



**Broome County
Urban League**

*Empowering Communities.
Changing Lives.*

The After-School Program

Child's Name: _____
LAST FIRST

Parent/Guardian's Name: _____
LAST FIRST

Address: _____
STREET CITY STATE ZIP

Phone: Home (607) _____ Work (607) _____ Cell Phone (607) _____

Main Contact Email: _____

Date of Birth: _____ **Age-** _____ **Ethnicity (optional):** _____

Please List Persons Able to Sign Your Child Out from the Program:

_____	Name	_____	Phone Number
_____	Name	_____	Phone Number
_____	Name	_____	Phone Number

Please list all known allergies (Environmental, food and animal, drug and stings):

Please give a brief description of your child (include likes, dislikes, things they are good at, etc.):

Parent/Guardian Signature

Date

Director/Assistant Director Signature

Date



Program INFORMATION

General Program Information

The purpose of The After-School Program is to enable children to:

- Have a safe place to spend their time afterschool
- Assist them with becoming better students and learners in an environment that is conducive to the children’s individual needs
- participate in activities in a non-threatening environment
- enjoy a stimulating and enriching experience through interaction with peers
- practice good decision making skills
- be creative

Program Description

The program is held whenever school is in session M-F from 3:00pm-6:00pm. If there is a half day of school, our program will be held from 11:00am-6:00pm. If there is **no school** or a snow day, there is **no program**.

The monthly fee for the program is \$80.00 a month (OPWDD children are paid through the State) – your program fee must be paid before the start of each month. Because are rates are very low, the fee is the same whether there is program or not, no exceptions. The Binghamton City Schools will bus your child to the facility after school. Please be prompt in picking up your child from program. If you are late in picking your child up, and you have not contacted us, we will contact the local authorities. Lateness can and will result in suspension or immediate removal from the program.

Eligibility & Required Information for New Enrollments

- Child must be 5 years old and in Kindergarten, up to age 13.
- For OPWDD Eligible children between 5 to 21 years old
- For OPWDD Eligible children - Notice of Decision copy must be provided
- An Afterschool Program Application
- Family must provide documentation in reference to their household income.
- Parent/Guardian must provide copy of child’s Birth Certificate
- Parent/Guardian must provide copy of child’s current Immunizations
- Parent/Guardian must provide copy of child’s physical (child must have had physical within 12 months of enrollment to Program)
- Parent/Guardian must provide copy of Proof of Residence (Rent Receipt, Utility Bill, Lease/Rental Agreement)
- Liability, Indemnification, and Disclosure Agreement Form
- Travel Permission Form
- Media Permission Form

I, the undersigned, have read and understood the General Information Guidelines of the Broome County Urban League Afterschool Program and agree to participate under the rules as outlined in this document.

Family Signature

Date

Director/Assistant Director Signature

Date



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**BROOME COUNTY URBAN LEAGUE AFTERSCHOOL PROGRAM
TRANSPORTATION & FIELD TRIP PERMISSION FORM**

On occasion our program may go on local trips. By signing this form, you are consenting to allow your child to be transported for any scheduled trips. If there is any particular trip that you *would not like* your child to take part in, it is your responsibility to notify the Program Director.

I, _____ give permission for my child,
(Parent/Guardian Name – Please Print)

_____ to be transported by agency
(Child’s Name – Please Print)

I further understand that should I have any questions or concerns regarding any of the scheduled trips I will address my concerns to the Program Director. I also understand that should my child exhibit any unsafe behaviors during any transportation, it could mean my child’s removal from any or all transportations.

Parent/Guardian (Please Print)

Parent Guardian Signature

Date

88 Main Street Binghamton, New York 13901
Phone: (607) 723-7303 • Fax: (607) 723-5827
www.bcul.org





Household Residency/Occupancy & Relation to Child

How many individuals reside in your household: **Adults:** _____ **Children:** _____

Please list the names of all adults and children residing in the household and their relationship to the child being enrolled in the Afterschool Program.

Adult Name	Relationship to Child (i.e.; father, mother, cousin, family friend, etc.)
Adult Name	Relationship to Child (i.e.; father, mother, cousin, family friend, etc.)
Adult Name	Relationship to Child (i.e.; father, mother, cousin, family friend, etc.)
Adult Name	Relationship to Child (i.e.; father, mother, cousin, family friend, etc.)
Adult Name	Relationship to Child (i.e.; father, mother, cousin, family friend, etc.)
Child Name	Relationship to Child (i.e.; Brother, sister, cousin, family friend, etc.)
Child Name	Relationship to Child (i.e.; Brother, sister, cousin, family friend, etc.)
Child Name	Relationship to Child (i.e.; Brother, sister, cousin, family friend, etc.)
Child Name	Relationship to Child

Parent/Guardian (Please Print)

Parent Guardian Signature

**More space on back of form or
Attach additional adult and child information if needed.**



CDBG FUNDED PUBLIC SERVICE PROGRAM

Name of Applicant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

ETHNICITY (select only one):

_____ Hispanic or Latino _____ Not Hispanic or Latino

RACE (select one or more):

_____ American Indian or Alaska Native _____ Asian
_____ Black or African American _____ White
_____ Native Hawaiian or Other Pacific Islander

Is applicant and/or any household member an employee for the City of Binghamton: ___ Yes ___ No

Female Head of Household: ___ Yes ___ No No. of family members currently employed: _____

Family Income (please circle):

No. of family members living in household	Level 1	Level 2	Level 3
1	Up to \$13,750	\$13,751 - \$22,900	\$22,901 - \$36,600
2	Up to \$15,930	\$15,931 - \$26,150	\$26,151 - \$41,800
3	Up to \$20,090	\$20,091 - \$29,400	\$29,401 - \$47,050
4	Up to \$24,250	\$24,251 - \$32,650	\$32,651 - \$52,250
5	Up to \$28,410	\$28,411 - \$35,300	\$35,301 - \$56,450
6	Up to \$32,570	\$32,571 - \$37,900	\$37,901 - \$60,650
7	Up to \$36,730	\$36,731 - \$40,500	\$40,501 - \$64,800
8+	Up to \$40,890	\$40,891 - \$43,100	\$43,101 - \$69,000

In order to be considered eligible for the CDBG program, applicants must provide current proof of residency and income for all currently employed family members living in the household. Listed below are acceptable forms of documentation.

Acceptable Documentation for Residency

Cable Bill
Phone Bill
Utility Bill
Driver's License
Sheriff's Identification Card

Acceptable Documentation for Income

Unemployment Payment
Social Services Budget
Pay Stub
W-2 Form
Social Security Income Form



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Broome County Urban League Children's Programs

MEDIA PERMISSION FORM



Name of Child: _____

We take many photos during our Programs and use the photos for our own advertising (Website, Facebook, Brochures, etc). Additionally, the media at times will come and do news segments on our programs. Many times they take pictures and/or ask for comments from program participants.

This form is for you to give permission for, or exclude, your child to be interviewed, having their picture taken for printed news, or from being filmed for television news. If you do not mind if your child is interviewed or photographed please complete line #1. If you do NOT want your child to be interviewed or to have his/her picture taken by media reporters, please complete line #2 and sign the bottom of this form.

LINE #1:

I, _____ allow my child's comments and photographs to be used in agency advertisements, and media coverage.

LINE #2:

I, _____ request that my child's comments and photographs to be excluded from agency advertisements, and media coverage.

If in the future you decide to change your responses for Media Coverage and Agency Advertisements, you may do so by requesting and completing another Media Permission form.

My signature indicates that I have read and understand the content of this permission form.

Parent/Guardian Signature

Date

If you have any questions or concerns regarding this permission form, please address them to Olivia Cornwell, Youth & Family Services Director.

88 Main Street, Binghamton, New York 13905
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www.bcul.org



