



**COMPASS at P.S. 32**  
317 Hoyt Street; Brooklyn, NY 11231  
Phone 718-625-5876  
[www.goodshepherds.org](http://www.goodshepherds.org)

August 2<sup>nd</sup> 2017

Dear Parent/Guardian:

Thank you for your interest in the Good Shepherd Services COMPASS After School Program @ P.S. 32!

Our after school program runs in partnership with generous funding and support by the New York City Department of Youth and Community Development (DYCD) and is open to all students in Kindergarten (who are at least 5 years old) through 5<sup>th</sup> grade at P.S. 32 and the surrounding community. Previously known as OST (Out of School Time), COMPASS (COMPrehensive After School System) is a newly revamped model of after school programming which seeks to integrate best practices and cater to the whole child.

According to the NYC DYCD website, key elements of all COMPASS NYC programs are:

- Robust opportunities for youth to explore their interests and creativity
- Intentional integration of Science, Technology, Engineering & Mathematic (STEM) into traditional programming to expose them to content and future professions
- Age-appropriate programming that is hands-on, project-based and aligned with educational standards
- Environments that support social and emotional learning
- High quality arts and sports instruction
- Strategies that support youth and families during critical educational transitions
- Emphasis on youth engagement and making learning fun

Our program aims to help youth build skills to support their academic achievement, raise their confidence, and cultivate their leadership skills through service learning and other civic engagement opportunities. We strive to offer engaging activities including S.T.E.M., literacy, homework time, basic arts instruction, team building, sports, dance and physical recreation. Good Shepherd Services is a leading youth development, education and family service agency with more than 80 programs that serve over 26,000 children, youth and families each year. Our after school program is an integral part of the local community with a long, proud history. **We offer programming from 2:40pm – 5:40pm Monday through Friday throughout the school year and, on during select vacation days, our program is open from 8am – 5pm. We are also open on select half days when P.S. 32 is not in session.**

In order to enroll your child in our program, you will need to **complete an After School 2017-2018 application and attach an up-to-date physical examination/medical form within the last 365 days stamped by your child's doctor.** Spaces are filled on a first-come first-serve basis, so we encourage all families to submit their applications soon after they are released to ensure the best chance of acceptance. If you are enrolling siblings, you will need to complete a separate application for each sibling. Although our program is free, we do ask that all families make a commitment to our attendance policy. **In order to maintain your child's place in our program, your child must attend at least 3 days per week.** Unfortunately we are unable to accommodate families who will not be able to meet this minimum commitment.

Acceptance notifications and mandatory parent orientation invitations will be released once completed applications are processed. We are unable to process incomplete applications or applications with missing information. **The 1<sup>st</sup> day of After School for the 2017-2018 school year is Monday September 11<sup>th</sup>, 2017.**

Should you have any questions regarding our after school program, please do not hesitate to reach out and speak with us. Our number is (718) 625-5876. We look forward to having your child join us!

Karl Apelgren  
Program Director  
[Karl\\_Apelgren@GoodShepherds.org](mailto:Karl_Apelgren@GoodShepherds.org)

**WELCOME!** The following application will allow you or your child to be enrolled in this program. One application will be accepted for each person. Submission of an application does not guarantee eligibility or enrollment in the program. If accepted, the program will be at no cost to the participant. The following application items are collected for informational and program planning purposes: *Sex, Race, Ethnicity, Income, Household Type, Language, Population Type, Health Insurance*. Your responses will not impact your status in receiving benefits or services.

**Applicant's First Name**                      **Applicant's Last Name**                      **Middle Initial**

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**Applicant's Primary Address (Number and Street)**                      **Apt. #**

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**Borough**                      **Zip Code**

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**Applicant's (or Parent/Guardian's) Cell Phone Number**                      **Applicant's (or Parent/Guardian's) Home Phone Number**

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**Applicant's Email Address**                      **Applicant's Preferred Method of Contact**

	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email <input type="checkbox"/> Other: _____
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**Emergency Contact Name**                      **Emergency Contact Phone Number**

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**Applicant's Date of Birth (MM/DD/YEAR)**                      **Applicant's Sex**                      **Applicant's Ethnicity**                      **Applicant's Race**

<input type="checkbox"/> Female <input type="checkbox"/> Male	(Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	(Select all that apply) <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian & Other Pacific Islander <input type="checkbox"/> White or Caucasian	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____
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**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)

<input type="checkbox"/> English	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Albanian	<input type="checkbox"/> Hindi	<input type="checkbox"/> Romanian
<input type="checkbox"/> Arabic	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Russian
<input type="checkbox"/> Bengali	<input type="checkbox"/> Italian	<input type="checkbox"/> Spanish
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Tagalog
<input type="checkbox"/> French	<input type="checkbox"/> Korean	<input type="checkbox"/> Turkish
<input type="checkbox"/> Fulani	<input type="checkbox"/> Kru/Ibo/Yorba	<input type="checkbox"/> Urdu
<input type="checkbox"/> German	<input type="checkbox"/> Mande	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Greek	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Yiddish
<input type="checkbox"/> Gujarati	<input type="checkbox"/> Persian	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Haitian/Creole	<input type="checkbox"/> Polish	<input type="checkbox"/> Polish

**Other Languages Spoken by Applicant** (Select All That Apply)

<input type="checkbox"/> English	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Albanian	<input type="checkbox"/> Hindi	<input type="checkbox"/> Romanian
<input type="checkbox"/> Arabic	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Russian
<input type="checkbox"/> Bengali	<input type="checkbox"/> Italian	<input type="checkbox"/> Spanish
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Tagalog
<input type="checkbox"/> French	<input type="checkbox"/> Korean	<input type="checkbox"/> Turkish
<input type="checkbox"/> Fulani	<input type="checkbox"/> Kru/Ibo/Yorba	<input type="checkbox"/> Urdu
<input type="checkbox"/> German	<input type="checkbox"/> Mande	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Greek	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Yiddish
<input type="checkbox"/> Gujarati	<input type="checkbox"/> Persian	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Haitian/Creole	<input type="checkbox"/> Polish	<input type="checkbox"/> Polish



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 (before taxes) of all family and non-family members 18+years old *living* within the household. All sources of income must be counted from all persons in the household based on the last 12 months.

### Household Size

- One     Six     Eleven     Sixteen  
 Two     Seven     Twelve     Seventeen  
 Three     Eight     Thirteen     Eighteen  
 Four     Nine     Fourteen     Nineteen  
 Five     Ten     Fifteen     Twenty

### Total gross annual income in last 12 months

- \$0     \$1 to \$11,880     \$11,881 to \$16,020     \$16,021 to \$20,160  
 \$20,161 to \$24,300     \$24,301 to \$28,440     \$28,441 to \$32,580     \$32,581 to \$36,730  
 \$36,731 to \$40,890     \$40,891 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

### Head of Household Type: (Select all that apply)

- Single Parent – Female     Two Adults – No Children     Single Person – No children  
 Single Parent – Male     Two Parent Household     Other

### Applicant's housing type: (Select One)

- Own     Rent     Shelter  
 Homeless     Runaway Youth     Other: \_\_\_\_\_  
 NYCHA: Development \_\_\_\_\_

### Sources of Applicant's Household Income: (Select all that apply)

- Employment Wages     Unemployment Wages  
 Supplemental Nutrition Assistance Program (SNAP)     Temporary Assistance for Needy Families (TANF)  
 Social Security     Supplemental Security Insurance (SSI)  
 Workers' Compensation     Safety Net/Home Relief  
 Pension

### Applicant's School Type (Select One)

- Full-Time Student     Part-Time Student     Not in School

### Current Grade (Select One)

- Elementary School:**  Pre-K     K     1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>     5<sup>th</sup>    **Middle School:**  6<sup>th</sup>     7<sup>th</sup>     8<sup>th</sup>    **High School:**  9<sup>th</sup>     10<sup>th</sup>     11<sup>th</sup>     12<sup>th</sup>  
**Community College:**  1<sup>st</sup> yr.     2<sup>nd</sup> yr.     3<sup>rd</sup> yr.     4<sup>th</sup> yr.     5<sup>th</sup> yr.     6<sup>th</sup> yr. +    **College/University:**  Freshman     Sophomore     Junior     Senior  
**Other:**  High School Equivalency (HSE)     Vocational/Trade School     Foreign Degree

**Is applicant or is any member of the household (0 – 64 years of age) covered by Medicare, Medicaid, Child Health Plus, or private medical insurance? (Select One)**

- Yes     No

**Is the applicant any of the following: (Select all that Apply)**

- Disabled     Parent/Guardian     Foster Care Participant  
 Offender/Justice Involved     Veteran     Decline to answer

**If no, do you want to be contacted by someone else with information about signing up for public health insurance programs? (Select One)**

- Yes     No

**If yes, how would you like to be contacted about this issue? (Select One)**

- Email     Phone     U.S. Mail     Via provider

**Would you be interested in registering to vote? (Select One)**

- Yes     No

Please answer all the COMPASS specific questions below to help us provide quality services. Those marked with an asterisk (\*) are mandatory. If there is a question that you do not understand, please seek help. You can speak with a worker at the CBO that operates the program or call 311 and request the DYCD Youth Hotline. DYCD also has a website [www.nyc.gov/dycd](http://www.nyc.gov/dycd) and can be followed on Facebook and Twitter for additional information on DYCD services.

**School Information**

- Student ID/OSIS: \_\_\_\_\_
- School Type:   Public   Charter   Private   Other
- School Name: \_\_\_\_\_
- School Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Participant Safety: If there is an emergency, please contact the following individuals.**

<b>1</b>	<p><b>NAME*</b> _____</p> <p><b>Pick Up*</b>   <input type="checkbox"/> This person may pick up my child.</p> <p><b>Address</b> _____</p> <p><b>City, State</b> _____</p> <p><b>Zip Code</b> _____</p>	<p><b>RELATIONSHIP TO PARTICIPANT:</b></p> <p>Write down all numbers and circle the best number to call in case of an emergency:</p> <p><b>Contact</b>   <input type="checkbox"/> Home _____</p> <p>                  <input type="checkbox"/> Cell     _____</p> <p>                  <input type="checkbox"/> Work     _____</p> <p>                  <input type="checkbox"/> Email*   _____   <input type="checkbox"/> No Email</p>
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<b>2</b>	<p><b>NAME*</b> _____</p> <p><b>Pick Up*</b>   <input type="checkbox"/> This person may pick up my child.</p> <p><b>Address</b> _____</p> <p><b>City, State</b> _____</p> <p><b>Zip Code</b> _____</p>	<p><b>RELATIONSHIP TO PARTICIPANT:</b></p> <p>Write down all numbers and circle the best number to call in case of an emergency:</p> <p><b>Contact</b>   <input type="checkbox"/> Home _____</p> <p>                  <input type="checkbox"/> Cell     _____</p> <p>                  <input type="checkbox"/> Work     _____</p> <p>                  <input type="checkbox"/> Email*   _____   <input type="checkbox"/> No Email</p>
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**Participant Health Information:** Please check any of the following that pertain to the participant. Many needs or health challenges can be accommodated and may not limit enrollment in the program.

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Allergies to food                | <input type="checkbox"/> Behavioral/Emotional Issues                                     | <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Allergies to medications         | <input type="checkbox"/> Convulsions/Seizures  | <input type="checkbox"/> Individualized Education Plan | <input type="checkbox"/> Pregnant              |
| <input type="checkbox"/> Allergies other (please Specify) | <input type="checkbox"/> Congestive Illness (e.g., heart murmur/disease, blood pressure) | <input type="checkbox"/> Obesity                       |  |
|   | <input type="checkbox"/> Corrective Devices (e.g., crutches, hearing aid, eye glasses)   | <input type="checkbox"/> Other (please specify)        |  |
| <input type="checkbox"/> Asthma                           |  |  |  |

**Check off all that apply.**

- Does your child have special health care needs that require treatment and/or medication?
- Does your child take medication for any condition or illness?
- Updated Medical Information on File:
- Are there any activities your child cannot participate in? (If so, please specify below)

Activities your child cannot participate in:

\_\_\_\_\_

**⚡ This section is only for parents enrolling their children. ⚡**

**Pick-up/Dismissal Information:**

My child has permission to walk home alone at dismissal.  Yes  No

My child MAY NOT be picked up by: \_\_\_\_\_

**Signatures:**

**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 or to access additional funding.**

**I have completed this application for my child.**

Parent/Guardian: \_\_\_\_\_  
(Print) (Sign) (Date)

**I have completed this application for myself.**

Applicant: (18 and older) \_\_\_\_\_  
(Print) (Sign) (Date)

Organization: \_\_\_\_\_

Intake Specialist/Staff: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Consent

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.

### **Consent to Collect and Share Student Information**

#### **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 score); 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: \_\_\_\_\_

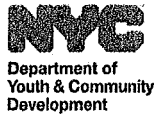
Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Additional Parent/Guardian Name: \_\_\_\_\_

Additional Parent/Guardian Signature: *(optional)* \_\_\_\_\_



**Consent for Photo/Videotaping and Use of Youth Work**

Please be aware that sometimes staff, photographers, newspapers, television reporters, media representatives and public relations personnel may be present during program activities and special events, both at off-site events and events taking place in the usual program location. In some cases, they may photograph, videotape, interview or otherwise record children who participate in these events. The resulting images, videos and interviews may be used solely for non-profit, non-commercial purposes in printed and electronic media such as brochures, books, print and email newsletters, DVDs and videos, websites, social media and blogs (collectively, "Media"). These images, videos and interviews may be used by DYCD and third-party organizations that collaborate with DYCD, without compensation and without further approval, solely for non-profit, non-commercial purposes.

If, in the course of participating in program activities or special events, any original work is created by a participant, DYCD may use the created work in any and all Media to promote the program or for other informational, non-profit and non-commercial purposes, without compensation and without further approval.

- I understand my child may be photographed, interviewed or otherwise recorded during program activities and special events and give permission for my child to be photographed, interviewed or otherwise recorded solely for non-profit, non-commercial purposes of the program.  
 Yes, I give my permission                       No, you do not have permission
- I understand that my child's work may be used in materials that promote programs, solely for non-profit, non-commercial purposes of the program.  
 Yes, I give my permission                       No, you do not have permission

**Consent for Emergency Medical Treatment**

I give authority to the Program Agency's staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. I understand that every effort will be made to contact me before and after medical care is provided.

Yes, I give permission                       No, I do not give permission

**Consent Statement**

I the undersigned, certify that I have reviewed all the above consent statements and indicated my wishes. I understand that consent is voluntary and I can withdraw it in writing at any time.

\_\_\_\_\_  
Student/Applicant Name

\_\_\_\_\_  
Student Signature (*if 18 or older*)

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Additional Parent/Guardian Name (*optional*)

\_\_\_\_\_  
Additional Parent/Guardian Signature      Date

DYCD PROGRAM



**COMPASS @ P.S. 32**  
**BROOKLYN COMMUNITY BASED PROGRAMS - AFTERSCHOOL DIVISION**  
317 Hoyt Street, Brooklyn NY 11231 | Phone 718-625-5876 | www.goodshepherds.org

August 2<sup>nd</sup> 2017

Dear Parent/Guardian,

Throughout the Good Shepherd Services COMPASS After School program, your child will have an opportunity to engage in a number of activities pushing themselves to grow and learn in a variety of ways. As your child faces new obstacles and challenges, they will have the support of appropriately qualified staff in order to provide social and emotional learning (SEL). According to the CASEL, social and emotional learning is the process through which children and adults acquire and effectively apply the knowledge, attitudes and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. College students seeking their Bachelor-level and Masters-level degrees will complete their internship hours on site at P.S. 32 and will have an opportunity to work directly with your child providing both individual and group counseling sessions. The program director will directly supervise all Bachelor-level and Masters-level students while they receive additional support and supervision by appropriately qualified College faculty members through their program of higher education. Good Shepherd Services is committed to supporting our students through challenging situations, improve their self-esteem and develop the necessary skills to be well adjusted to all that life offers.

We are excited to expand the social and emotional support we can offer your child and invite all students to participate. We want to create a community where children can share with and learn from each other in a respectful and healthy way. Groups will be appropriately organized by age, grade and needs.

Some of the topics include:

Skills for Learning, Emotion Management, Problem Solving, Working As A Team, Healthy Friendships,  
Healthy Boundaries, Positive Communication, Leadership Development, Peer Mediation

By signing below, you are giving consent for your child to participate in social emotional learning as well as free individual and group counseling services as mentioned above. Should your child receive individual or group counseling, it will be conducted during the normal scheduled program hours and on location at P.S. 32. If you have any questions or concerns, please feel call (718)-625-5876.

Sincerely,

Karl Apelgren  
Program Director

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**Consent to Participate In Social and Emotional Learning (SEL) and Individual / Group Counseling  
with Good Shepherd Services @ P.S. 32**

Child's Name: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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





## GENERAL AGENCY MEDIA RELEASE FORM

305 Seventh Avenue, 9th Floor,  
New York, NY 10001  
PH. 212-243-7070, Fax. 212-929-3412  
www.goodshepherds.org

I confer on Good Shepherd Services permission:

1. For unlimited use, both now and in the future, of any and all
  - photographs that have been taken of me or my child during program events and activities;
  - video that has been filmed of me or my child during program events and activities;
  - interviews that have been conducted with me or my child during program events and activities;
2. To use or publish these photographs, videos or words for any purpose in any medium, including brochures, publicity campaigns, including our agency website, to publicize services, recruit foster and adoptive parents (foster boarding home program only) and /or seek financial support.
  - I understand that participation in photography, videos and interviews is entirely voluntary.
  - I understand the purpose of this document and appreciate that my picture, first name and words will be publicly disclosed.
  - I have been informed of and understand the confidential nature of certain information concerning myself and other participants in Good Shepherd's programs.
  - I hereby release Good Shepherd Services from any claims in connection with the use of these photographs, videos and interviews and discharge Good Shepherd from liability in the event that I voluntarily or inadvertently disclose confidential information about myself and others. This authorization and release will also be provided for the legal representatives and agents of Good Shepherd Services.
  - I have read this document and fully understand its contents. I am the person (or the parent or guardian of the person) named below. I give consent to these terms.

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

Name of Individual to Be Photographed/Filmed/Interviewed:

\_\_\_\_\_

Address: \_\_\_\_\_ City, State ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature of Individual/Parent/Guardian (under 18 years):

\_\_\_\_\_



COMPASS @ P.S. 32 - 317 Hoyt Street, Brooklyn, NY 11231

Parental Consent to Participate in Program Evaluation

August 2<sup>nd</sup> 2017

Dear Parent,

Your child, \_\_\_\_\_, is enrolled at **COMPASS @ P.S. 32**. In order to monitor the effectiveness of the program and ensure its future success, Good Shepherd Services' Program Evaluation and Planning Department engages in ongoing evaluation activities, in partnership with program and school staff. The intention of these evaluation activities is to learn how our services help participants and how they can be improved in order to meet the needs of the community.

Specifically we ask permission from parents to:

- Contact their children's school and obtain records showing their progress, including information about enrollment, grades, citywide and statewide test scores, specifically ELA and Math scores and attendance (RISA and RISP reports).
- Talk to school staff about children's progress and participation during the school day.
- Survey and/or interview parents and children about the after-school program and its effects.

Information we collect will be used to assess and strengthen this program. All information collected will be kept secure and confidential. We will not use your name or your child's name in any report. Participating in the evaluation will not affect your child in school, in the after-school program, or in any other way. Participation in this evaluation is completely voluntary and participants may withdraw at any time with no consequences. If you have any questions about program evaluation at Good Shepherd Services, please contact Miranda Yates at [miranda\\_yates@goodshepherds.org](mailto:miranda_yates@goodshepherds.org) or 212-243-7070 x. 1268.

Please select one of the options below and return this form with your child's enrollment packet:

YES, I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE. I have read the above information and I give permission for my child to participate in the evaluation of the afterschool program. I also consent for Good Shepherd Services to obtain my child's records and to interview program and school staff for evaluation purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the above information and I DO NOT give permission for my child to participate in the evaluation of the afterschool program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



We see what can be.

## COMPASS @ P.S. 32 After School Walking Permission Slip

Participant Name: \_\_\_\_\_

Program Conducting Trip: Good Shepherd Services COMPASS @ P.S. 32

Period Covered: September 1<sup>st</sup> 2017 – June 30<sup>th</sup> 2018 School Year

Trip Destination: Walking around the neighborhood from to/from the afterschool: 2:40pm – 6:00pm; for various activities including but not limited to: Trips to the local Brooklyn Public Library, local establishments in the Gowanus/Carroll Gardens community, and other places of interest throughout the neighborhood. These excursions will take place throughout the year. All activities will be supervised by Good Shepherd Services staff.

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All activities are sponsored solely by Good Shepherd Services.

\_\_\_\_\_  
Program Director

I, the parent/guardian of the student named above, hereby give my permission for my son/daughter to take part in the activities described above.

I agree not to hold Good Shepherd Services or its employees responsible for any expenses or injuries that my child may incur while participating in these activities. I further authorize Good Shepherd Services through its staff members conducting the trip to take any appropriate steps they deem necessary to protect the safety of my child.

I agree that in the event of any injury, the Good Shepherd Services staff member chaperoning the activities may act on my behalf in obtaining medical treatment for my child. Please be advised that my child has the following allergies/permanent or temporary conditions, which should be known about my child.

\_\_\_\_\_  
\_\_\_\_\_  
In an emergency, I may be reached at:

Phone Number: (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_