

**SONYC
EDITION**



2025-2026



H.E.S. AFTERSCHOOL REGISTRATION BOOKLET

**SONYC FREE NYC-FUNDED PROGRAM FOR
MIDDLE SCHOOLERS IN 6TH - 8TH GRADE**

- Fully licensed, trained and certified staff
- Vacation Programs available for school holidays
- Private pay and vouchers accepted

REGISTER ONLINE



Our Program provides:

- Bus pick-up from local schools
- Homework support
- Academic enrichment and NYC test prep
- Fun-filled activities
- Daily nutritious dinner

**All packet documents, DYCD CONNECT & online registration
must be completed prior to starting the program**

Contact us at 718-241-3000 ext. 122 or registration@thehes.org

H.E.S.
J
C
C
YOUR Community Center!

UJA Federation
NEW YORK

HEBREW EDUCATIONAL SOCIETY | 9502 SEAVIEW AVENUE, BROOKLYN, N.Y. 11236 | 718.241.3000

H.E.S SONYC Registration Checklist

Please submit the following supporting documentation as applicable to your child's enrollment:

- Create membership with H.E.S online portal and register with SONYC After School Program.
- Copy of Birth Certificate
- Complete H.E.S paper application
- Medical Examination completed within the last year (see form included in H.E.S paper application)
- Complete 8 page DYCD paper application
- Register with DYCD Connect in the link below or **scan the QR code**
<https://discoverdycd.dycdconnect.nyc/home>



THE H.E.S. AFTER SCHOOL REGISTRATION FORM

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____
Gender: _____ DOB: _____ Grade in the Fall: _____
School Attending in the Fall: _____
Does your child have an IEP?: Yes / No

PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____
Phone: _____ Email: _____
Address: _____ Apt/FI: _____
City: _____ State: _____ Zip Code: _____

AUTHORIZED PICK-UP AND EMERGENCY CONTACT INFORMATION

Full Name: _____	Relationship: _____
Role: Emergency Contact Pick-up	Cell Phone Number _____
Full Name: _____	Relationship: _____
Role: Emergency Contact Pick-up	Cell Phone Number _____
Full Name: _____	Relationship: _____
Role: Emergency Contact Pick-up	Cell Phone Number _____

Child Care Program *(Please Circle Program)*

- Public School ASP
- Charter School ASP
- SONYC *(Grades 6th-8th)*
- R.A.P. Room

Fee Category *(Please fill bubble)*

- Private Pay
- 1199
- Voucher
- OPWDD
- Other _____

Child Care Add-ons *(Please Circle Program)*

- Vacation Program
- Extended Day

Billing Cycle *(Please Circle)*

- Weekly
- Bi-Weekly
- Monthly
- Other

Fee Amount _____

Payments/Discounts _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT AND TRANSPORTATION:

- I hereby give authority to the Hebrew Educational Society Year-Round After School and Staff to obtain necessary emergency medical treatment for my child/ren with the understanding that the family will be notified as soon as possible.
- I give permission for my children to use the HES bus as transportation for the After-School programs.

Signature: _____ Date: _____



Search for and apply to DYCD Programs Online!
<https://discoverdycd.dycdconnect.nyc/home>

Office Use Only
Date Application Received:
Enrollment Start Date:
Intake Specialist/Staff:
Additional Information:



DYCD Universal Participant Intake: Youth & Adult Application (Ages 13 & Younger)

Welcome to the Department of Youth and Community Development (DYCD)! DYCD is a New York City agency that funds programs for youth and families. These programs are operated by Community Based Organizations (CBOs). This form will allow you or your child to apply to a DYCD Comprehensive Afterschool System (COMPASS), Beacon, or Cornerstone youth or adult program. Please complete this form fully and return to the CBO that operates the program. One application will be accepted per person per site. **Submission of an application does not guarantee enrollment in the program.** Further paperwork and information may be required to determine program eligibility. If accepted, program will be **at no cost** to the participant. The following application items are collected for informational and program planning purposes only: *Income, Gender, Race, Ethnicity, Language, Population Type, Household Information and Health Insurance Status.* Responses to these questions will not impact your eligibility to receive services and will not be shared outside of DYCD without the applicant's permission.

Part I: Applicant Information		
<p>For the purposes of this application, applicant refers to the person applying to receive services. Select one:</p> <p> <input type="checkbox"/> I am completing this application for myself <input type="checkbox"/> I am a parent or guardian completing this application for my child <input type="checkbox"/> I am a relative/non-relative, completing this application on behalf of the applicant </p>		
Applicant's First Name:	Applicant's Last Name:	MI:
Applicant's Date of Birth (MM/DD/YEAR):	Applicant's Primary Address (Number and Street):	
Applicant's Apt. Number:	Applicant's City:	Zip Code:
Applicant's Sex at Birth (Select One): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X (not female or male) <input type="checkbox"/> Not sure	Applicant's Race (Select all that Apply): <input type="checkbox"/> American Indian and Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other _____	Applicant's Ethnicity (Select One): <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Not Hispanic or Latinx
<input type="checkbox"/> Applicant lives in a NYCHA Development (please provide name) _____		

Part II: Applicant's (or Parent/Guardian's) Contact Information

Applicant's Contact Information

For youth without contact information, skip to the next section to provide parent/guardian contact information

Write down phone numbers for the applicant and check the preferred method of contact:

- Home _____ Cell _____ No Email
 Work _____ Email _____ US Mail

Parent/Guardian Information

This section is required for Applicants under 18

Parent/Guardian Name: _____

Write down all phone numbers and check the best number to call in case of an emergency:

- Home _____ Cell _____ No Email
 Work _____ Email _____

Address:	City:	State:	Zip Code:
<input type="checkbox"/> Same as Applicant			

Emergency Contact Information

At least one emergency contact must be identified

1	Emergency Contact #1 Name:	Relationship to Participant:		
		<input type="checkbox"/> Emergency contact is parent/guardian of participant		
	Write down all phone numbers and check the best number to call in case of an emergency:			
	<input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> No Email <input type="checkbox"/> Work _____ <input type="checkbox"/> Email _____			
	Address:	City:	State:	Zip Code:
	<input type="checkbox"/> Same as Applicant			
2	Emergency Contact #2 Name:	Relationship to Participant:		
		<input type="checkbox"/> Emergency contact is parent/guardian of participant		
	Write down all phone numbers and check the best number to call in case of an emergency:			
	<input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> No Email <input type="checkbox"/> Work _____ <input type="checkbox"/> Email _____			
	Address:	City:	State:	Zip Code:
	<input type="checkbox"/> Same as Applicant			

This section is for parents/guardians enrolling their children

Emergency contacts listed in Section II are authorized to pick up the child unless otherwise noted.

The following additional people are authorized to pick up my child:

Name: _____ **Phone #:** _____ **Relationship:** _____

Name: _____ **Phone #:** _____ **Relationship:** _____

Name: _____ **Phone #:** _____ **Relationship:** _____

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

Name: _____ **Name:** _____ **Name:** _____

Part III: Applicant's Education/Work Status

Applicant's Education Status (Select One):

- Full-Time Student*** Part-Time Student*** Not in School****

***If applicant is a *Part-Time Student* or *Full-Time Student*: **Select applicant's current grade (Select One):**

****If applicant is *Not in School*: **Select the last grade completed by the applicant (Select One):**

Elementary School: Pre-K K 1st 2nd 3rd
 4th 5th

Middle School: 6th 7th 8th

High School: 9th 10th 11th 12th
 Obtained High School Diploma
 Obtained High School Equivalency

4-Year College/University: Freshman Sophomore
 Junior Senior Obtained Bachelor's Degree

Doctorate Degree:
 Some Doctorate degree credits, but no degree attained
 Obtained Doctorate Degree

Other:
 Obtained Foreign Degree
 No Formal Schooling Attained

Community College: 1st year 2nd Year 3rd year
 4th Year + Obtained Associate's Degree

Master's Degree:
 Some Master's Degree credits, but no degree attained
 Obtained Master's Degree

Professional Degree:
 Some Professional Degree credits (e.g. MD, DDS, DVM, LLB, JD), but no degree attained
 Obtained Professional Degree (e.g. MD, DDS, DVM, LLB, JD)

Vocational/Trade School:
 Some Vocational or Trade School credits, but no certificate or degree attained
 Obtained a certificate or degree from a Vocational or Trade school

Applicant's Current Work Status (Select One):

- Employed Full-Time Employed Part-Time Retired
 Unemployed (Short-Term, 6 months or less) Unemployed (Long-term, more than 6 months) Unemployed (Not in labor force)
 Migrant Seasonal Farm Worker Not applicable (applicant is under 14 years of age)

Required for Full-Time Students

Student ID/OSIS:

School Type:

- Public Charter Private Other _____

School Name:

School Address:	City:	Zip Code:
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Part IV: Health Information

Applicant's Health Information

*Please answer the questions below and provide additional details in the space provided.
Many needs or health challenges can be accommodated and may not limit enrollment in the program.*

Does the applicant have any allergies? (food, medication, etc.)

No Yes _____

Does the applicant have asthma?

No Yes

Does the applicant have special health care needs?

No Yes _____

Does the applicant take medication for any condition or illness?

No Yes _____

Are there activities the applicant cannot participate in?

No Yes _____

Please provide any additional health information details:

N/A

Please list any accommodation(s) you are requesting for yourself/the applicant:

N/A

Applicant's Health Insurance Status

Does the applicant have health insurance? (Select One):

Yes No
 Decline to Answer

If yes, what kind of health insurance does the applicant have?
(Check all that Apply):

Medicaid Medicare State Children's Health Insurance Program
 Employment-Based Direct-Purchase State Children's Health Insurance for Adults
 Military Health Care Decline to Answer

If you do not have health insurance, do you want to be contacted by someone else with information about signing up for public health insurance? (Select One):

Yes No Decline to Answer

If you would like to be contacted about signing up for public health insurance, what is your preferred method of contact? (Select One):

Email Phone US Mail
 Via provider Decline to Answer

Part V: Additional Applicant Information

How well does the applicant speak English?
(Select One):

- Fluent/Very well
- Well
- Not well
- Not well at all

Applicant's Primary Language (Select One):

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Albanian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Chinese* | <input type="checkbox"/> French |
| <input type="checkbox"/> Fulani | <input type="checkbox"/> German | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> Hungarian | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Kru, Ibo, or Yoruba | <input type="checkbox"/> Mande |
| <input type="checkbox"/> Punjabi | <input type="checkbox"/> Persian | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Romanian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> Other: _____ | | |

**including Cantonese and Mandarin*

Other Languages Spoken by Applicant (Select all that Apply):

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Albanian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Chinese | <input type="checkbox"/> French |
| <input type="checkbox"/> Fulani | <input type="checkbox"/> German | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> Hungarian | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Kru, Ibo, or Yoruba | <input type="checkbox"/> Mande |
| <input type="checkbox"/> Punjabi | <input type="checkbox"/> Persian | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Romanian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> Other: _____ | | |

Not applicable (only one language spoken by applicant)

**including Cantonese and Mandarin*

**Would the applicant like to receive information/
be contacted about registering to vote?***
(Select One):

- Yes No

**Applicant is eligible to vote in U.S. federal elections if:
1) You are a U.S. citizen;
2) You meet your state's residency requirements;
3) You are 18 years old. Some states allow 17-year-olds to vote in primaries and/or register to vote if they will be 18 before the general election. Check your state's voter registration age requirements.

Is the applicant any of the following:

- | | |
|----------------------------------|---|
| Parent/Legal Guardian? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Offender/Justice Involved? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Foster Care Participant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Runaway Youth? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Veteran? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Active Military Personnel? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| An Individual with a Disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer |

**If the applicant is an individual with a
disability, please select disability type(s)**
(Select all that Apply):

- Cognitive impairment
- Hearing-related
- Learning disability
- Mental or Psychiatric
- Physical/Chronic Health Condition
- Physical/Mobility Impairment
- Vision-related
- Other: _____
- Decline to Answer

Part VI: Household Information

For all the next set of questions, **HOUSEHOLD** is defined as any individual or group of individuals (family or non-family members) who are living together as one economic unit. **INCOME** is defined as the total annual gross income of all family and non-family members 18+years old living within the household.

The applicant lives in a household that is headed by (Select One):

- Single Parent - Female
 Single Parent - Male
 Single Person - No children
 Non-related adults with children
 Two Adults – No Children
 Two Parent Household
 Multigenerational Household
 Other: _____

Applicant's Housing Type (Select One):

- Own
 Shelter
 Other: _____
 Rent
 Homeless
 NYCHA
 Other Permanent Housing

Applicant's Household Size (Select One):

- One
 Four
 Seven
 Ten
 Thirteen
 Sixteen
 Nineteen
 Two
 Five
 Eight
 Eleven
 Fourteen
 Seventeen
 Twenty or more
 Three
 Six
 Nine
 Twelve
 Fifteen
 Eighteen

Total Household Income in the last 12 Months (Select One):

- \$0
 \$16,241 to \$20,420
 \$28,781 to \$32,960
 \$41,321 to \$50,000
 \$70,001 to \$80,000
 \$100,000+
 \$1 to \$12,060
 \$20,421 to \$24,600
 \$32,961 to \$37,140
 \$50,001 to \$60,000
 \$80,001 to \$90,000
 Decline to Answer
 \$12,061 to \$16,240
 \$24,601 to \$28,780
 \$37,141 to \$41,320
 \$60,001 to \$70,000
 \$90,001 to \$100,000

Sources of Applicant's Household Income (Select all that Apply):

- Employment Wages
 Childcare Voucher
 Housing Choice Voucher
 Permanent Supportive Housing
 Retirement Income from Social Security
 Temporary Assistance for Needy Families (TANF)
 WIC
 Affordable Care Act Subsidy
 Earned Income Tax Credit (EITC)
 HUD-VASH
 Private Disability Insurance
 Social Security Disability Income (SSDI)
 Unemployment Insurance
 Worker's Compensation
 Alimony or other Spousal Support
 Employment Tax Credit
 LIEHEAP
 Public Housing
 Supplemental Security Income (SSI)
 VA Non-Service Connected Disability Pension
 Other: _____
 Child Support
 General Assistance
 Pension
 Safety Net/Home Relief
 Supplemental Nutrition Assistance Program (SNAP)
 VA Service-Connected Disability Compensation
 Decline to Answer

Part VII: Consents and Signatures

Pick-up/Dismissal Information

This question must be answered for parents/guardians enrolling their children

My child has permission to travel home alone at dismissal:

Yes No

Consent to Participate

To the best of my knowledge the information above is true. I agree to its verification and understand that falsification may be grounds for termination of service. Information provided may be used by the City of New York to improve City services and access to those services, and to access additional funding.

If participant is 18 and over:

I acknowledge that I am 18 years of age or older and am authorized to give consent.

Yes No

Participant's Signature

Participant: Print Name

Date

If participant is under 18 years old:

Parent/Guardian's Signature

Parent/Guardian: Print Name

Date

Consent for Emergency Medical Treatment

If participant is 18 and over

I am enrolled as a participant in a DYCD-funded program. In the event of a medical emergency, I hereby give consent for necessary emergency medical treatment to be obtained on my behalf. I further authorize the emergency contact(s) listed to be contacted.

Yes, I give my permission No, I do not give permission

Participant's Signature

Participant: Print Name

Date

If participant is under 18 years old:

My child is enrolled as a participant in a DYCD-funded program. In the event of a medical emergency, I hereby give consent for necessary emergency medical treatment for my child to be obtained, with the understanding that I will be notified as soon as possible. I understand that every effort will be made to contact me, or, if I am unavailable, the emergency contact(s) listed, before and after medical care is provided.

Yes, I give my permission No, I do not give permission

Parent/Guardian's Signature

Parent/Guardian: Print Name

Date

Consent for Photography/Videotaping and Use of Original Work

As a participant enrolled in a DYCD-funded program, please be aware that from time to time DYCD and the City of New York, its contracted providers, authorized agents, third-party organizations with which it collaborates, or other government, representatives (collectively, "Authorized Parties") may be present during program activities and special events associated with program services, both at the usual program location and at off-site events. In some cases, they may photograph, videotape, interview or otherwise record participants and their families and friends in these programs. The resulting images, videos, and interviews may be used, with or without the participant's name, in printed and electronic media such as brochures, books, print and email newsletters, DVDs and videos, websites, social media and blogs (collectively, "Media").

I hereby authorize and permit the Authorized Parties, without compensation and without further approval, to photograph and/or record my and my child's image, name, likeness, and the sound of my and my child's voice during DYCD-funded program activities and special events, and I hereby consent to the resulting images, videos and interviews being used, without compensation and without further approval by the Authorized Parties solely for non-profit, non-commercial purposes in any and all Media.

Yes No

If, in the course of participating in DYCD-funded program activities and special events, any original work such as art, music, choreography, poetry, or prose (collectively, "Original Work") is created by me or my child, I hereby consent to such Original Work being used by the Authorized Parties, without compensation and without further approval, solely for non-profit, non-commercial purposes in any and all Media.

Yes No

If participant is 18 and over:

I acknowledge that I am 18 years of age or older and am authorized to give consent.

Yes No

Full Name of Participant

Participant's Signature

Date

If participant is under 18 years old:

Full Name of Participant

Parent/Guardian's Signature

Date



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, 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: _____ Date: _____

Additional Parent/Guardian Name (optional): _____

Additional Parent/Guardian Signature (optional): _____



Consent to Make Referrals and Share Information

The New York City Department of Youth and Community (DYCD) invests in programs and services to help our communities and the people who live here. We want to make sure you know about them and make it easy for you to apply.

Why we need your permission

With it, we can:

- send you information about DYCD-funded programs and services you can apply for, and
- share information from your DYCD Participant Application each time you apply.

What we share

We'll only give information to show you qualify or help you enroll in DYCD-funded programs.

Who sees your information and how we protect it

Only authorized DYCD and funded program staff can see it. We don't share it with others except to:

- decide if you're eligible for services,
- enroll you in programs and services, and
- track the results of the services you receive

Please read below, check one of the boxes, and fill in the rest.

I understand why DYCD needs my consent to:

- send me information about programs and services I can apply for,
- refer me to DYCD-funded programs, and/or
- share information from my DYCD Participant Application with the programs I apply for

Yes, I give my permission

No, I do not give my permission

Full Name of Participant (please print)

Signature of Participant (or Parent/Guardian for participants under 18 years old)

Date



PARENT TO SCHOOL OFFICE PERMISSION LETTER

Dear Sir or Madam,

This is to inform you that my child, _____ of class _____ will be attending the After School Program at the Hebrew Educational Society for the 2025-2026 school term.

Please dismiss this child with the regular bus children at the end of the school day to the H.E.S. bus counselor.

Thank you for your attention to this matter. If you have any questions, please call the H.E.S. at 718-241-3000 and ask for our After School Program Staff.

Parent's Signature: _____

Date: _____

PARENT TO TEACHER PERMISSION LETTER

Dear Sir or Madam,

This is to inform you that my child, _____ of class _____ will be attending the After School Program at the Hebrew Educational Society for the 2025 - 2026 school term.

Please dismiss this child with the regular bus children at the end of the school day to the H.E.S. bus counselor.

Thank you for your attention to this matter. If you have any questions, please call the H.E.S. at 718-241-3000 and ask for our After School Program Staff.

Parent's Signature: _____

Date: _____



Consent to Walk Home

FOR GRADES 6TH-8TH ONLY

To H.E.S. ,

I, _____ give my child,

_____ permission to walk home alone from the H.E.S. After School Program without being signed out by a parent / guardian.

This will be in effect from September 4, 2025 through June 26, 2026.

Parent's Print Name : _____

Parent's Signature: _____

Date: _____



Dear Parents and Guardians,

While attending programs at the Hebrew Educational Society, we want to provide a safe environment that promotes appropriate social growth and interactions. In order to do this, we have established the behavior policy below:

1. Self-Respect: We expect students to follow rules and directions.
 2. Mutual Respect: We expect students to express their feelings and thoughts to others with appropriate words.
 3. Respect for Materials and Property: Materials and equipment are to be used with care.
- * Please Note- Immediate removal from the program will occur if a student exhibits physical behaviors that risks the safety of his/her self, peers or staff members.

The Hebrew Educational Society uses a three-point system to encourage positive behavior in our programs; students who exhibit positive behavior will be recognized.

The following actions may be taken if rules are not followed:

1. A verbal warning to the student. His/her parent(s) or guardian(s) will be notified.
2. Suspension from the program for a designated number of days (at the discretion of the after school director.)
3. Permanent Removal from the program with parent(s) or guardian(s) notification.

If you have any questions, please call the After School Program Director (718) 241-3000.

Parent/Guardian (Print)

Date

Parent/Guardian (Print)

Date

2025-26 School Year New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

All children must be age-appropriately immunized to attend school in New York State. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the "[ACIP-Recommended Child and Adolescent Immunization Schedule](#)." Doses received before the minimum age or intervals shown on the schedule are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in gradeless classes must meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Pre-Kindergarten (Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) ²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older and the series was started at less than 1 year of age or 3 doses if 7 years or older and the series was started at 1 year or older		3 doses
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap) ³		Not applicable		1 dose given after age 10 years
Polio vaccine (IPV/OPV) ⁴	3 doses		4 doses or 3 doses if the 3rd dose was received at 4 years or older	
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose		2 doses	
Hepatitis B vaccine ⁶	3 doses		3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart and between the ages of 11 years through 15 years	
Varicella (Chickenpox) vaccine ⁷	1 dose		2 doses	
Meningococcal conjugate vaccine (MenACWY) ⁸		Not applicable	Grades 7, 8, 9, 10 and 11: 1 dose	Grade 12: 2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses			Not applicable
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses			Not applicable

