



## 2024-2025 School Year After-School Child Care Registration

Dear Families,

Thank you for choosing West Side Community Services' West Side Kids After-School Program to support your child's growth and development!

West Side Kids is open to children enrolled in Buffalo Public and Buffalo charter schools in kindergarten through sixth grade. Our hours of operation are 2:30-6 p.m., Monday through Friday.

This year's program will begin on Tuesday, September 3, 2024.

We follow Buffalo Public Schools' calendar. When BPS is closed for a holiday or a weather event or cancels after-school activities, West Side Kids is also closed.

Our program is licensed by the New York State Office of Children and Family Services. Each day that your child attends, they will receive a meal, a snack, academic support, physical fitness, and creative enrichment.

We partner with the Erie County Department of Social Services to provide high quality child care at little to no cost to you. During the registration process, we will work with you to complete Erie County Child Care Assistance paperwork. WSCS also offers need-based financial assistance to ensure every child can participate in our program.

We look forward to helping your child learn, explore, and build friendships during this school year. Attached, you will find information about West Side Kids, as well as registration documents to complete and return. Your child's spot in the program will be reserved once we review and confirm receipt of your fully completed registration forms.

If you have any questions or need additional information, please contact me at 716-884-6616 x104 or [mfrias@wscsbuffalo.org](mailto:mfrias@wscsbuffalo.org).

Sincerely,  
Marino Frias  
Director, Youth Department

Crystal Selk  
Executive Director, WSCS

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

**Please select all that apply to your child:**

**Attended 2023-2024 after-school program**

**Attended 2024 summer camp**



## Program Fees

West Side Kids charges a fee of \$240 per child per month billed monthly. We are committed to ensuring that West Side Kids fits into your family's budget. We work with the Erie County Department of Social Services to provide an efficient application process to the Child Care Assistance Program. We also provide scholarship opportunities for families who may not qualify for the Child Care Assistance Program, but still require financial assistance. (A payment schedule is below; please feel free to reference throughout the year.)

Payment Due Dates	Payment amount (non DSS)	Payment amount (DSS)	Scholarship
9/5/2024	\$240.00 per child	Parent fee based on agreement with DSS	N/A
10/5/2024	\$240.00 per child	Parent fee based on agreement with DSS	Requires 90% attendance
11/5/2024	\$240.00 per child	Parent fee based on agreement with DSS	Requires 90% attendance
12/5/2024	\$240.00 per child	Parent fee based on agreement with DSS	Requires 90% attendance
1/5/2025	\$240.00 per child	Parent fee based on agreement with DSS	Requires 90% attendance
2/5/2025	\$240.00 per child	Parent fee based on agreement with DSS	Requires 90% attendance
3/5/2025	\$240.00 per child	Parent fee based on agreement with DSS	Requires 90% attendance
4/5/2025	\$240.00 per child	Parent fee based on agreement with DSS	Requires 90% attendance
5/5/2025	\$240.00 per child	Parent fee based on agreement with DSS	Requires 90% attendance
6/5/2025	\$240.00 per child	Parent fee based on agreement with DSS	Requires 90% attendance

\* Payments must be made at the time of registration or drop into the office during open hours to submit a payment throughout the school year. You may also pay by credit card at [wscsbuffalo.org/feepayment](https://wscsbuffalo.org/feepayment) or mail a check (made out to West Side Community Services) to 161 Vermont Street, Buffalo, NY 14213.



We partner with the Erie County Department of Social Services to provide high quality child care at little to no cost to you. During the registration process, we will work with you to complete Erie County Child Care Assistance paperwork. WSCS also offers need-based financial assistance and payment plans to ensure every child can participate in our program. West Side Community Services accepts cash, credit cards, and checks (made payable to West Side Community Services) or we can set up automatic payments with you.

### **Scholarship Process**

Families may qualify for financial-need scholarships if they are ineligible for Erie County Child Care Assistance and other associated programs. Scholarships may be awarded to families with proof of ineligibility, as well as demonstrated financial need based on [Erie County Day Care Eligibility Guidelines](#).

In order to maintain scholarship eligibility, children must have a 90% attendance rate to West Side Kids. Families are required to reapply for scholarships each school year.

If you have questions or concerns about payments or scholarships, please contact Marino Frias at 716-884-6616 x104 or [mfrias@wscsbuffalo.org](mailto:mfrias@wscsbuffalo.org).



# West Side Community Services

## Attendance Policy

West Side Kids has limited capacity. In an effort to ensure we fairly offer these limited spots to our community, we are implementing this attendance policy.

Families may be dismissed from the program if they have:

Five (5) unexcused absences in a row

- OR -

10 total unexcused absences over the course of the school year

This attendance policy will help us ensure we fairly distribute our limited spots to the community.

If you know that your child will miss one or more days of West Side Kids, please inform the front desk staff person, the Site Coordinator, or the Youth Department Manager in advance. (Unexpected illness will be counted as an excused absence, provided you call the office to let us know that your child will be absent that day.)

**I understand and will abide by WSCS's attendance policy for the 2024-2025 West Side Kids After-School Child Care Program.**

Parent/Caregiver name (print): \_\_\_\_\_

Parent/Caregiver signature: \_\_\_\_\_

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_



## Late Pick-up Policy

The West Side Community Services after-school program is open until 6:00 p.m. on school days. All children who participate in the program must be picked up by this time.

The late pick-up fee structure is as follows:

1. \$10 late fee for pick-ups between 6:01 and 6:15 p.m.
2. An additional \$1 will be added per minute after 6:15 p.m.

**Frequent late pick-ups may result in suspension and/or dismissal from the program. Fifteen minutes after scheduled center closure, all emergency numbers will be called by staff. If no one can be reached by 7:00 p.m., WSCS staff reserve the right to contact the police to escort your child(ren) to Protective Services for child abandonment. Please note, the staff will do everything in their power to contact emergency numbers. Calling the police will be a very last resort. This must be our policy to protect both staff and children.**

**Late fee payments need to be made within seven (7) days from the late pick-up day. Failure to make payments may result in longer program suspensions and/or dismissal from West Side Kids After-School Child Care Program.**

Please contact us for additional information, questions, or concerns.

Thank you for your continued partnership in creating a safe and nurturing after-school child care program at West Side Community Services.

Sincerely,  
Marino Frias  
Director, Youth Department

**I understand and agree to abide by West Side Community Services' late pick-up fee policy for my child(ren).**

Parent/Caregiver name (print): \_\_\_\_\_

Parent/Caregiver signature: \_\_\_\_\_

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

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**DAY CARE ENROLLMENT**

PHOTO OF CHILD (Optional)	PROGRAM NAME: West Side Community Services, Inc.		ADDRESS: 161 Vermont Street, Buffalo, NY 14213		PHONE NUMBER: 716-884-6616
	CHILD'S FULL NAME: PREFERRED NAME/NICKNAME:			DATE OF BIRTH:	GENDER:
	CHILD'S HOME ADDRESS:				
	NAME OF PERSON ENROLLING CHILD:		RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____		
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: EMAIL ADDRESS:			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):		
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
<b>FOR PROGRAM USE ONLY</b> DATE OF ENROLLMENT:   /   /			<b>FOR PROGRAM USE ONLY</b> DATE OF DISENROLLMENT:   /   /		

CHILD'S FULL NAME:		DATE OF BIRTH:
<b>Check boxes below to indicate if your child has any special needs/services:</b> <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> Other _____		
Please provide information here <b>AND</b> discuss with your child care provider:		
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER:
PREFERRED HOSPITAL:		PHONE NUMBER:
CHILD'S DENTAL CARE:		PHONE NUMBER:
<b>Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a></b>		
<b>AGREEMENTS</b>		
• I consent to emergency medical treatment for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I provided information on my child's special needs to the program to assist in caring for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I agree to review and update this information whenever a change occurs and at least once every year.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:		DATE:



# West Side Community Services

## Pick-Up Procedure

Parents/guardians/family members must come into West Side Community Services to pick up their child from the After-School Child Care Program.

Please list below the individuals authorized to pick up your child. ***These individuals (including you!) must bring a valid photo ID in order for a West Side Community Services staff member to release your child to their care.***

First & Last Name	Phone Number	Address	Relationship to Child

Do you give permission for your child to walk or ride their bike home from West Side Community Services at 5:30 PM?

Yes

No

**Does your child have any current orders of protection regarding their safety? (Please check one):**

NO, my child **does not** have any current orders of protection regarding their safety.

YES, my child **does** have a related order of protection regarding their safety.

*If YES - please provide copies of current orders of protection that relate to your child. These documents must include a clear photo, full name, and license/make/model of vehicle for anyone named in the order and all persons not allowed to be near your child.*

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN CARE MEDICAL STATEMENT**

**To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner**

Name of Child:	Date of Birth: / /	Date of Examination: / /
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**Immunizations required for entry into day care**

**Medical Exemption** The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).  Yes  No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	5 <sup>th</sup> Date / /
Polio (IPV or OPV)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date <b>OR</b> 1 <sup>st</sup> Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Hepatitis B	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			

**Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A**

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

**Tests**

Tuberculin Test Date: / / Mantoux Results:  Positive  Negative \_\_\_\_\_ mm  
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.  
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /  
 Attach lead level statement  
**Lead Screening (Include All Dates and Results)**

1 year / / Result: \_\_\_\_\_ mcg/dL  Venous  Capillary  
 2 years / / Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

**Most recent date of lead screening (if different from above):**  
 / / Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

**Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.**  
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

*(Continued on reverse side)*







# West Side Community Services

Does your child require any medications to be administered after school? (Please note that our staff are not permitted to administer or supervise self-administration of medications to children. If your child requires after-school medication, please contact the office to discuss options.):

- No
- Yes

(If you check 'yes,' a note is required from the prescribing physician.)

Medication Name	Dosage	Time(s) Given

I give permission for my child to self-apply sunscreen.

- Yes
- No

I give permission for my child to self-administer their **INHALER**.

- Yes
- No
- Not applicable (does not use an inhaler).

I acknowledge that my child can self-administer their **EPIPEN** as prescribed by physician.

- Yes
- No
- Not applicable (does not use an EpiPen).

Does your child have any special health care needs? (A child with a special health care need has a chronic physical, developmental, behavioral, or emotional condition expected to last 12 months or more and who requires health and related services of a type or amount beyond that required by children generally.)

- Yes (if yes, you must complete next 2 pages with child's physician– OCFS-LDSS-7006)
- No (if no, skip next 2 pages)

My child has permission to engage in all after-school activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations. I give consent in advance of medical treatment at an appropriate facility in case of illness or injury.

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

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







# West Side Community Services

## Supplemental Information

The details you provide about your child's personality, past experiences, common behaviors, and motivations will help our staff create a positive and engaging after-school program for them!

As your child's parent/guardian, what language(s) do you prefer us to communicate to you in?

Please describe any vision, hearing, mobility, healthcare, and/or behavioral needs your child may have.

What motivates your child to do well (e.g. toys, special activities, recognition, etc.)?

Please list any triggers that might agitate your child (e.g. loud noises, large groups, etc.).

What is the best way to assist your child if they get overwhelmed or upset?

How does your child prefer to communicate?

- |  |   |
|--|---|
| <input type="checkbox"/> Speaks clearly                            | <input type="checkbox"/> Uses a communication board |
| <input type="checkbox"/> Uses sign language                        | <input type="checkbox"/> Gestures                   |
| <input type="checkbox"/> Speaks but may be difficult to understand | <input type="checkbox"/> Other: _____               |

Does your child have a caseworker?  YES  NO

If yes: Caseworker Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

With whom does your child live?

What are your child's favorite activities?

Please list any of your child's dislikes or fears of which we should be aware.

Does your child have any religious restrictions related to food?  YES (please list below)  NO

How well does your child follow directions?

- |   |                                      |                                       |                                 |
|---|--------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Extremely well | <input type="checkbox"/> Fairly well | <input type="checkbox"/> Not too well | <input type="checkbox"/> Poorly |
|---|--------------------------------------|---------------------------------------|---------------------------------|

Has your child previously attended an after-school program?  YES  NO

If yes, was it a positive experience?  YES  NO (If no, please explain below.)



## **COVID-19 RELEASE AND WAIVER OF CLAIMS ADDENDUM**

The undersigned, in my capacity as parent or legal guardian, hereby acknowledges the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognizes that exposure to the COVID-19 virus, or other communicable diseases, could occur while in the care of West Side Community Services.

As such, and in consideration for child care services to be provided by West Side Community Services, the undersigned, for myself and my minor children enrolled in the program fully assume all of the risks associated with participation in the program, including the possibility of COVID-19 (or the novel coronavirus) community spread.

I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING, AND DISCHARGING WEST SIDE COMMUNITY SERVICES AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.

I represent that I have full authority to sign on behalf of my child and that my signature binds each other person having authority to make decisions on behalf of the child.

MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING WEST SIDE COMMUNITY SERVICES AND ITS DIRECTORS, EMPLOYEES, AND VOLUNTEERS FROM THE CLAIMS.

Parent/Guardian Name (print) \_\_\_\_\_

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

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

Date \_\_\_\_\_



# West Side Community Services

## Code of Conduct

West Side Community Services believes that all children have a right to a safe and healthy environment. West Side Community Services has an obligation to promote mutual respect, tolerance, and acceptance.

### Child Expectations:

- Follow all directions given by West Side Community Services staff
- Respect one another
- Include each other
- Create a welcoming community

West Side Community Services will not tolerate behavior that infringes on the safety of any child. A child shall not intimidate, harass, or bully another child through words or actions. Such behavior includes: direct physical contact, such as hitting or shoving; verbal assaults, such as teasing or name-calling; and social isolation or manipulation.

### Physical, Verbal, or Emotional Bullying:

- A phone call home will be made after any physical incident.
- After a second infraction on the same day, the child will be sent home immediately and receive a one-day suspension from the program.
- After three suspensions, the child will be removed from the program.

### Sexual Harassment:

- A phone call home will be made, immediate pick-up of the child, and a two-day suspension is enforced.
- After two suspensions the child will be removed from the program.
- Sexual harassment includes, but is not limited to, inappropriate touching, unwanted comments, and staring.

**My child and I agree to help build a positive community and understand the behavior policy.**

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

## Parent Committee

We work directly with parents to improve our services, plan fun events, and navigate challenges. We meet approximately every other month and help to put on several events per year. If you are interested in joining the parent committee, please indicate the days/times you would prefer to meet below.

- I am interested! My preferred meeting days/times are: \_\_\_\_\_
- I am not interested in joining the parent committee. (You are welcome to join later if you change your mind!)



**West Side Community Services**

## Other Authorizations

### Participation

I give permission for my child to participate in all activities, including but not limited to evidence-based prevention programming, sports activities, arts and culture activities, and field trips, and to be transported as authorized by WSCS if applicable. If field trip locations are close, we will walk to these places. I understand that I will be notified in advance of any field trips. I release from liability, recognizing that West Side Community Services will do its best to ensure a safe experience. I understand that accidents may occur both from my child's participation in program activities and from transportation to and from the program. I agree to assume these risks.

### Media

I understand that my child may be photographed during normal hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or digital formats. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

- YES, it is ok to take photos of my child and use them in print and digital formats.
- NO, it is not ok to take photos of my child.

\_\_\_\_\_  
(Parent/Caregiver Signature)

\_\_\_\_\_  
Date

**If your child has a SEVERE food allergy or medical condition or if there is anything not covered in this application that you would like to discuss with us, please contact our office directly to meet about your child's needs.**

Please return completed registration packet to:

Marino Frias, Director, Youth Department

OR

Fatima Elabed, Youth Site Coordinator/Prevention Manager

West Side Community Services

161 Vermont Street, Buffalo, NY 14213



Project Title: Cullen Foundation Afterschool Program Evaluation  
Principal Investigator: Colleen Schlecht  
IRB Protocol #: 21-1701

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### Parent/Guardian Consent – Evaluation Process

West Side Community Services offers a high-quality out-of-school time program for young people. We are partnering with Chapin Hall at the University of Chicago to better understand the skills of young people who come to West Side Community Services and to improve our program. This is part of a grant from the Cullen Foundation to support our program(s).

This form asks for permission for West Side Community Services and Chapin Hall to gather information about your child’s skills and program experiences while they attend this program at any time from August 2024 through July 2025.

#### Purpose and Activities

The goal of the evaluation process with Chapin Hall is to understand **how youth skills grow this year** and **what it’s like to be in our program**. West Side Community Services is doing 4 activities this year:

To understand	Activity	How often
How youth skills grow this year	1. Youth complete a reading/math assessment, WRAT: about 45 minutes	2 times
	2. Based on getting to know your child, West Side Community Services staff fill out a short <b>development observation tool</b> (DESSA-mini)	2 times
What it’s like to be in our program	3. Youth age 8+ fill out a short <b>survey about the program</b> (10 minutes)	1 time
	4. A researcher visits to <b>observe regular program activities</b> (not more than 2 hours)	2 times

#### Measures to Protect Confidentiality

Chapin Hall will receive youth information from the 4 evaluation activities. **The law requires everyone that is part of evaluation activities to protect your child’s privacy.** They will always keep your child’s name and information private. The Chapin Hall evaluation report will not include any child names. The tools used to understand how youth skills grow this year automatically create summaries about youth skills for the program and for individual youth. These summaries will include an identifier but not your child’s name. West Side Community Services staff may use the summaries to plan for the program.

#### Risks

Evaluation activities have minimal risks. Many schools and afterschool programs use the academic and healthy development tools. The survey and program observation do not collect

names or information that is identifying. There is a small chance that other youth could learn if your child is or is not taking part.

### **Benefits**

Your child will not benefit directly from taking part in the evaluation activities. West Side Community Services may use the information to improve the program.

### **Incentives**

Your child will not receive an incentive from Chapin Hall for taking part in the evaluation.

### **How Information Will Be Used**

Chapin Hall will use this information to prepare a report about West Side Community Services for the Cullen Foundation, which will include organization-level results and not include individual's information or results. The researchers will not share data outside of this evaluation. West Side Community Services staff may also use this information to improve the program.

### **Taking Part is Voluntary**

Your child doesn't have to be part of the evaluation. Your choice will not affect the program or your child's experience. They can stop taking part in evaluation activities at any time.

### **Questions**

If you have questions about the study, please contact Colleen Schlecht at [cschlecht@chapinhall.org](mailto:cschlecht@chapinhall.org) or 202-422-4130. If you have questions about your child's rights as a participant, you may contact the Biomedical Research Alliance of New York Institutional Review Board at (516) 318-6877 or <https://www.brany.com/concerns-about-research>.

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I, \_\_\_\_\_ [name of parent/guardian], understand the description above. I am satisfied with the answers to my questions. I agree for my child to take part in the evaluation for West Side Community Services. I have a copy of this form.

\_\_\_\_\_  
Signature of Child's Parent/Legal Guardian

Date

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Age/Grade

\_\_\_\_\_  
Signature of Child for Assent (if 12-17 years old)

\_\_\_\_\_  
Date

- Yes, I give permission for my child to take part in evaluation activities.
- No, I do not give permission for my child to take part in evaluation activities.

Agency: \_\_\_\_\_  
Activity: \_\_\_\_\_

**CLIENT CHARACTERISTIC FORM - CDBG 50**  
Public Services - Limited Clientele Activities

Staff Reviewed Initial \_\_\_\_\_  
Issue Date: **10/1/24**

PARTICIPANTS MUST FILL AND COMPLETE ENTIRE FORM FOR ELIGIBILITY. THIS INFORMATION IS FOR RECORD KEEPING ONLY AND WILL NOT BE PUBLICLY SHARED.

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Individual Age: Please check **one** from the below based on your (the participant) age.

<input type="checkbox"/> Under 5 years	<input type="checkbox"/> 10-15 years	<input type="checkbox"/> 21-24 years	<input type="checkbox"/> 45-54 years	<input type="checkbox"/> 62 years and older
<input type="checkbox"/> 5-9 years	<input type="checkbox"/> 16-20 years	<input type="checkbox"/> 25-44 years	<input type="checkbox"/> 55-61 years	

2. Gender: Please check **one** from the below based on your (the participant) gender.

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other: _____
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3. Please check **one** from the below for your (the participant) ethnicity. Ethnicity and Race are separate, please answer #4 as well.

<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
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4. Please check **one** from the below which best describes your (the participant) race.

<input type="checkbox"/> White	<input type="checkbox"/> Asian and Black or African American
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native and White
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native and Black or African American
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or other Pacific Islander and White
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Native Hawaiian or other Pacific Islander and Black or African American
<input type="checkbox"/> Black or African American and White	<input type="checkbox"/> Other/Multi Racial
<input type="checkbox"/> Asian and White	

5. Is your (the participant) family type defined as an **adult female head of household** (no male significant other with dependents)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
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6. Are you (the participant) severely disabled?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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7. Household Income: Please check **one** from the below based on your income and the number of members living in your household. **You may skip this section if you are over the age of 62, severely disabled or meet any other criteria for Presumed Benefit.**

Income Limits	1 Person Household	2 Person Household	3 Person Household	4 Person Household
30% median (XL)	<input type="checkbox"/> \$20,350 or less	<input type="checkbox"/> \$23,250 or less	<input type="checkbox"/> \$26,150 or less	<input type="checkbox"/> \$29,050 or less
50% median (VL)	<input type="checkbox"/> \$33,950 or less	<input type="checkbox"/> \$38,800 or less	<input type="checkbox"/> \$43,650 or less	<input type="checkbox"/> \$48,450 or less
80% median (LI)	<input type="checkbox"/> \$54,250 or less	<input type="checkbox"/> \$62,000 or less	<input type="checkbox"/> \$69,750 or less	<input type="checkbox"/> \$77,500 or less
81%+ median	<input type="checkbox"/> \$54,251 or more	<input type="checkbox"/> \$62,001 or more	<input type="checkbox"/> \$69,751 or more	<input type="checkbox"/> \$77,501 or more
Income Limits	5 Person Household	6 Person Household	7 Person Household	8 Person Household
30% median (XL)	<input type="checkbox"/> \$31,400 or less	<input type="checkbox"/> \$33,700 or less	<input type="checkbox"/> \$36,050 or less	<input type="checkbox"/> \$38,350 or less
50% median (VL)	<input type="checkbox"/> \$52,350 or less	<input type="checkbox"/> \$56,250 or less	<input type="checkbox"/> \$60,100 or less	<input type="checkbox"/> \$64,000 or less
80% median (LI)	<input type="checkbox"/> \$83,700 or less	<input type="checkbox"/> \$89,900 or less	<input type="checkbox"/> \$96,100 or less	<input type="checkbox"/> \$102,300 or less
81%+ median	<input type="checkbox"/> \$83,701 or more	<input type="checkbox"/> \$89,901 or more	<input type="checkbox"/> \$96,101 or more	<input type="checkbox"/> \$102,301 or more

**Certification** (If participant is under the age of 18, this form must be completed and signed by a parent or guardian): *I acknowledge that this information as submitted above has been examined by myself and is true and correct.*

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

Participant Name (if applicable): \_\_\_\_\_

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

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

## DEFINITION FOR REPORTING TABLE RACE AND ETHNICITY

### Racial Categories:

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, of the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:** A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### Ethnic Categories:

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, " Spanish origin," can be used in addition to "Hispanic or Latino."

**Not Hispanic of Latino:** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

### Data Collection Information for Race and Ethnicity:

All Public Services Subrecipients must use a two-question format, meaning that separate questions for race and ethnicity should be used. Race and ethnicity are not the same thing. Both questions must be answered. The ethnicity question should precede the race question. Self-reporting or self-identification, rather than observer identification is the preferred method for collecting race and ethnicity data. Self-identification for race and ethnicity means that responses are based on self-perception.

## Sample Day Schedule at WSCS After-School Program\*

Start Time 2:30pm End Time 3:00pm	All Groups	Cafe	Check in & Meal	Check Google Drive for Activity Details
Transition Time at 2:55pm		First Activity		
Start Time 3:00 pm End Time 3:30pm	Pathfinders (k-1)	Stay and Play	HomeWork Help	H.H & Activity Sheets
	Explorers (2nd-3rd)	A&C Room	HomeWork Help	H.H & Journals
	Adventurers (4th-6th)	Comp Room	HomeWork Help	H.H & Computer 101
Transition Time at 3:25pm		Second Activity		
Start Time 3:30pm End Time 4:00pm	Pathfinders (k-1)	GYM	"Rec It Up"	CTF/Sharks & Minnows
	Explorers (2nd-3rd)	A&C Room	Arts & Culture	Drum Circle Stories
	Adventurers (4th-6th)	Game Room	Collaboration Station	Table Top Games
Transition Time at 3:55pm		Third Activity		
Start Time 4:00 pm End Time 4:30pm	Pathfinders (k-1)	Game Room	Collaboration Station	Table Top Games
	Explorers (2nd-3rd)	GYM	"Rec It Up"	Kid's Choice
	Adventurers (4th-6th)	A&C Room	Arts & Culture	Poem City
Transition Time at 4:25pm				
Start Time 4:30 pm End Time 5:00pm	Pathfinders (k-1)	A&C Room	Arts & Culture	Flower Power Craft
	Explorers (2nd-3rd)	Game Room	Collaboration Station	Ping Pong & Table Top Games
	Adventurers (4th-6th)	GYM	"Rec It Up"	Basketball/ CTF
5:00pm-5:30pm		Dismissal		
Pick up starts at 5:00pm	All Groups	Game Room	Disssmissal & Snacks	

Each child is assigned to a grade/age-level group with developmentally appropriate activities.

Pathfinders: Kindergarten – 1<sup>st</sup> Grade

Explorers: 2<sup>nd</sup>-3<sup>rd</sup> Grade

Adventurers: 4<sup>th</sup>-6<sup>th</sup> Grade

\*Subject to change. Permanent schedules posted at the front desk/each room.