



# STEAM ACADEMY After School Program

*Preparing students to compete in the 21<sup>st</sup> Century!*

## REGISTRATION APPLICATION Cycle 9

November 15, 2021 – February 18, 2022

*The STEAM Academy is a youth development program of the City of White Plains Youth Bureau and is funded by the 21<sup>st</sup> Century Community Learning Centers Grant.*

### APPLICATIONS WILL NOT BE CONSIDERED COMPLETE WITHOUT THE FOLLOWING:

- ☐ ☐ Copy of child's physical (must be current within one year)
- ☐ ☐ Copy of child's immunization record
- ☐ ☐ Signed Health Screening Attestations (2)
  - ☐ ☐ Child
  - ☐ ☐ Parent/Guardian (each pick-up person must have one signed and on file. You can obtain additional forms at your site.)

White Plains Youth Bureau STEAM Academy Program Office  
11 Amherst Place  
(914) 422-1378  
Monday – Friday 10 am – 6 pm



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

YOUTH BUREAU  
OFFICE OF THE MAYOR  
11 AMHERST PLACE - WHITE PLAINS, NEW YORK 10601 (914)  
422-1378 - FAX (914) 422-6489  
[www.WhitePlainsYouthBureau.org](http://www.WhitePlainsYouthBureau.org)

\_\_\_ Physical  
\_\_\_ Immunizations  
\_\_\_ Questionnaire  
\_\_\_ Court docs  
\_\_\_ IEP

Thomas M. Roach  
Mayor

Frank Williams, Jr  
Executive Director

Deputy Director

Bhavana Pahwa, PhD

## STEAM ACADEMY After School Program 21/22 (Cycle 9)

### STUDENT INFORMATION

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address \_\_\_\_\_ Apt.# \_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Sex \_\_\_\_ Age \_\_\_\_ Ethnicity/Race \_\_\_\_\_  
Elementary School: ☐☐  
☐ Church Street ☐ George Washington ☐ Mamaroneck Avenue ☐ Post Road ☐ Ridgeway  
Grade: \_\_\_\_\_  
Teacher's name: \_\_\_\_\_  
Student ID: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Custody: ☐ Mother ☐ Father ☐ Both ☐ Other

Mother's First Name: \_\_\_\_\_  
Mother's Last Name: \_\_\_\_\_  
Mother's cell phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Mother's employer: \_\_\_\_\_  
Mother's work number: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Mother's email address: \_\_\_\_\_

Father's First Name: \_\_\_\_\_  
Father's Last Name: \_\_\_\_\_  
Father's cell phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Father's employer: \_\_\_\_\_  
Father's work number: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Father's email address: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

(Person other than parent/guardian required: please keep registration office updated about changes).

Name _____	Phone (____) ____-____
Relationship to child _____	Alt Phone (____) ____-____
Name _____	Phone (____) ____-____
Relationship to child _____	Alt Phone (____) ____-____
Name _____	Phone (____) ____-____
Relationship to child _____	Alt Phone (____) ____-____

What is the primary language spoken at home?

\_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ other (Please specify) \_\_\_\_\_

**Please list all White Plains City School District students currently living in your household:**

Name	Age	Gr	Gender	School (currently attending)	Relationship to you
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

We will be using the “Band” app as our primary method to communicate all last-minute updates such as program cancellations due to weather or any emergencies. Band is a free, safe, and simple messaging tool that will help the Youth Bureau share important updates and reminders. All personal information is kept private. There is NO cost to you for sending or receiving messages.

Do you have a smart phone? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian 1 cell phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Parent/Guardian 2 cell phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_



### **TRIP CONSENT**

I, \_\_\_\_\_, as parent/legal guardian, \_\_\_\_\_ **DO** \_\_\_\_\_ **DO NOT** hereby authorize my child, \_\_\_\_\_ to participate in STEAM Academy day-trips during the school year. The children will leave from and return to the STEAM Academy. Parents will be notified of all trips in advance.

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

### **RELEASE OF LIABILITY**

In consideration of your acceptance of my child \_\_\_\_\_ for his/her participation in the activities/programs of the City of White Plains Youth Bureau, I agree that I am aware of the inherent dangers and risks involved in these activities/programs including bodily injury which may be the result of strenuous activity or other causes related to these activities/programs. I agree to release and hold harmless the City of White Plains, its officials, officers, agents, employees, and volunteers, from and against any and all liability, damage or claim of any nature arising out of or in any way related to my child's participation in these activities/programs except those things caused by the sole negligence of the City. I understand that the City of White Plains does not provide accident or medical insurance and I am financially responsible for any and all medical expense whatsoever. I am advised to consult my child's physician before allowing my child to participate in any strenuous activity.

I have read, understand, and agree with the terms of this release.

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **PHOTO/VIDEO CONSENT**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, hereby \_\_\_\_\_ **DO** \_\_\_\_\_ **DO NOT** consent that the White Plains Youth Bureau may photograph/videotape my child and use such photographs/videotape for publication/broadcast/website. I waive any claim I might have against the City of White Plains Youth Bureau arising from the use of such photographs/videotape. I understand that such information could subsequently be used by other media.

I have read and understand the above release.

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

## **EDUCATIONAL INFORMATION RELEASE FORM**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,

\_\_\_\_\_ **DO** \_\_\_\_\_ **DO NOT** give permission for the release of the following information from my child's school to the staff of White Plains Youth Bureau:

- 1st page of The White Plains City School District student information sheet
- Communicate with my child's daytime teacher
- Communicate with school social worker
- Communicate with school psychologist
- Communicate with school officials

As these relate to the student's behavior and academic needs. This information is strictly confidential and will be treated as such by the City of White Plains Youth Bureau in working with my child.

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

## **PARENT ADVISORY COMMITTEE**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,

\_\_\_\_\_ **DO** \_\_\_\_\_ **DO NOT** want to be considered to be on the Parent Advisory Committee where I would attend monthly meetings and give input on the STEAM Academy After School Program.

Participation in these meeting is a direct way to better affect your child's experience as well as assist the White Plains Youth Bureau with ongoing program development.

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

## **PARENT VOLUNTEER PROPOSAL**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,

\_\_\_\_\_ **DO** \_\_\_\_\_ **DO NOT** want to VOLUNTEER for various events during the course of the STEAM Academy Program. If you wish to participate, when is it easier for you: \_\_\_\_\_ evenings, \_\_\_\_\_ during the week, \_\_\_\_\_ Saturdays.

Volunteering is a way to stay connected with program content and add value to each student's experience. The White Plains Youth Bureau encourages your participation.

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

## **Youth Bureau STEAM Academy Statement of Policy**

The City of White Plains Youth Bureau STEAM Academy is a free grant-based program. Students are invited according to educational and financial need as determined by the 21st Century Communities Learning Center Grant criteria. Students must be in grades first through fifth who are White Plains residents. Students are chosen without regard for gender, race, color, or national origin. **For your child to start the STEAM Academy after school on Monday October 25<sup>th</sup>, all forms must be received Friday October 15<sup>th</sup>.**

**HOURS:** Monday through Friday from 3:00 p.m. to 6:00 p.m. (Church Street will begin at 2:45 p.m. The STEAM Academy will follow the White Plains School District schedule. **The STEAM Academy is closed when school is closed, including early dismissal and half days and Winter and Spring recess.**

### **PROCEDURE:**

- Upon arrival, each staff member will have his/her temperature checked and recorded.
- **Children will be greeted at the bus and escorted to the main entrance to be screened.**
- **Children will have their temperatures taken and recorded daily upon arrival to the program. Should your child register a temperature of 100° or above, they will be held apart from the rest of the group and a parent/guardian will be contacted for immediate pick-up.**

### **POLICY OF DISMISSAL:**

- All children must be signed out from the program each day by a parent/guardian or a person designated in writing on the child's registration form.
- Only the persons listed on the dismissal form provided in the registration packet will be allowed to pick up a child unless we receive written parental consent of a change.
- We are only able to accommodate one dismissal option, we cannot accommodate alternating pick-up options.
- No child will be permitted to walk home unattended.

If you have any questions about this, please speak with your Site Coordinator.

**DISMISSAL ARRANGEMENTS:** If any person is legally barred from having contact with or picking up your child, ***you must notify the STEAM Academy of this in writing and provide legal documentation to that effect.*** Without such valid and supporting documentation, we cannot prevent a parent from seeing or picking up a child.

**FEES:** The STEAM Academy is a federally funded grant program and therefore free to families. Some fees may apply if field trips are scheduled to provide food or entrance to events.

**WITHDRAWAL:** A child may be asked to withdraw from the STEAM Academy if, in the judgment of the professional staff, he or she is not able to adapt to the reasonable expectations of the program. ***Please see parent handbook.*** Parents agree to inform the program upon registration of any special needs that require modifications in the child's school program. If a child is removed from the STEAM Academy for any reason, it is the responsibility of the parent/guardian to inform their child's school of all new dismissal procedures.

**STAFF:** The ratio of staff to children will be approximately 1 to 10 in the primary grades. Children will be supervised at all times. Parents, guardians, Youth Bureau and school staff may be informed of a student's attendance, progress and behavior. The STEAM Academy encourages parents and teachers to discuss specific concerns at any time with the Site Coordinator or program administrators of the Youth Bureau.

**HEALTH:** If it appears that a child's health may pose a risk to other children, parents will be called and required to immediately pick up their child. ***Our directors may not administer medication of any kind to any child nor may a child self-administer medication while in our care.*** The only exception to this is the case of emergency medications, including and limited to ***asthma rescue inhalers, epi-pens, Benadryl and nebulizers.*** All of our licenses have been amended so that we are able to administer these emergency medications, following careful procedures that ***require advance written plans and consents from a parent and child's physician.*** ***If your child may require any of these medications during our program hours, please speak with your Site Coordinator right away and arrange to process the needed forms to arrange for this in advance.*** In any other cases of medical emergency, we rely on the excellent local emergency services to provide urgent

care.

In the event of a medical emergency, we will contact the local emergency medical system. We are required to have a copy of the children's current physical & immunization record on file with our program.

**FOOD SERVICE ARRANGEMENTS:** Nutritional snacks are provided by the White Plains Food and Nutrition Service.

I have read and agree to these policies.

**Signature of parent or legal guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

### **PARENT HANDBOOK SIGNATURE**

My signature below indicates that I have read and understand all of the information in the Parent Handbook.

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

Medical \_\_\_\_\_ Immunization \_\_\_\_\_ Report Card \_\_\_\_\_ ASC \_\_\_\_\_  
Date Application Received \_\_\_\_\_  
School Notified \_\_\_\_\_  
Site Coordinator Notified \_\_\_\_\_

**OFFICE USE ONLY**

**MEDICAL HISTORY**  
**To be completed by parent/guardian**

Is your child's health generally good? \_\_\_\_\_ If not, describe according to chart:

Is child subject to:	Allergies:	Food Allergies:	History of Diseases:
<input type="checkbox"/> Sinus Trouble	<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Insect Bites	<input type="checkbox"/> Other Tree Nuts	<input type="checkbox"/> Measles
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Other (Please list below)	<input type="checkbox"/> German Measles
<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Other Medications		<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Fainting Spells			<input type="checkbox"/> Haemophilus
<input type="checkbox"/> Asthma			<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hay Fever			<input type="checkbox"/> Influenza Type B

List operations or serious injuries with dates: \_\_\_\_\_

List chronic or recurring illnesses \_\_\_\_\_

Please list current medications \_\_\_\_\_

Restrictions on child's participation in activities \_\_\_\_\_

Any other issue/concern that we should be aware of: \_\_\_\_\_

Does your child require an EpiPen, asthma inhaler and/or Benadryl? ☐ Yes ☐ No

**IF YES, YOU MUST NOTIFY THE REGISTRAR AND YOUR SITE COORDINATOR TO COMPLETE HEALTH PLAN FORMS.**

Is your child designated through the Committee on Special Education? ☐ Yes ☐ No

**If YES, please submit a copy of your child's IEP.**

**If child has an IEP, you must meet with the Program Director.**

Does your child need a smaller class size or extra resources during the school day? ☐ Yes ☐ No

**PARENTS MUST NOTIFY THE PROGRAM IF THERE HAS BEEN EXPOSURE TO A COMMUNICABLE DISEASE PRIOR TO OR DURING YOUR CHILD'S ATTENDANCE IN THE PROGRAM.**

**HOSPITAL RELEASE/PERMISSION SLIP**

Doctor's Name \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_-\_\_\_\_

In the event of injury, I \_\_\_\_\_ grant permission to take my child \_\_\_\_\_ to a hospital for treatment, to include evaluation of injuries, x-rays and needed care.

Hospitalization Insurance Co. \_\_\_\_\_

Identification Number \_\_\_\_\_

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

**ARRANGEMENTS FOR DISMISSAL**

My child \_\_\_\_\_ is to be **dismissed from the STEAM Program daily** in the following manner:



☐ **A. SCHOOL PICK UP** by Parent or Guardian:

☐ **B. BUS STOP PICK UP** (A parent or guardian will meet my child at the bus stop when the bus arrives at our stop each day.)

My child may be released to the following person(s):

***Designated person(s) for school pick up must have photo identification.***

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

***Please update information throughout the year with the STEAM Academy Office.  
Any changes to these arrangements must be received in writing.***

\_\_\_\_\_  
\_\_\_\_\_

**DISMISSAL ARRANGEMENTS:** If any person listed on this form is legally barred from having contact with or picking up your child, ***you must notify the STEAM Academy of this in writing and provide legal documentation to that effect.*** Without such documentation, we cannot prevent a parent from seeing or picking up a child.

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



WPYB  
STEAM Academy 2020/2021



## Welcome to a new STEAM Academy session!

Parents/guardians, please tell us about your child:

Briefly describe your child's personality: \_\_\_\_\_

\_\_\_\_\_

Please list your child's academic strengths: \_\_\_\_\_

\_\_\_\_\_

Please list your child's academic areas for growth: \_\_\_\_\_

\_\_\_\_\_

Is there anything else that we should know about your child (family changes, health concerns, special needs, etc.)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



science



technology



engineering



arts



mathematics

