



DYCD Learning Labs – Additional Intake

Applicant Name: _____

Thank you for your interest in Learning Labs program. Below are the steps required to apply to a Learning Labs program. ***This form should only be completed, and submitted, if steps 1 – 3 have been completed.*** Questions with an asterisk (*) are required to be enrolled into a Learning Lab site.

How To Apply To A Learning Lab

STEP 1:	Complete the Department of Education application located at this link. https://www.schools.nyc.gov/enrollment/enrollment-help/learning-bridges
STEP 2:	If eligible, the Department of Education will send an offer letter with Learning Labs details.
STEP 3:	Submit additional information via discoverDYCD. https://discoverdycd.dycdconnect.nyc/home
STEP 4:	A Learning Labs provider will reach out regarding additional details that are needed. Complete the remaining details below and submit it to the Learning Labs provider.

PARTICIPANT INFORMATION

Does parent/guardian meet any of the following criteria? (Check all that apply) *	<input type="checkbox"/> Is in a full-time school or vocational training program	
	<input type="checkbox"/> Works 20 hours or more per week	
	<input type="checkbox"/> Is a four-year college student working at least 17.5 hours per week	
	<input type="checkbox"/> Looking for work and has an approved works search plan and proof of receipt of unemployment insurance	
Does this participant reside in temporary housing? *	<input type="checkbox"/> No	<input type="checkbox"/> Yes

CONTACT INFORMATION

The following people **HAVE PERMISSION** to pick up my child:

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

The following people **MAY NOT** pick up my child:

Name:	Name:	Name:
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EDUCATION/WORK STATUS

Student OSIS Number: *



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HOUSEHOLD INFORMATION

Does the parent/guardian currently receive HRA cash assistance? *	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you want to be contacted by someone else with information about child support and arrears programs, and how to make or receive child support payments? *	<input type="checkbox"/> No	<input type="checkbox"/> Yes
How would you like to be contacted about this issue? *	<input type="checkbox"/> Via the Provider <input type="checkbox"/> Phone	<input type="checkbox"/> Email <input type="checkbox"/> Us Mail

HEALTH INFORMATION

Does this applicant have any allergies (food, medication, etc.) *	<input type="checkbox"/> No	<input type="checkbox"/> Yes: _____
Does this applicant have asthma? *	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does this applicant have special health care needs? *	<input type="checkbox"/> No	<input type="checkbox"/> Yes: _____
Does the applicant take medication for any condition or illness? *	<input type="checkbox"/> No	<input type="checkbox"/> Yes: _____
Are there activities the applicant cannot participate in? *	<input type="checkbox"/> No	<input type="checkbox"/> Yes: _____
Please provide any additional health information details:	Details: _____	
Please list any accommodation(s) you are requesting for yourself/the applicant:	Details: _____	

CONSENTS & SIGNATURES

My child has permission to travel home alone at dismissal: *	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Parent/Guardian Consent to Collect and Share Student Information

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.

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,



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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: *

Additional Parent/Guardian Name (optional):

Additional Parent/Guardian Signature (optional):
