



SHAWYN PATTERSON-HOWARD
Mayor

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DENA T. WILLIAMS, MPA
Deputy Director



Registration Form

Program Year _____ Cohort (please circle) M/W or T/TH

Applicant Information

Student

Full Name: _____ **Date of Birth:** _____ **Gender:** _____
Last First M.I.

Student Address:

Street Address Apartment/Unit #

City State ZIP Code

Student Phone:

Student Email:

Racial/Ethnic Group: American Indian Black or African American Hispanic or Latino Asian Native Hawaiian/Pacific Islander White

Attending School:

Guidance Counselor:

Grade:

Name of Person Enrolling Student:

Relationship to Student:

Address of Person Enrolling Student (if different than student): _____

Email of Person Enrolling Student: _____

I give my child permission to walk alone at dismissal: Yes No

Emergency Contact Names

Please list three Emergency Contact.

Full Name: _____ Relationship: _____

Phone: _____ Email: _____

Full Name: _____ Relationship: _____

Phone: _____ Email: _____

Full Name: _____ Relationship: _____

Phone: _____ Email: _____

Student's Health Information

(All information is confidential and is used by the program staff to ensure the safety of students)

Does your child have any of the following?

Allergies	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, list what child is allergic to: If yes, does your child need/use an EpiPen? <input type="checkbox"/> YES <input type="checkbox"/> NO
Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, does your child use an inhaler or other medicine for his/her asthma? <input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, does your child need medication or blood glucose monitoring? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes does your child have a prescription for glucagon? <input type="checkbox"/> YES <input type="checkbox"/> NO
Vision Condition	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, and your child needs aids at school other than wearing glasses or contacts, please describe:
Hearing Condition	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, and your child needs aids at school other than wearing a hearing aid, please describe:
Physical Limitations	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is your child able to participate in physical education class at school with no limitations? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please list his/her activity limitations:
Other Medication(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please list:
Seizure Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, does your child need medication for preventing or treating seizures? <input type="checkbox"/> YES <input type="checkbox"/> NO

Does your child have special diet needs, other health needs, or behavioral/emotional needs?

If yes, please describe:

****Please note medications taken or administered at the program will need written parent/guardian consent and health care provider order. Please check with program director for details.***

Agreements

I give my child permission to enroll and participate in the READY4Life program YES NO

I understand that following agreements and consents are not pre-conditions for approval to participate in the READY4Life program. YES NO

I consent to emergency medical treatment for my child YES NO

I consent for my child to participate in interviews, the use of quotes, and the taking of photographs, movies, or videotapes by the READY4Life program. I also grant READY4Life the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also release READY4Life and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above. YES NO

I consent for my child to take part in field trips, away from the program site, under supervision. YES NO

I understand the program may need additional permissions for situations such as transportation, medication, release of information and field trips. YES NO

I provided information on my child's special needs to the program to assist in the safety of my child. YES NO

I understand that information regarding my child's learning needs will be shared to my child's school of enrollment and with the READY4Life program staff on a need to know basis for my child's educational benefit. YES NO

I agree to review and update this information whenever a change occurs. YES NO

I agree to talk to the program staff about any issues regarding my child's participation in the READY4Life program. YES NO

If at any time I change my mind about my child's participation (any or all aspects), I will contact the program director.
YES NO

Mount Vernon Youth Bureau Ready4Life Program Evaluation Consent Form

The Mount Vernon Youth Bureau has partnered with Metis Associates to conduct an evaluation of the Ready4Life program. The purpose of the evaluation is to learn how the program helps students and how it may be improved to better serve students.

As part of the evaluation, researchers from Metis Associates will:

- Observe some program activities;
- Conduct a 45-minute focus group with some students about their experiences in the program;
- Survey students at the start and end of the program in order to find out how much they have learned from the program (approximately 40 minutes total); and
- Collect data on individual students, including their attendance to program activities and demographic information such as age/grade, gender, race/ethnicity, etc.

Every effort will be made to keep students' personal information confidential. Individual student information collected from the Mount Vernon Youth Bureau for the evaluation (i.e., participant demographic data and program attendance data) will not include names, birth dates or other identifiers when shared with Metis. We will not use your name or your child's name in any report. All data will be reported in aggregate (all together) and individual information will remain anonymous. At the end of the evaluation, all records that include personal information will be destroyed.

Your child is not required to participate in this study. However, we hope that you will allow him/her to participate so that the program can improve and serve students even better in the future. Your child may choose not to answer any survey or focus group questions they do not wish to answer, and either of you may decide to discontinue his/her participation in the study at any point.

If you would like more information about the evaluation of the Mount Vernon Youth Bureau Ready4Life Program, please contact Dawn Boyer at dboyer@metisassoc.com or 212-425-8833. If you have questions about the rights of human subjects related to this evaluation, please contact Michael Scuello at mscuello@metisassociates.com or 212-425-8833.

I give permission for my child to participate in study activities (observations, surveys) and allow Metis to collect my child's demographic and program attendance data. YES NO

I give permission for my child to participate in the student focus group (if selected). YES NO

Student's Name (Print): _____

Student's Signature: _____

Parent/Legal Guardian Name (Print): _____

Parent/Legal Guardian Signature: _____ Date: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____