



## YDP Norwalk High Youth Development Program 2016-2017

- Strong Academic Support
- Science Component
- English and Math Component
- College Preparation Sessions
- Career Fair
- Recreational Activities
- Wellness and Nutrition
- Community Service
- Scholarships for college bound students
- SAT/PSAT/CAPT Preparation Sessions
- Paid internship or job 3 days per week for high academic performance



**Please e-mail Kyle Heaslip at [heaslipk@norwalkps.org](mailto:heaslipk@norwalkps.org)**

**\*YDP runs from Monday through Thursday from 2:30 PM to 4:40 PM. \***

**\*Bus transportation is provided to students and will leave Norwalk High School at 4:40 PM\***

Norwalk High School Program Application 2016-2017

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

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Gender:  Male  Female

Grade: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell# \_\_\_\_\_

Does your child receive free or reduce lunch?  Yes  No

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ Phone \_\_\_\_\_

Any medical alerts or allergies:  Yes  No If yes explain: \_\_\_\_\_

**\*Transportation\***

**My son or daughter will:**

\_\_\_ Take the Bus: (Please provide bus stop cross streets) \_\_\_\_\_

\_\_\_ Walk

\_\_\_ Be picked up (**Must be picked up at 4:30 PM**)

**\*Permission for Medical Treatment & Health Records\***

I (**Parent/Guardian Name**) \_\_\_\_\_, hereby grant permission to The Carver Foundation of Norwalk Inc, for my child (**Name of Child**) \_\_\_\_\_ to be transported to the nearest hospital for treatment should a medical emergency arises.

I give permission for the health records of my child to be released to the Carver Foundation of Norwalk, Inc. for the purpose of my child participating in its programs.

I further authorize the nearest hospital to provide any medical treatment or surgical treatment, including administration of medication, immunizations and anesthesia, considered necessary or advisable by a physician for the above named child.

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

**Doctor's Name:** \_\_\_\_\_

**Doctor's Phone:** \_\_\_\_\_

NHS/Carver High Youth Development Program 2016-2017

**\*Photography Authorization\***

I (**Parent/Guardian Name**) \_\_\_\_\_, hereby grant permission to the Carver Foundation of Norwalk, Inc. to authorize photography of **me (or my child)** \_\_\_\_\_ as deemed appropriate for education, scientific or news media purposes.

I further authorize and consent to the use of the photographs, films, or video tape recordings in any educational program, publication or electronic medium, and release the Carver Foundation of Norwalk, Inc. from any responsibility thereof.

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

**\*Records Release\***

I, (**Name of Parent/Guardian**) \_\_\_\_\_, give permission for the Academic records of my child (**Name of child**) \_\_\_\_\_, to be released to the authorized staff of the Carver Foundation of Norwalk, Inc. to aid in the overall educational development of my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**WRITTEN PARENT CONSENT**  
**For TRANSFER OF CONFIDENTIAL INFORMATION**

DATE: \_\_\_\_\_ School: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

I hereby request the Public Schools, to release the following confidential information to The Carver Foundation of Norwalk, Inc. staff regarding my child. My child is currently enrolled in the after school program at Norwalk High School.

Student Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_ School Performance Report from Teacher or Guidance Counselor

\_\_\_\_ Standard Test Scores

\_\_\_\_ Transcript and cumulative Record Data

\_\_\_\_ Others as Specified \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# NHS/Carver High Youth Development Program 2016-2017

## COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

### Household Information Sheet

This information is required in order to determine eligibility for assistance under a federally-assisted program. The responses on this form will be used for eligibility decisions and statistical purposes only and will otherwise be held strictly confidential. **PLEASE ANSWER ALL QUESTIONS.**

Name of Head of Household:	
Street Address (No P.O. Boxes):	
Head of Household's Age:	<input type="checkbox"/> Under 62 years <input type="checkbox"/> Over 62 years
Number of persons in household, including head of household:	
Age youngest person in household:	Years old
Gender of Head of Household:	<input type="checkbox"/> Male <input type="checkbox"/> Female
IS HEAD OF HOUSEHOLD HANDICAPPED? **If yes, please note type of disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ETHNICITY AND RACE OF HEAD OF HOUSEHOLD: <b>Race:</b>	
<b>Ethnicity:</b>	<input type="checkbox"/> Black <input type="checkbox"/> White
<input type="checkbox"/> Latino/a	<input type="checkbox"/> Asian <input type="checkbox"/> Other _____
<input type="checkbox"/> Non-Latino/a	<input type="checkbox"/> Native Hawaiian/Pacific Islander

### Annual Household Income

Source of Income	Annual Income
(Employer, Agency, Public Assistance or Individual Who Pays Member of Household)	

Please list gross annual income and source of income for all persons living in the household who are over the age of 16 and not in school.

**CERTIFICATIONS:** I hereby certify that the information on this form is complete and correct to the best of knowledge. I also hereby authorize the Redevelopment Agency of the City of Norwalk to verify any and all income information provided on this form.

Signature, Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

INCOME CATEGORY <input type="checkbox"/> Extremely Low Income <input type="checkbox"/> Low Income <input type="checkbox"/> Moderate Income <input type="checkbox"/> Over Income
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# Norwalk High School PAYMENT VOUCHER

NAME \_\_\_\_\_

Location: **Norwalk High School**

Name of Student(s) \_\_\_\_\_

Check the one that applies:

Option 1 - 1 payment of \$240 - Full year (Payment due September 10<sup>th</sup>)

Option 2 – 2 payments of \$120 – Two partial payments (Payment due in beginning of the program and during mid-year)

\*There is a \$50 fee for each additional student at any program. For example, if you have two children, your full year payment would be \$290.\*

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Checks or Money order only **(NO CASH)**

Please e-mail [heaslipk@norwalkps.org](mailto:heaslipk@norwalkps.org) to verify that you have sent the payment to the Carver Foundation of Norwalk. You can also bring in your payment to Norwalk High School.

Please make checks payable to:

Carver Foundation of Norwalk  
7 Academy Street | Norwalk, CT 06850

**INCLUDE THIS FORM WITH YOUR PAYMENT**