

# New City Kids

loving kids for change

## Basic Information

Child's name: \_\_\_\_\_ Gender: Male  Female

Child's Home address (street, apt. #, city, state, zip):  
\_\_\_\_\_

Child's date of birth: (Mo/Day/Yr.) \_\_\_\_\_ Child's race/ethnicity: \_\_\_\_\_

Do you have Books at Home? Yes No If yes, are these books in English? Yes No

Is English your Child's First Language? Yes No If no, What is your Child's first language \_\_\_\_\_

Is this your child's first year at New City Kids? Yes No

Does your child have any family members that are currently enrolled (or have been participants) in New City Kids Programming? Yes No

## Walking Permission

Child's grade ('17-'18): \_\_\_\_\_ Child's school: P.S. 22 Other \_\_\_\_\_

- I give my child permission to walk alone to New City Kids when they are dismissed from school. (Recommended for 5<sup>th</sup>-8<sup>th</sup> grade students) X \_\_\_\_\_

Do you give your Child Permission to walk home alone daily after New City Kids? Yes No

**Note:** Children given walking permission will be released from New City Kids programming at 5:45PM. Students who do not have permission to walk alone will not be released until they are picked up by a parent or individual from their authorized pickup list (see page 2). Any student that is not picked up on time and has not been given walking permission is subject to a late fee.

## Class Preference

- Vocals
- Drums
- Keys
- Dance



# New City Kids

loving kids for change

## Parent/Guardian Information

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

Relationship to child: \_\_\_\_\_

Home address (if different):  
\_\_\_\_\_

Primary contact number: \_\_\_\_\_ Type: home cell work

Secondary contact number: \_\_\_\_\_ Type: home cell work

Parent/Guardian's Name #2: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home address (if different):  
\_\_\_\_\_

Primary contact number: \_\_\_\_\_ Type: home cell work

Secondary contact number: \_\_\_\_\_ Type: home cell work

## Emergency contact information

Please list below the person(s) authorized to assume responsibility for the child if the parent/guardian is not available.

Name#1: \_\_\_\_\_

Name#2: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

## Authorized Pickup List



# New City Kids

loving kids for change

The following people are authorized to pick up my child from the ASC if any of the above people are unavailable. Please list any individuals who have permission to pick up your child in case you are unavailable.

---

---

---

---

### Unauthorized Pick-Up List

The following people **NEVER** have permission to pick my child up.

---

---

### Medical Information

Does your child have any allergies? Yes      No

Please list all allergies: (Medicines, insects, animals, dust, etc.)

---

---

New City Kids Provides snack for students daily and any food allergies should be listed here:

---

Does your child suffer from Asthma? Yes      No      Do they have an Inhaler? Yes      No

Is your child currently taking any medications? Yes      No

If yes, what medications (please include reason for medication, dosage, frequency etc.)?:

New City Kids would like to ensure that we are providing your child with quality academic assistance, please list any special needs (IEP, 504, etc.) that your child may face here:

---

---

If you would like to meet with the ASC Director to discuss your child's needs in private please check this box.



# New City Kids

loving kids for change

Please review the following statements below to ensure that all of the following statements are true.

- My child is in good physical health and can participate in physical activities at NCK. I am fully responsible for my child's health and will alert the ASC Director of any health concerns that may affect my child's ability to participate in programming.

X \_\_\_\_\_

My child has the following health issues and/or activity restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- My child's immunization records are up-to-date, and are on file with my child's School.

X \_\_\_\_\_

- Child's doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

## Tuition Contract

All families are responsible for leaving a deposit to secure their child's registration for ASC. All deposits will be used to cover your child's first month of programming. New City Kids After School Program is a high quality Performing Arts Center, the monthly cost is \$40/month. If you are registering more than two students please see the ASC Director to discuss your monthly rate. Tuition is due on the **first day of the month**, and must be paid with **cash or a money order**. A **late-fee of \$10** will be added to payments made during the second week of the month. *The Parent Manual will include a payment and late fee schedule.* Please review all payment policies in the Parent Handbook.

Please sign **ONLY ONE** of the following:

1. I am registering one student, and I agree to pay \$40/month

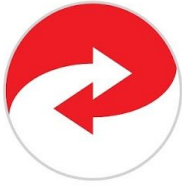
X \_\_\_\_\_

2. I am registering two students, and I agree to pay \$80/month

X \_\_\_\_\_

3. I would like to request a meeting with the After School Center Director.

X \_\_\_\_\_



# New City Kids

loving kids for change

## Parent Committee Phone Number Release Consent

New City Kids hosts a number of parent & family events throughout the year. We may have parent volunteers or volunteers from New City's extended network making phone calls to invite parents and guardians of After School Center students to these events, either from New City Kids phone system or from personal phones while at New City Kids. I permit New City to release names and phone numbers **only** to our call volunteers for the purpose of inviting me to these events. If this is unacceptable, please submit a written letter stating your wishes for your phone number not to be shared for this purpose.

## Photograph/Video Permission

New City Kids occasionally takes pictures/videos of its programs and children. I give New City Kids permission to use these photographs or videos in its website or promotional materials. If this is unacceptable, please submit a written letter stating your wishes for your child's photograph/video not to be used.

## Parent Handbook Information

For a full description of all of New City's programming and policies, a full parent manual is available at New City Kids in the foyer and posted on the website – [www.newcitykids.org/jerseycity/parenthandbook](http://www.newcitykids.org/jerseycity/parenthandbook).

## Parental Covenant

New City Kids is a Christian, faith-based organization. Children in the After School Center will be taught lessons and stories from the Bible, be invited to sing Christian songs and pray. Children are invited to participate in these program components but their participation will never be forced. New City Kids prides itself in being a safe and respectful place for all children, regardless of religion or faith background. Any parent who has concerns or questions about New City Kids' faith-based activities is encouraged to speak with the After School Center Director. We would love to share with you more.

All of the information I am submitting is accurate, to the best of my knowledge. I have read & agree to all of the above information, as well as all of the policies and regulations of the After School Center (included in the Parent Handbook). I agree to abide by all that is outlined in the enrollment packet that I've received & read.

I also accept that failure to comply with these policies and regulations will result in a conference with the After School Center Director to determine my child's continuance in the program.



# New City Kids

*loving kids for change*

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with an informational statement (found on the New City ASC Parent Handbook).

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Child Abuse Hotline 1 (877) NJ-ABUSE.

As part of the Lead Testing Notification Program, we are also required by ordinance of Jersey City to inform parents of their right to have their children tested for lead. The State of New Jersey will provide free lead testing to children who are uninsured or underinsured. All primary care physicians are required to screen children with insurance for lead. Please print and sign the following.

Name of Child: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

I have read and received a copy of the Information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (see Parent Handbook). I also understand my rights to have my child tested for lead through their primary care physician or the State of New Jersey.

Signature: \_\_\_\_\_

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



# New City Kids

loving kids for change

## Community Service Block Grant Information

The After School Center receives a grant called the **Jersey City Community Service Block Grant** through the government, and so we are required to ask for the following information. We realize that it is sensitive information and this form is kept in a locked file—**we are committed to confidentiality**. Please complete the following information for **you, the parent** (do not fill in the blanks below with the child's information). The following document will not negatively affecting the pricing or scholarship amount that you are awarded.

Also, **proof of income is required**. Please submit this application together with your Social Security Number, W2s, W4s, pay stubs, or, if you are unemployed, a summary of unemployment benefits.

*Please circle the appropriate answer:*

Are you married?

**Yes**

**No**

Are you disabled?

**Yes**

**No**

Are you homeless?

**Yes**

**No**

Is a female the head of your household?

**Yes**

**No**

Are you a veteran?

**Yes**

**No**

Are you currently employed?

**Yes**

**No**

Is your child eligible for the free/reduced lunch program?

**Yes**

**No**

**What is your child's family structure? (Please check all that apply)**

Two parent family

Single parent

Single parent (mother figure only)

Single parent (father figure only)

Single parent (mother figure with partner)



# New City Kids

loving kids for change

- Single parent (father figure with partner)
- Other relatives
- Foster family
- Other \_\_\_\_\_

How many members are there in your household (include yourself)? # \_\_\_\_\_

**Please list all household members and their relationship to the child:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Please write what race/ethnicity you consider yourself:** \_\_\_\_\_

**What is your current household annual income?** \_\_\_\_\_

**What is your family's current housing status? (please check the appropriate response)**

- Shelter
- Mortgagor (mortgage on property)
- Homeowner
- Renter
- Potential Renter
- Potential mortgagor
- Homeless

**Please put a check by any of the following form of income/benefits you are receiving (mark all that apply):**

- Temporary Assistance for Needy Families (TANF)
- General Assistance
- Supplemental Security Income (SSI)
- Social Security Disability (SSD)
- Social Security Benefits
- Veterans Benefits
- Unemployment Benefits
- Other Retirement Benefits





# New City Kids

*loving kids for change*

**Almost Done!**

**Please see the back of this sheet.**

New City Kids  
240 Fairmount Avenue  
Jersey City, NJ 07306



# New City Kids

loving kids for change

## RELEASE OF ACADEMIC INFORMATION

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

As the parent/guardian of the student listed above, I hereby authorize Jersey City Public Schools to release information to New City Kids for the purpose of better tracking and supporting my child's academic progress.

This includes my permission for the school to release the following records:

- PARCC test scores
- Current and past grades and report cards
- Benchmark assessment results
- Recommendations from school staff for academic and/or social growth (including conversations with teachers for suggestions on integrating their school-day learning into the after school hours)

This information is to be exclusively used for assessment of New City Kids' after school program and to tailor tutoring services for my child. No information specific to my child will be released to any other entity without my expressed consent.

New City Kids' After School Center staff may also work in collaboration with parents and teachers, guidance counselors, social workers, and other school leaders and administrators to best-serve the academic needs of children in New City Kids' programs.

I may rescind this authorization for the school to release information to New City Kids at any time without penalty or consequence. I understand that granting this release is completely voluntary and not a requirement for my child to remain in the After School program at New City Kids.

\_\_\_\_\_  
Parent/guardian name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature