



<b>STAFF COMPLETES</b>			
<b>Registration Date/ Fecha de hoy</b>		<b>Group/Activity</b>	
<b>PARTICIPANT INFORMATION/INFORMACIÓN DEL PARTICIPANTE</b>			
<b>Site/Sitio</b>	<input type="checkbox"/> BEACON <input type="checkbox"/> BWC		
<b>Last Name/ Apellido</b>		<b>First Name, Middle/ Nombre, Inicial</b>	
<b>Home Address/ Dirección</b>			<b>Apt/Apto</b>
<b>City/Cuidad</b>	<input type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Bronx <input type="checkbox"/> Brooklyn <input type="checkbox"/> Staten Island <input type="checkbox"/> _____		
<b>State/Estao</b>	<input type="checkbox"/> NY <input type="checkbox"/> NJ <input type="checkbox"/> _____	<b>Zip Code/ Codigo Postal</b>	
<b>Home Telephone/ Teléfono de su casa</b>			
<b>Housing/Vivienda</b>	<input type="checkbox"/> Rental/Alquiler <input type="checkbox"/> NYCHA Housing/Proyectos NYCHA <input type="checkbox"/> Other/Otro <input type="checkbox"/> Family Owned/ Propiedad Familiar		
<b>Age/Edad</b>		<b>Gender/Sexo</b>	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> No Response
<b>Date of Birth/ Fecha de nacimiento (mm/dd/yyyy)</b>		<b>Primary Language Spoken/ Lenguaje Principal</b>	
<b>Current Grade/ Grado</b>		<b>School/ Escuela</b>	
<b>Class/Room</b>		<b>Teacher's Names/ Nombre de la Maestra(o)</b>	
<b>School Type/ Tipo de Escuela</b>	<input type="checkbox"/> Public/Publica <input type="checkbox"/> Charter/Carta <input type="checkbox"/> Private/Privada <input type="checkbox"/> Parochial/Parroquial <input type="checkbox"/> Home School <input type="checkbox"/> Other/Otro		
<b>Most Recent ELA Score</b>		<b>Most Recent Math Score</b>	
<b>Does Child have an IEP?</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>If Yes, date of recent evaluation</b>	
<b>Does Child have a 504 Plan?</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>If Yes, date of recent plan</b>	
<b>Ethnicity/ Etnicidad</b>	<input type="checkbox"/> American Indian/Indio Americano <input type="checkbox"/> Other/ Multi-Race/Otro/Multi-Raza <input type="checkbox"/> No Response <input type="checkbox"/> Asian/Asiático <input type="checkbox"/> Pacific Islander/Isleño Pacificas <input type="checkbox"/> Hispanic/Hispano <input type="checkbox"/> Black/African-American/ (Non-Hispanic)/Afroamericano (No Hispano) <input type="checkbox"/> White (Non-Hispanic)/Blanco (No Hispano)		
<b>Any Medical Conditions/Allergies/ Alguna condición medica/Alergias</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>If yes explain/ Si es si porfavor de explicar</b>	

<p><b>Beacon Program</b> 154 West 93rd Street, NY, NY 10025 (212) 866-0009 Fax (212) 666-3054 beacon@goddard.org</p>		<p><b>Bernie Wohl Center</b> 647 Columbus Avenue, NY, NY 10025 (212) 799-9400 Fax (212) 875-9400 ycastillo@goddard.org</p>
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Youth's Last Name/ Apellido		Youth's First Name/ Nombre	
<b>PARENT/GUARDIAN INFORMATION/INFORMACION DEL PADRE/GUARDIAN</b>			
<b>Primary Parent/Guardian</b>			
Last Name/ Apellido		First Name/ Nombre	
Relationship/Relación			
Home Telephone/Teléfono de la casa			
Cell/Other Telephone/Teléfono del celular			
Business Telephone/Teléfono del trabajo			
Email Address/Coreo Electronico			
Primary Language Spoken/ Lenguaje Primario			
Income		Number People in Household	
Are you a registered voter? /¿Usted esta registrado para votar?			<input type="checkbox"/> Y <input type="checkbox"/> N
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? / ¿Usted o algún miembro de su familia (de 0-64 años) tienen el seguro de Medicaid, Child Health Plus, Family Health Plus o seguro médico privado?			<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Additional Contact</b>			
Last Name/ Apellido		First Name/ Nombre	
Home Telephone/Teléfono de la casa			
Relationship/Relación			
Cell/Other Telephone/Teléfono del celular			
Business Telephone/Teléfono del trabajo			
Email Address/ Coreo Electronic			

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<i>Youth's Last Name/ Apellido</i>	<i>Youth's First Name/ Nombre</i>
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**EMERGENCY CONTACTS & DISMISSAL AUTHORIZATION /  
CONTACTOS DE EMERGENCIA Y AUTORIZACIÓN PARA RECOGER A LOS NIÑOS**

*Please provide us with a list of additional names and telephone numbers of alternate persons whom we may contact in case of emergency. Designate any of these people as authorize to pick up your child by checking the box beside their name. I will notify Goddard Riverside Community Center if there are any changes in the persons named in emergency contacts and dismissal authorizations **Parent/Guardian is automatically included as an authorized person. Authorized escorts under 14 old years of age will be allowed at the Program's discretion. /***

*Por favor provenos con una lista de nombres y telefonos de personas que podemos llamar en caso de emergencia y que pueden recoger a su hijo(a) del programa. Yo notificaré a Goddard Riverside Community Center si hay cambios en los nombres de las personas que estan en los contactos de emergencia y autorización de partida. **Padres/Guardianes están automáticamente incluidos como personas autorizadas. Escortas autorizadas menos de 14 años de edad serán permitidos a la discreción del programa.***

<i>Last Name/Appellido</i>	<i>First Name/Nombre</i>	<i>Telephone/Telefono</i>	<i>Relationship/ Relación</i>	<i>Pick Up/ Recojer</i>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

*I give permission for my child to walk home alone. / Yo autorizo a que mi hijo/a camine solo a su casa.*

Child **may not** be picked up by: /El nino **no puede** ser recogido por:

<i>Last Name/ Apellido</i>	<i>First Name/Nombre</i>	<i>Relationship/ Relación</i>

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**PARENT/GUARDIAN CERTIFICATION & AGREEMENT/  
CERTIFICACIÓN Y ACUERDO DEL PADRE O GUARDIÁN**

As a condition of registration of my child in the **PROGRAM** of **GODDARD RIVERSIDE COMMUNITY CENTER (CENTER)**, I agree to the following:/Como condición del registro de mi hijo(a) en el **PROGRAMA** en **GODDARD RIVERSIDE COMMUNITY CENTER**, yo convengo lo siguiente:

All of the given information on registration contract is correct. **I will follow program rules and regulations** including making adequate arrangements to have young children picked up at dismissal time. I will, to the best of my ability, support my child's participation and development and will communicate with the **CENTER** to accomplish these goals. /Toda la información en el contrato de registraci3n esta corecta. **Yo entiendo las reglas y polizas** y voy a hacer lo mejor posible para recoger a mi hijo(a) a tiempo al la hora de partida del programa. Yo voy hacer lo mejor posible para apoyar a mi hijo(a) durante su participaci3n en le **programa**.

**PARTICIPATION/ PARTICIPACI3N:** I agree to participate in Parent/Family Events including attending meetings, volunteering or contributing to special events. /Yo participar3 en las Actividades de los Padres lo cual incluye reuniones, ser voluntario o contribuir a evento especiales.

**TRIP PERMISSION/ PERMISO PARA PASEOS:** I hereby give my child permission to participate in all program activities, field trips, sports, arts, recreation and events with the **CENTER** during regular program hours, within the New York City/Tri State area. /Yo doy permiso para que mi hijo(a) valla a los paseos con el programa durante las horas regulares.

**WAIVER/ RENUNCIA:** I hereby authorize **Goddard Riverside Community Center** and **DYCD** or any of its designees to photograph and record, both digital and analog, my child for any and all purposes in connection with **Goddard Riverside Community Center** and **DYCD**. I agree to hold **Goddard Riverside Community Center** and **DYCD** harmless from any liability arising out of photographs, digital images, videos and recordings and waive any compensation for pictures, printed works or audio/visual products of or by my child. /Yo autoriz3 a **Goddard Riverside Community Center** y **DYCD** que retrat3 o grabe a mi hijo(a) para todo los propositos en conexi3n a **Goddard Riverside Community Center**. Estoy de aguerdo con mantener a **Goddard Riverside Community Center** y **DYCD** libre de toda responsabilidad que pueda surgir de las fotografias, imagenes, videos y grabaciones de mi hijo(a).

**MEDICAL AUTHORIZATION/ AUTORIZACI3N MEDICA:** In the event of an emergency, and after every attempt has been made to contact me, I hereby give permission for the agency, **Goddard Riverside Community Center**, to get medical treatment for my child. I further authorize the doctor or the hospital to which my child may be brought and whomever they may designate as their assistant, to perform any emergency procedure or operation on my child during their attendance in **the Goddard Riverside Community Center** program. /En el evento de una emergencia, y despu3 de que todos los medios de comunicarse conmigo sean agotados, yo le doy permiso a la agencia de **Goddard Riverside Community Center** de obtener atenci3n medica para mi hijo(a). Adem3s autorizo al medico y al hospital que pueden hacer cualquier procedimiento de emergencia o cirugia durante su asistencia en **Goddard Riverside Community Center**.

_____	____/____/____
<b>Parent/Guardian Signature/ Firma del Padre/Guardián</b>	<b>Date/Fecha</b>

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Youth's Last Name/ Apellido		Youth's First Name/ Nombre	
<b>FOR BERNIE WOHL CENTER ONLY (Grades K-5) PROGRAM FEES/HONORARIOS DEL PROGRAMA/</b>			
Income		Number People in Household	
<b>FEE SCALE. Check One</b>			
	<b>Income Range/Rango de Ingresos</b>	<b>Scale/Escala</b>	<b>Year/Año</b>
	\$0 - \$24,999	\$2.50 a day/diarios/\$12.50 week/semanal	\$375
	\$25,000 - \$49,999	\$5 a day/diarios/\$25 week/semanal	\$750
	\$50,000 - \$69,999	\$10 a day/diarios/\$50 week/semanal	\$1,500
	\$70,000 - \$89,999	\$15 a day/diarios/\$75 week/semanal	\$2,250
	\$90,000 or greater	\$25 a day/diarios/\$125 week/semanal	\$3,750
<b>Program Discounts. Check all that apply. Each entry is a 10% discount from total fee with a maximum of 20% discount. Additional Scholarship/Financial Assistance is also available.</b>			
	<b>Goddard Riverside Early Childhood participant</b>		
	<b>Enrolled in summer camp this year (2016)</b>		
	<b>Enrolling one or more siblings in BWC after school program</b>		
	<b>Enrolled in after school program last school year (2015-2016)</b>		
	<b>NYCHA Residents will be applied</b>		
	<b>*Full Payment made before September 16 (Additional 10% Reduction)</b>		
<b>Financial Assistant Organizations</b>			
	<b>ACS Household</b>		
	<b>1199</b>		
	<b>Other (Foster Care, etc.)</b>		

I agree to pay the program fees to Goddard Riverside Community Center for the registration of my child in the After School Program. **A non-refundable \$25.00 deposit is required at time of registration. Please select recommended payment options. Other arrangements can be discussed. I understand if I do not make the appropriate payments, my child may be dropped from the program./**

*Yo me comprometo a pagar el costos a Goddard Riverside Community Center por el ingreso de mi hijo/a en el programa después de la escuela. **La tasa de inscripcion no reembolsable de \$50.00 un depósito se requiere en el momento de registrar al niño/a en el programa. Por favor seleccione de las recomendaciones para pagar a continuación. Otros arreglos se pueden discutir. Yo entiendo que si no hago los pagos a los que me comprometí, mi hijo/a podría ser removido del programa. /***

\_\_\_\_\_  
**Parent/Guardian Signature/ Firma del Padre/Guardián**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date/Fecha**

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