Academic Games

Community Building
• Cheers, Group Games
• Appreciation Ceremonies

Program Duration:
September 12, 2022 – June 16, 2023

Operation Hours:
Monday – Friday
Elementary: 2:00pm – 5:45pm

Contact:
ps180@roadstosuccess.org

Hugo Newman Preparatory School (PS 180)
2022-2023

Program Costs:

<table>
<thead>
<tr>
<th></th>
<th>Pre-K</th>
<th>K-5</th>
<th>6-8</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3 days:</strong></td>
<td>$253/mo</td>
<td>$238/mo</td>
<td>FREE</td>
</tr>
<tr>
<td><strong>4 days:</strong></td>
<td>$290/mo</td>
<td>$263/mo</td>
<td></td>
</tr>
<tr>
<td><strong>5 days:</strong></td>
<td>$324/mo</td>
<td>$302/mo</td>
<td></td>
</tr>
<tr>
<td>Drop-in Rate (single day):</td>
<td>$39/day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Only 25 Spots!

REGISTRATION OPENS
August 22, 2022

www.roadstosuccess.org/ps180-es  www.roadstosuccess.org/ps180-ms
DYCD Universal Participant Intake: Youth & Adult Application (Ages 13 & Younger)

Welcome to the Department of Youth and Community Development (DYCD)! DYCD is a New York City agency that funds programs for youth and families. These programs are operated by Community Based Organizations (CBOs). This form will allow you or your child to apply to a DYCD Comprehensive Afterschool System (COMPASS), Beacon, or Cornerstone youth or adult program. Please complete this form fully and return to the CBO that operates the program. One application will be accepted per person per site. Submission of an application does not guarantee enrollment in the program. Further paperwork and information may be required to determine program eligibility. If accepted, program will be at no cost to the participant. The following application items are collected for informational and program planning purposes only: Income, Gender, Race, Ethnicity, Language, Population Type, Household Information and Health Insurance Status. Responses to these questions will not impact your eligibility to receive services and will not be shared outside of DYCD without the applicant’s permission.

<table>
<thead>
<tr>
<th>Part I: Applicant Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For the purposes of this application, applicant refers to the person applying to receive services. Select one:</strong></td>
</tr>
<tr>
<td>□ I am completing this application for myself</td>
</tr>
<tr>
<td>□ I am a relative/non-relative, completing this application on behalf of the applicant</td>
</tr>
<tr>
<td>Applicant’s First Name:</td>
</tr>
<tr>
<td>Applicant’s Date of Birth (MM/DD/YEAR):</td>
</tr>
<tr>
<td>Applicant’s Apt. Number:</td>
</tr>
<tr>
<td>Applicant’s Sex at Birth (Select One):</td>
</tr>
<tr>
<td>□ Female</td>
</tr>
<tr>
<td>□ Male</td>
</tr>
<tr>
<td>□ X (not female or male)</td>
</tr>
<tr>
<td>□ Not sure</td>
</tr>
<tr>
<td>□ Other</td>
</tr>
<tr>
<td>□ White or Caucasian</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>□ Applicant lives in a NYCHA Development (please provide name)</td>
</tr>
</tbody>
</table>

Questions? Call Community Connect: 1-800-246-4646 www.nyc.gov/dycd
### Part II: Applicant's (or Parent/Guardian's) Contact Information

#### Applicant's Contact Information

*For youth without contact information, skip to the next section to provide parent/guardian contact information*

- Write down phone numbers for the **applicant** and check the preferred method of contact:
  - Home ____________________________  □ Cell ____________________________  □ No Email
  - Work ____________________________  □ Email ____________________________  □ US Mail

#### Parent/Guardian Information

*This section is required for Applicants under 18*

- **Parent/Guardian Name:**
  - Write down all phone numbers and check the best number to call in case of an emergency:
    - Home ____________________________  □ Cell ____________________________  □ No Email
    - Work ____________________________  □ Email ____________________________  □ US Mail
- **Address:**
  - **City:**
  - **State:**
  - **Zip Code:**
    - □ Same as Applicant

#### Emergency Contact Information

*At least one emergency contact must be identified*

- **Emergency Contact #1 Name:**
  - **Relationship to Participant:**
    - □ Emergency contact is parent/guardian of participant
  - Write down all phone numbers and check the best number to call in case of an emergency:
    - Home ____________________________  □ Cell ____________________________  □ No Email
    - Work ____________________________  □ Email ____________________________  □ US Mail
  - **Address:**
    - □ Same as Applicant
  - **City:**
  - **State:**
  - **Zip Code:**

- **Emergency Contact #2 Name:**
  - **Relationship to Participant:**
    - □ Emergency contact is parent/guardian of participant
  - Write down all phone numbers and check the best number to call in case of an emergency:
    - Home ____________________________  □ Cell ____________________________  □ No Email
    - Work ____________________________  □ Email ____________________________  □ US Mail
  - **Address:**
    - □ Same as Applicant
  - **City:**
  - **State:**
  - **Zip Code:**
This section is for parents/guardians enrolling their children.

Emergency contacts listed in Section II are authorized to pick up the child unless otherwise noted.
The following additional people are authorized to pick up my child:

Name: ___________________ Phone #: ___________________ Relationship: ___________________

Name: ___________________ Phone #: ___________________ Relationship: ___________________

Name: ___________________ Phone #: ___________________ Relationship: ___________________

The following people MAY NOT pick up my child:

Name: ___________________ Name: ___________________ Name: ___________________

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):

☐ 1st grade ☐ 2nd grade ☐ 3rd grade

☐ 4th grade ☐ 5th grade

☐ 6th grade

Middle School: ☐ 7th grade ☐ 8th grade

High School: ☐ 9th grade ☐ 10th grade ☐ 11th grade ☐ 12th grade

☑ Obtained High School Diploma

☑ Obtained High School Equivalency

4-Year College/University: ☐ Freshman ☐ Sophomore

☑ Junior ☐ Senior ☐ Obtained Bachelor's Degree

Doctorate Degree:
☐ Some Doctorate degree credits, but no degree attained

☑ Obtained Doctorate Degree

Other:
☐ Obtained Foreign Degree

☐ No Formal Schooling Attained

Community College: ☐ 1st year ☐ 2nd year ☐ 3rd year

☐ 4th Year + ☐ Obtained Associate's Degree

Master's Degree:
☐ Some Master's Degree credits, but no degree attained

☑ Obtained Master's Degree

Professional Degree:
☐ Some Professional Degree credits (e.g. MD, DDS, DVM, LLB, JD), but no degree attained

☑ Obtained Professional Degree (e.g. MD, DDS, DVM, LLB, JD)

Vocational/Trade School:
☐ Some Vocational or Trade School credits, but no certificate or degree attained

☑ Obtained a certificate or degree from a Vocational or Trade school

Applicant's Current Work Status (Select One):

☑ Employed Full-Time

☐ Employed Part-Time

☐ Unemployed (Long-term, more than 6 months)

☐ Not applicable (applicant is under 14 years of age)

☐ Unemployed (Not in labor force)

☐ Retired

Required for Full-Time Students

Student ID/OSIS: ___________________

School Type:
☐ Public ☐ Charter ☐ Private ☐ Other ___________________

School Name: ___________________
### 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.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the applicant have any allergies? (food, medication, etc.)</td>
<td></td>
</tr>
<tr>
<td>□ No □ Yes</td>
<td></td>
</tr>
<tr>
<td>Does the applicant have asthma?</td>
<td></td>
</tr>
<tr>
<td>□ No □ Yes</td>
<td></td>
</tr>
<tr>
<td>Does the applicant have special health care needs?</td>
<td></td>
</tr>
<tr>
<td>□ No □ Yes</td>
<td></td>
</tr>
<tr>
<td>Does the applicant take medication for any condition or illness?</td>
<td></td>
</tr>
<tr>
<td>□ No □ Yes</td>
<td></td>
</tr>
<tr>
<td>Are there activities the applicant cannot participate in?</td>
<td></td>
</tr>
<tr>
<td>□ No □ Yes</td>
<td></td>
</tr>
</tbody>
</table>

**Please provide any additional health information details:**

□ N/A

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

□ N/A

### Applicant's Health Insurance Status

<table>
<thead>
<tr>
<th>Does the applicant have health insurance? (Select One):</th>
<th>If yes, what kind of health insurance does the applicant have? (Check all that Apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No □ Decline to Answer</td>
<td>□ Medicaid □ Medicare □ Employment-Based □ Direct-Purchase □ Military Health Care □ State Children's Health Insurance Program □ Decline to Answer</td>
</tr>
</tbody>
</table>

**If you do not have health insurance, do you want to be contacted by someone else with information about signing up for public health insurance? (Select One):**

□ Yes □ No □ Decline to Answer

**If you would like to be contacted about signing up for public health insurance, what is your preferred method of contact? (Select One):**

□ Email □ Phone □ US Mail □ Via provider □ Decline to Answer
# Part V: Additional Applicant Information

## How well does the applicant speak English? (Select One):
- Fluent/Very well
- Well
- Not well
- Not well at all

## Applicant's Primary Language (Select One):
- English
- Bengali
- Hungarian
- Haitian Creole
- Korean
- Punjabi
- Portuguese
- Spanish
- Urdu
- Other:

*including Cantonese and Mandarin

## Other Languages Spoken by Applicant (Select all that apply):
- English
- Bengali
- Fulani
- H;
tian Creole
- Hungarian
- Korean
- Punjabi
- Portuguese
- Spanish
- Urdu
- Other:

*Not applicable (only one language spoken by applicant)

*including Cantonese and Mandarin

## Would the applicant like to receive information/be contacted about registering to vote?** (Select One):
- Yes
- No

**Applicant is eligible to vote in U.S. federal elections if:
1) You are a U.S. citizen;
2) You meet your state’s residency requirements;
3) You are 18 years old. Some states allow 17-year-olds to vote in primaries and/or register to vote if they will be 18 before the general election. Check your state’s voter registration age requirements.

## 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

### Applicant’s Housing Type (Select One):

- Own
- Rent
- NYCHA
- Shelter
- Homeless
- Other: **Permanent Housing**

### 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

### 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

### Sources of Applicant’s Household Income (Select all that Apply):

- Employment Wages
- Childcare Voucher
- Housing Choice Voucher
- Permanent Supportive Housing
- Retirement Income from Social Security
- Temporary Assistance for Needy Families (TANF)
- WIC
- Affordable Care Act Subsidy
- Earned Income Tax Credit (EITC)
- HUD-VASH
- Private Disability Insurance
- Social Security Disability Income (SSDI)
- Unemployment Insurance
- Worker’s Compensation
- Alimony or other Spousal Support
- Employment Tax Credit
- LIHEAP
- Public Housing
- Supplemental Security Income (SSI)
- VA Non-Service Connected Disability Pension
- Other:
- Child Support
- General Assistance
- Pension
- Safety Net/Home Relief
- Supplemental Nutrition Assistance Program (SNAP)
- VA Service-Connected Disability Compensation
- Decline to Answer

Questions? Call Community Connect: 1-800-246-4646 www.nyc.gov/dwcd

Universal Participant Intake: Youth & Adult Application | Page 6 of 10
For Applicants Ages 13 and Younger | Updated April 2021
Part VII: Consents and Signatures

Pick-up/Dismissal Information
This question must be answered for parents/guardians enrolling their children
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.

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 a DYCD-funded program, please be aware that from time to time DYCD and the City of New York, its contracted providers, authorized agents, third-party organizations with which it collaborates, or other government, representatives (collectively, "Authorized Parties") may be present during program activities and special events associated with program services, both at the usual program location and at off-site events. In some cases, they may photograph, videotape, interview or otherwise record participants and their families and friends 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 DYCD-funded 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 DYCD-funded 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

<table>
<thead>
<tr>
<th>If participant is 18 and over:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I acknowledge that I am 18 years of age or older and am authorized to give consent.</td>
</tr>
<tr>
<td>□ Yes  □ No</td>
</tr>
</tbody>
</table>

| Full Name of Participant | Participant’s Signature | Date |

<table>
<thead>
<tr>
<th>If participant is under 18 years old:</th>
</tr>
</thead>
</table>

| Full Name of Participant | Parent/Guardian’s Signature | Date |
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 scores); 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): ________________________

Questions? Call Community Connect: 1-800-246-4646 www.nyc.gov/dycd

Universal Participant Intake: Youth & Adult Application | Page 9 of 10
For Applicants Ages 13 and Younger | Updated April 2021
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
CONSENT, WAIVER AND ENROLLMENT AGREEMENT

This Consent, Waiver and Enrollment Agreement (this “Agreement”) sets forth the terms and conditions for participating in programs offered by Roads to Success, Inc. (“Roads to Success”), including both in-person programs and online programs. I am the parent or legal guardian of the minor individual named below (“my child”), and I desire to enroll my child in the programs offered by Roads to Success. Accordingly, I hereby agree to the following:

PAYMENT POLICIES (applicable to tuition-based program participants only)

- Enrollees in Roads to Success programs agree to pay in advance for program services, to the extent that such fees are not waived or partially subsidized as part of a government financial assistance program, and understand that full registration and the completion of all requested information is necessary for participation in Roads to Success programs. Roads to Success staff are under no obligation to provide care or supervision for families who fail to meet these obligations.
- Roads to Success has the authority to automatically charge the credit card or bank account of any registered service recipient who enrolls in payment installment plans.
- Roads to Success reserves the right to cancel services for families who fail to provide payment in advance of service, or as arranged through electronic installment payments.
- Roads to Success will email a reminder of a past due payment to the enrolled student’s guardian/parent via our billing email on the 3rd day of non-payment.
- Roads to Success is under no obligation to issue refunds and/or “make up” dates for participant absences or program cancellations that are due to safety concerns or decisions by schools, the Chancellor, the Department of Education, or other governing parties. If, for any other reason, you feel you are entitled to a refund, the billing clerk may send you a refund request form. Once submitted to the billing clerk only, the process for determination can take anywhere from 48 hours to 30 days. The form must be completed correctly in order for the billing department to start the determination process.
- Payment installments are set at flat rates which are predetermined by an estimate of the full term of service and are not reflective of the amount of hours or days of
service between established payment dates. As such, Roads to Success is not obligated to alter the amount of installments.

- Families who wish to reduce weekly attendance or cancel monthly payments must submit a written request to Roads to Success no less than two weeks prior to the proceeding billing date.
- Roads to Success reserves the right to charge a rate of $1 per minute for any participants who are not picked up by an authorized adult at the close of their scheduled program.
- Roads to Success may charge a $15 late fee to any account that is 5 days overdue. Families who miss a scheduled payment may have service suspended. If a participant is suspended due to missed or late payment, they may return to program upon the due balance being paid if there is still a spot available. If a spot is not available upon the due balance having been paid, the student will be placed on a waitlist until a spot becomes available. Their family will not billed again until child is able to return to program, at which time a new order will be created manually by the billing clerk.
- Roads to Success may report any balances that remain delinquent after 60 days to credit agencies or bureaus.
- Roads to Success reserves the right to charge a $25 fee for any bounced or returned checks.
- Additional, location-specific services such as Holiday Camps, "Drop-Ins," Half Day programs that follow school early dismissals, and any other additional services are not included in any payment plans unless explicitly described in program brochures or web descriptions. Such services may be available as additional options for your school’s program at an additional price.
- Registration for “Drop-In” one-day enrollment must be completed at least two hours in advance of the given program’s start time.

PARTICIPANT BEHAVIORAL GUIDELINES
I understand that my child is expected to follow Roads to Success’s behavioral guidelines, which include but are not limited to the following:

- Participating children must be accompanied and/or monitored by Roads to Success staff at all times and are not permitted to vacate from the supervision of staff. Children participating in an online program may not enter into or remain in a virtual classroom without at least one member of Roads to Success staff also being present in such virtual classroom.
- Children are not permitted to leave Roads to Success, unless signed out by an authorized individual.
- Any child participating in a Roads to Success program must listen carefully to and follow the rules and instructions of Roads to Success staff.
- Children are expected to be kind and respectful of staff and other students. Physical or emotional harm to others or oneself is not permitted, nor is threatening or bullying. All forms of online harassment, including, without limitation, cyberbullying, are prohibited.
- With respect to any online program offered by Roads to Success, in order to protect the privacy of my child, other participating students and Roads to Success staff, participating children are expected to keep their microphones on mute unless they are speaking or unless they receive permission by staff to turn on their microphones.
- While participating in online learning, children are required to use virtual backgrounds at all times. Children may select which virtual background they use only from those that Roads to Success has either provided or designated as acceptable.
- Recording of any virtual classroom or meeting by participants, members of their households, or any party other than Roads to Success, by any method (including but not limited to video recording, audio recording, photographing and capturing screen shots) is strictly prohibited.
- If a child is exhibiting challenging behavior, he or she will be given reminders regarding rules. Any child who does not correct his or her behavior after such reminders may be asked to have a discussion with a family member or guardian with Roads to Success staff.

As a parent or legal guardian, I agree to encourage my participating child to adhere to these behavioral guidelines and any other rules specific to the Roads to Success program, building and/or digital space in which Roads to Success is located and/or where programming takes place. I also understand that:

- Roads to Success will notify me if my child’s behavior undermines his or her ability, or the ability of other children to enjoy, benefit from, and participate safely in the program.
- If challenging behavior arises, I will be expected to collaborate with Roads to Success on a strategy to identify obstacles preventing my child from behaving according to guidelines and address my child’s individual needs accordingly.
- If challenging behavior does not improve as a result of family or guardian intervention, Roads to Success may temporarily suspend or permanently dismiss my child from any program.
- If the severity of my child’s behavior is such that it is dangerous or harmful to my child, other participants or staff, Roads to Success is permitted to dismiss my child immediately.
- Suspension and/or dismissal from any Roads to Success program is at the complete discretion of Roads to Success.
AGREEMENT TERMS

1. I have read, understand and agree to the terms set forth under “Payment Policies” and “Participant Behavior Agreement” above, as well as the attached guidance on COVID-19 prevention standards relevant to Roads to Success’s in-person programs. I understand and agree that Roads to Success’s Payment Policies, including that it is not obligated to issue refunds, apply even in the event of a school closure or transition of in-person programming to virtual programming due to Covid-19 or other circumstance.

2. My child has permission to participate in all Roads to Success programs that are planned and supervised by Roads to Success, including, without limitation, field trips and online programming.

3. Roads to Success has the unrestricted right to terminate my child’s enrollment at its sole discretion. In the event that the termination is due to my child’s behavior, I understand and agree that Roads to Success is not obligated to refund tuition or any unused amount of the tuition.

4. I agree and understand that the Roads to Success staff members have signed agreements that contact with participants outside of designated program hours and/or locations is not permitted.

PRIVACY AND SECURITY IN ONLINE PROGRAMS

5. I understand that if my child is participating in a Roads to Success program on a digital and/or online platform, then my home may be visible and audible. I also agree to endeavor to turn off digital assistants (for example, Alexa or Google Home) and to ensure that no personal information is visible or otherwise accessible by other participants in the online program.

LIABILITY ACKNOWLEDGEMENT, RELEASE and WAIVER

6. I am aware and understand that participation in Roads to Success programs may involve physical activities and that physical injury of my child could occur while following instructions in the class. I am aware and understand also that, even though Roads to Success will adhere to the applicable health and safety guidelines and policies of the Department of Youth and Community and Department of Education while facilitating “in-person” programs, including requirements regarding face coverings and personal protective equipment, my child may be exposed to or contract COVID-19 while participating in any in-person Roads to Success program.
7. I am aware and understand that Roads to Success’s in-person and virtual programs sometimes use social media platforms and software such as Canvas, Zoom, Google, Facebook and Instagram. Such programming may be live, and risks events out of the control of Roads to Success, such as “Zoom bombing” or other privacy risks inherent in any use of social media. I understand also that any media produced or posted by Roads to Success via a social media platform shall be subject to that platform’s terms of use and data policies, including certain rights to use such media, and that these policies are available for my review at the following web addresses:

Canvas: https://www.instructure.com/privacy/students-parents
Google: https://policies.google.com
Instagram: https://help.instagram.com
Facebook: https://www.facebook.com/policy.php
Zoom: https://zoom.us/privacy

Notwithstanding the risks that may be involved in my child’s participation in Roads to Success, including as described in (5) and (6) above, I acknowledge that I am voluntarily authorizing my child to participate in Roads to Success programs, and I accept and assume any and all risks of injury or liability arising from my child’s participation in Roads to Success.

8. Roads to Success has permission to treat my child for routine, minor injuries such as scrapes and bruises. In the event that a parent/guardian or emergency contact cannot be contacted in an emergency, Roads to Success has the permission to call an ambulance or escort my child to be treated at a hospital emergency room.

9. I understand and agree that Roads to Success is not responsible or liable for any physical or emotional injury, invasion or violation of any rights of privacy or publicity, or any similar claim or cause of action, now known or hereafter known, arising out of my child’s participation in Roads to Success programs, including in connection with both in-person programs and online programs, and/or in connection with any authorized medical treatment as described in (9) above.

10. I expressly waive and release any and all liability, claims and demands of whatever kind or nature, now known or hereafter known, against Roads to Success on account of or attributable to my child’s participation in any Roads to Success program. I agree not to make or bring any such claim or demand against Roads to Success, and fully release and discharge Roads to Success from liability under such claims or demands.
MEDIA CONSENT AND WAIVER

11. Roads to Success has permission to use any photograph, video, interview, voice, image, likeness or name of my child and any participating members of my child’s family for any public use, including advertising, marketing or any other reasonable, lawful purpose. Without limiting the generality of the prior sentence, with respect to any online program, Roads to Success has permission to post a recording of any virtual program in which my child may participate in order to make such program available to other authorized Roads to Success participants who were not able to attend the live session. I understand that Roads to Success uses digital platforms, including those operated by Zoom, Google, Facebook and Instagram, to facilitate and record virtual learning programs, and to produce and post media that may include a photographs, videos, interviews, images, the voice, image or likeness of my child or of any participating member of my child’s family, and that such recordings and media shall be subject to the relevant company’s user and data policies.

CONSENT TO DATA RELEASE AND COLLECTION

12. I understand that Roads to Success is a not-for-profit organization that receives public funding for some programs in communities in need of our services. Its funding requires that it surveys students to collect information on all participants to monitor their progress, as well as the progress of its program.

13. Accordingly, I give Roads to Success permission to survey my child to monitor the progress of individuals and programs at Roads to Success.

14. I understand that the New York City Department of Education requires my consent in order to share information about my child with Roads to Success such as: grade level, scores on standardized math and reading tests, and attendance.

15. Accordingly, I consent to the New York City Department of Education providing, and give Roads to Success permission to gather, data regarding my child from the New York City Department of Education for purposes of measuring the academic progress of individuals and programs at Roads to Success.

16. I understand that any such data collected by Roads to Success will be collected on all participants and analyzed as a whole, not by individual student. Thus, Roads to Success and the New York City Department of Education will treat as confidential all such data identifiable to my child.
17. I also understand that this data will be analyzed according to group cohorts and not by individual student, and Roads to Success and New York City Department of Education will treat as confidential all such data identifiable to my child.

**SIGNATURE PAGE**

I understand and agree that this Agreement supersedes any previous consent, waiver and enrollment agreements that have been signed for Roads to Success on behalf of my child, and that this Agreement is governed by and shall be construed in accordance with the laws of the State of New York.

I represent that I am the parent or legal guardian of the minor named below ("my child"), and have the legal right to consent to the terms and conditions of this Agreement on my child's behalf. By signing my name in the space indicated below, I hereby do consent to the terms and conditions of this Agreement.

______________________________________________
Student Name

______________________________________________
Name of parent or legal guardian Date

______________________________________________
Printed name of parent or legal guardian Date
2022-2023 After-School Program
Student Surveys

Roads to Success maintains a constant goal of assuring our after-school programs are of high quality and learning about any improvements we can make in order for them to continue to positively impact and support your child. As part of our program assessment and quality improvement efforts, at certain points during the school-year, we will invite all youth participating in Roads to Success’s after-school programs to participate in surveys. Each survey is designed with simple and straightforward questions that will support Roads to Success’s understanding of the impact our after-school program is having on your child’s development and enable us to make improvements that best meet their needs.

Each of the following surveys will take about 20 minutes to complete, and will be facilitated during normal after-school program hours:

- October 2022 Survey at EXPLORE and CREATE programs
- May 2023 Survey at EXPLORE AND CREATE programs

Your child will be invited to complete each survey once, either online or on paper. Children who require support with technology or reading will be assisted by our program staff, who are trained to avoid influencing how your child answers a given survey question.

**Participation is completely voluntary.** You and your child have the right to decline that your child participate entirely, or to stop your child’s participation at any time. Neither the decision to not participate in the survey, nor how your child responds to survey questions if they do participate in the survey, shall jeopardize their status in our after-school program or their academic record.

**What are the benefits to participating in surveys?**
Taking the survey offers your child the opportunity to consider their own skills, behaviors, and learning processes. Engaging in this type of reflection is a key developmental skill. Additionally, your child’s participation in the survey will allow Roads to Success to learn more about your
child’s interests and experiences in the program, and tailor program activities to meet their needs.

Are there any risks to participating?
Risks are minimal to none. It is possible for children to feel emotionally uneasy when asked to make judgments about themselves and the program. Roads to Success program staff will be available to provide assurance as needed for children that there are no wrong answers or reasons to feel any external pressure while filling out the survey.

How will my child’s confidentiality be protected?
All information obtained from your child on the survey will be kept confidential and will be used by Roads to Success’s leadership team only to increase the quality of the program. Our program managers and evaluators, will also have access to the data so that they can continue to improve the program and support your child’s individual needs.

Who do I contact if I have questions about a survey?
If you have questions regarding this process or the surveys themselves, you may contact your child’s after-school program Director, or Roads to Success’s Chief Program Officer, Bashan Fernandez at Bashan@roadstosuccess.org.

If you agree that your child can participate in the surveys, nothing needs to be done, and you do not need to complete the form below.

If you choose not to have your child participate in any of the surveys, your child must bring this form, with the agreement signed below, back to their after-school program by September 30, 2022, and give it to their program’s Director or another member of the program staff. Roads to Success will indicate internally that you and your child have opted out of the data collection process.

Opt-out Agreement
I have read and been provided with a copy of this form. I do not agree to allow my child to participate in filling out the two surveys listed above.

Parent/Guardian Signature: ___________________________ Date: __________

Parent/Guardian Name (Printed): ___________________________

Child’s Full Name: ___________________________ Grade: ________
After-School Program Location (School): ________________________________
August 22, 2022

Dear Parent/Guardian of Roads to Success After-School Program Participant,

As a recipient of Advantage After School Program (AASP) grant funding, Roads to Success is obligated to report certain student level data to the AASP. Roads to Success is therefore requesting your consent to access identifiable student level data from the New York City Department of Education. This includes the following data as it pertains to the 2022-2023 school year:

- Daily attendance data
- Grade-level promotion data
- Math test scores for 3rd-8th grade participants
- English Language Arts (ELA) test scores for 3rd-8th grade participants

The purpose of this data is to help the AASP evaluate whether and how the after-school program may have supported its participants' academic performance. Consent is completely voluntary. If you do not provide consent for your student to participate, there will be no effect on your student's grades or eligibility to participate in the program.

If you have any questions about participating in this study, you may contact our Chief Program Officer, Bashan Fernandez, at bashan@roadstosuccess.org.

If you consent to allowing Roads to Success to collect student data pertaining to your child, please sign below and have your child return the signed form to their program's director or a program staff member by **Monday, September 12, 2022**

Thank you, as always, for your support this year of Roads to Success!

________________________________________________________________________

**STUDENT DATA RELEASE CONSENT FORM**

I consent to Roads to Success's collection of student level data pertaining to my child for the purpose described above.

Child’s name (please print): ____________________________________________

Parent/Legal Guardian Name (please print): ________________________________

Parent/Legal Guardian Signature: ___________________________ Date: __________
# School Year Field Trip Consent Form 2022-2023 to Morningside Park

## Student Participant Information

<table>
<thead>
<tr>
<th>Participant’s First Name:</th>
<th>Participants’ Last Name:</th>
<th>Participant’s Date of Birth: (MM/DD/YEAR)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant’s Primary Address:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant’s Age:</th>
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<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant’s Current Grade (2022-23 SY):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Kindergarten</td>
</tr>
<tr>
<td>Kindergarten</td>
</tr>
<tr>
<td>1st grade</td>
</tr>
<tr>
<td>2nd grade</td>
</tr>
<tr>
<td>3rd grade</td>
</tr>
<tr>
<td>4th grade</td>
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<tr>
<td>5th grade</td>
</tr>
<tr>
<td>6th grade</td>
</tr>
<tr>
<td>7th Grade</td>
</tr>
<tr>
<td>8th Grade</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RTS Program/Site:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>PS/IS 180 Hugo Newman College Preparatory School</td>
</tr>
<tr>
<td>370 W 120th St</td>
</tr>
<tr>
<td>New York, New York 10027</td>
</tr>
</tbody>
</table>

## General Program Field Trip Schedule

<table>
<thead>
<tr>
<th>Grade(s)</th>
<th>Days</th>
<th>Location/Activity</th>
<th>Mode of Transportation</th>
</tr>
</thead>
</table>
| K-8th    | Monday-Friday | Morningside Park  
Morningside Dr, New York, NY 10026 | Walking |

**NOTE: Families will be notified via email the day when their child’s group will be at the park**

## Field Trip Participation Agreement

I give permission for my child ____________________________ to attend the Roads to Success field trips during the 2022-2023 school year. Roads to Success. Students will depart from PS/IS 180 Hugo Newman Preparatory School (370 W 120th St New York, New York 10027) and walk to Morningside Park. I give permission for my child to walk with Roads to Success employees and adult volunteers, while participating in and traveling to and from each scheduled event.

Roads to Success has my permission to take photographs and videos that may include my child during the trip. I understand and agree that Roads to Success may use such photographs or videos for its business purposes, including advertising, marketing or any other reasonable, lawful purpose.
I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of the destination visited during their scheduled field trip, properties visited on outing, other’s personal property, or vehicles used for transportation.

I understand that personal injury can and may occur to my child, and I hereby authorize Roads to Success employees to seek and consent to emergency medical attention for my child as needed. I acknowledge, understand, and agree that I am liable for all costs incurred in connection with such medical attention. In the event of an emergency, I understand that Roads to Success will contact the Emergency Contact indicated below.

The following is all the insurance information, restrictions, allergy and medication information necessary for my child to receive appropriate medical care.

Insurance Provider: ____________________________________________

Insurance ID: __________________________________________________

Emergency Contact name: ________________________________________

Emergency Contact phone number: ________________________________

I hereby release Roads to Success, Inc., its employees, representatives, workers, and volunteers from any and all liability, claims, demands, causes of action, and possible cases of action whatsoever arising out of or related to any loss, damage, or injury (including death) that may be sustained by my child while participating in or traveling to and from [destination].

I agree and consent to all of the above stated.

______________________________  ________________________________
(Parent / Legal Guardian Signature)  (Date)