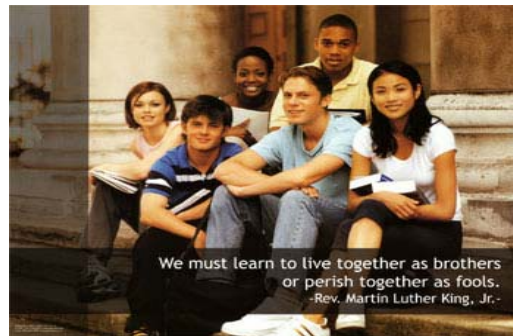


YOUTH DEVELOPMENT CENTER

Mission Statement

To motivate youth to engage in career exploration, educational opportunities, and leadership development to achieve economic independence.



Programs

(2007-2008 Academic Year)

Select the Youth Program for which you want to apply:

- 21st Century at Evander Campus
- 21st Century at Morris Campus
- Late Night at Bronx River Community Center - OST
- Learning to Work (LTW) at Crotona Academy
- Neighborhood Development Area (NDA 3,4,5)—Bronx Bathgate Campus
- Neighborhood Development Area (NDA 1)—South Bronx Campus
- Neighborhood Development Area (NDA 3,4,5)—Bronx Leadership Academy
- Neighborhood Development Area (NDA 1)—St. Mary's Recreation Center
- National Science Foundation (NSF)
- OST Option 1/Region 9 – High School
- OST Option 2 – High School
- Reach Into Something Excellent (RISE) – TASC at Christopher Columbus Campus
- Renaissance Academy –21st Century at Christopher Columbus High School
- TASC – MS216/217
- Supplemental Education Services (SES)—SoBRO
- Work Force Investment Act (WIA - ISY)



SOUTH BRONX OVERALL ECONOMIC DEVELOPMENT CORPORATION

555 Bergen Avenue, 3rd Floor, Bronx, NY 10455 718-732-7565

Youth Development Center Participant Enrollment Form

(Please Print)

Date: ____-____-____

1. _____ 2. _____ 3. _____
Last Name First Name Middle Initial

4. Social Security Number: ____-____-____ 5. Gender: ____Male ____Female

6. Birth Date: ____-____-____ (Birth Certificate, Passport, or Official Letter) 7. Age: _____

8. Place of Birth: _____ 9. Are you a U.S. Citizen: ____Yes ____No

10. Street Address (Number and Street) _____

11. Apt. #: _____ 12. City: _____ 13. State: _____ 14. Zip Code: _____

15. Borough Code: ____ 1. Bronx 2. Brooklyn 3. Manhattan 4. Queens 5. Staten Island

16. Home Phone Number: ____-____-____ 17. Cell/Pager: ____-____-____

18. E-mail Address: _____

19. Ethnicity: ____ 1. American Indian 2. Asian (Non-Hispanic) 3. African-American/Black (Non-Hispanic)
4. Hispanic/Latino 5. Pacific Islander 6. White (Non-Hispanic) 7. Other _____

20. Are you registered for Selective Service? ____Yes ____No

21. If yes, registration #: _____ 22. Date of registration: ____-____-____

23. Current Living Situation: ____Single ____Emancipated ____Married ____Divorced

24. Parenting Teen? ____Yes ____No 25. Are you in foster care? ____Yes ____No

26. Including yourself, how many members are in your household? _____

27. Please list additional members living in your household and their relationship to you:

28. Are you currently employed? ____Yes ____No

29. Mother's Name: _____ Employed? ____Yes ____No

30. Father's Name: _____ Employed? ____Yes ____No

31. Parental Guardian's Name: _____ Employed? ____Yes ____No



SOUTH BRONX OVERALL ECONOMIC DEVELOPMENT CORPORATION

555 Bergen Avenue, 3rd Floor, Bronx, NY 10455 718-732-7565

32. School Attending: _____ 33. Grade: _____
 PM School Night School Public School Private School

34. Public School Student ID #: _____ Class Room #: _____

35. Primary Teacher/Guidance Counselor: _____

36. Primary Language Spoken: _____

37. English Proficient: Yes No 38.Reduced/Free Lunch: Yes No

39. Are you or any member of your household (0-64 years of age) covered by Medicaid, Child Health Plus,
Family Health Plus or private medical insurance? Yes No

40. If NO, do you want to be contracted with information about public health insurance programs? Yes No

41. Are you or any member of your household receiving Public Assistance? Yes No

42. If Yes, HRA Code #: _____

Parent/Guardian Information *(Please complete if different from information above.)*

43. _____ 44. _____ 45. _____
Last Name First Name Middle Initial

46. Birth Date: ____-____-____ 47. Street Address (Number and Street) _____

48. Apt. #: _____ 49. City: _____ 50. State: _____ 51. Zip Code: _____

52. Borough Code: ____ 1. Bronx 2. Brooklyn 3. Manhattan 4. Queens 5. Staten Island

53. Home Phone Number: ____-____-____ 54. Cell/Pager: ____-____-____ 55. E-mail Address: _____

56. Ethnicity: ____ 1. American Indian 2. Asian (Non-Hispanic) 3. African-American/Black (Non-Hispanic)
4. Hispanic/Latino 5. Pacific Islander 6. White (Non-Hispanic) 7. Other _____

57. Relationship to Applicant: _____

58. Primary Language Spoken: _____ 59. English Proficient: Yes No

60. Do you have other children registered in this program? Yes No If yes, please list additional children:

_____	_____	_____	_____
Last Name	First Name	Last Name	First Name
_____	_____	_____	_____
Last Name	First Name	Last Name	First Name



SOUTH BRONX OVERALL ECONOMIC DEVELOPMENT CORPORATION

555 Bergen Avenue, 3rd Floor, Bronx, NY 10455 718-732-7565

HEALTH RECORD (TO BE COMPLETED BY THE PARENT OR GUARDIAN) THIS CONFIDENTIAL HEALTH RECORD WILL ONLY BE USED TO ENSURE THE SAFETY OF THE CHILDREN IN THIS PROGRAM. FEEL FREE TO CONTINUE YOUR NOTES ON THE BACK OF THIS FORM

1. Please provide your child's medical history.

Table with 3 columns: CONDITION, YES (approx. date), NO. Rows include Asthma, Convulsions/Seizures, Diabetes, Ear Infections, Chicken Pox, Measles, German Measles, Rheumatic Fever, Mumps, Corrective Device (glasses, hearing aid, etc.), and Does your child use an inhaler?

Table with 3 columns: ALLERGY, YES, NO. Rows include Penicillin, Insect Stings, Foods, Plants, Hay Fever, Topical ointments, and Other.

If "yes" to any of the above, please specify allergy and describe reaction.

2. List significant illnesses or surgeries. Provide the date and any instructions.

Empty box for listing significant illnesses or surgeries.

3. Special situations or needs for which program staff should be aware:

- Child has behavioral/emotional difficulties
Child has physical disabilities
Other (describe)

4. Special Health Care Needs

Does your child have special health care needs that require treatment and/or medication? YES NO
If yes, describe below.

Empty box for describing special health care needs.

5. Medication

Does your child take medication for any condition or illness? YES NO If yes, describe below.

Empty box for describing medication.

6. Sunscreen and Topical Ointments

Do you give permission to the after-school program to apply sunscreen or other over-the-counter topical ointments on your child? YES NO

7. Activities to be encouraged:

Empty box for listing activities to be encouraged.

8. Activities your child cannot participate in:

Empty box for listing activities child cannot participate in.

9. I agree and accept that I will abide by all applicable rules/regulations of the program.

Empty box for agreement.

Applicant Signature

Date

10. My child may participate in all program activities, except those noted in number 8 above.

Empty box for participation agreement.

Parent/Guardian Signature

Date



Youth Services

After School Needs Assessment Questionnaire—Students For Outreach and Recruitment

1. As a student, do you believe after school programs help you do better in school?

<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Most Times	<input type="radio"/> Always
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2. Do you currently participate in after school programs?

<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Most Times	<input type="radio"/> Always
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3. What would you like in an after school program? *Please check as many as you wish.*

<input type="radio"/> College Advisement	<input type="radio"/> Family Group	<input type="radio"/> Leadership Development	<input type="radio"/> Sports Team
<input type="radio"/> Computer Training	<input type="radio"/> Homework Help	<input type="radio"/> Music Lessons	<input type="radio"/> Vocational Training
<input type="radio"/> Counseling	<input type="radio"/> Internships	<input type="radio"/> Recreation and Physical Activity	<input type="radio"/> Other (please name): _____

4. How do after school programs help you? *Please check as many as are relevant.*

After school programs help me:

<input type="radio"/> Come to school	<input type="radio"/> Stay active in class	<input type="radio"/> Work Independently	<input type="radio"/> Think about different careers
<input type="radio"/> Make friends	<input type="radio"/> Do class work	<input type="radio"/> Think about college	<input type="radio"/> Be a better family member
<input type="radio"/> Get along with school staff, teachers, and administration	<input type="radio"/> Do homework	<input type="radio"/> Think about jobs	<input type="radio"/> Volunteer to work in my community

5. List three (3) things that you think are essential to include in SoBro's after school programs.

- _____
- _____
- _____