



BASP APPLICATION

Youth Empowerment Zone | 1550 N. Clinton Ave, Rochester, NY 14621 | www.yezkids.org



PARTICIPANT INFORMATION

Child's Full Name _____
FIRST MIDDLE LAST

Age: _____ D.O.B. ____/____/____ Gender: Female or Male Primary Language: _____

Grade in Sept. 2025: _____ School: _____

Classroom #: _____ Teacher Name: _____

Day's Attending Program: Monday Tuesday Wednesday Thursday Friday

Mailing Address _____

Apt #: _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Email Address: _____

Demographics (info used for demographic analysis only): Check all that apply:

- ☐ Hispanic/Latino
- ☐ African American
- ☐ Asian or Pacifica Islander
- ☐ Alaskan Native/American Indian
- ☐ Caucasian/White
- ☐ Mix
- ☐ Other

PARENT/GUARDIAN INFORMATION

Guardian Full Name #1 _____
FIRST MIDDLE LAST

Email Address: _____ @ _____

Cell Phone (_____) _____ Work Phone (_____) _____

Home Phone (_____) _____ Primary Language: _____

Guardian Full Name #2 _____
FIRST MIDDLE LAST

Email Address: _____ @ _____

Cell Phone (_____) _____ Work Phone (_____) _____

Home Phone (_____) _____ Primary Language: _____



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EMERGENCY CONTACT INFORMATION

Please list two (2) contacts not already listed on this form to be contacted if the parents/guardians cannot be reached.

Full Name #1 _____
FIRST MIDDLE LAST

Relation To Child _____ Primary Language: _____

Cell Phone (_____) _____ Work Phone (_____) _____

Home Phone (_____) _____

Full Name #2 _____
FIRST MIDDLE LAST

Relation To Child _____ Primary Language: _____

Cell Phone (_____) _____ Home Phone (_____) _____

AUTHORIZED PICK-UP FORM

If anyone else will be picking up your child, it is imperative that you notify the Program Coordinator or your child's teachers in writing, on or before the day of occurrence. The YEZ shall not release a child to anyone who is not authorized in writing to pick up and who does not have picture identification. No child will be released to any person younger than 16 years of age.

NAME	RELATIONSHIP	PHONE NUMBER
	Parent/Guardian	
	Parent/Guardian	

I understand that no one else will be allowed to pick up my child unless I notify the Youth Empowerment Zone in advance, in writing. This person will be asked for their ID for verification. I also understand that my child must be picked up by dismissal time.

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____



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SOCIAL AND PHYSICAL DEVELOPMENT

Describe how your child gets along with other children: _____

How does your child respond to new situations and people? _____

What makes your child angry or upset? _____

What makes your child happy? _____

How does your child show his/her feelings? _____

How does your child like to be comforted? _____

Child's Interests

First tell us about your child's favorite activities to do in his/her free time. Check activities your child enjoys and then list examples of your child's most favorite activities in the space provided below.

- ☐ Arts & Crafts
- ☐ Board & Table Games
- ☐ Building Things
- ☐ Cooking
- ☐ Dancing
- ☐ Drama
- ☐ Exploring Nature
- ☐ Listening to Music
- ☐ Playing a Musical Instrument
- ☐ Reading
- ☐ Socializing
- ☐ Swimming/Water Activities
- ☐ Singing
- ☐ Sports & Outdoor Games
- ☐ Video Games
- ☐ Working on a Hobby (*List below*) _____
- ☐ Other (*List below*) _____

Please check all characteristics that describe your child:

- ☐ Tires Easily
- ☐ Full of Energy
- ☐ Lacks Pep
- ☐ Shy
- ☐ Gets into arguments easily
- ☐ Friendly
- ☐ Gets bored easily



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HEALTH AND BACKGROUND INFORMATION

PLEASE COMPLETE THE MEDICAL AND BACKGROUND INFORMATION BELOW

Diagnosed behavioral or emotional issue?	Yes	No	If Yes, Please specify:
Asthma	Yes	No	If Yes, Please specify:
If yes, does it require an EpiPen	Yes	No	If Yes, Please specify:
Chronic or Recurring Illness	Yes	No	If Yes, Please specify:
Corrective Device(s) (ex. Glasses/Contact, Orthopedic Brace)	Yes	No	If Yes, Please specify:
Medications Taken?	Yes	No	If Yes, Please specify:
Limited English Proficiency?	Yes	No	If Yes, Please specify:
Is English the primary language spoken In your home?	Yes	No	If No, what language is primarily spoken?

Is your child able to fully participate in all aspects of the program (swim, gym, etc?) if not please specify restrictions:

Does your child get any extra help in school? Yes _____ No _____

If so, what help does he/she receive? _____

Is your child currently receiving services through early intervention (EI) or (CPSE)?

if services are provided, please share copies of IEP and evaluation.



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PERMISSION FORM

I hereby grant permission for my child to use all equipment and participate in all activities of the Youth Empowerment Zone.

I give my child permission to go on any school trips and/or daily park trips with the Youth Empowerment Zone-Afterschool Program, located at 1550 N. Clinton Ave, Rochester, NY 14621 by means of walking, on any given school day for the School Year of 2024-2025.

Should it be necessary, I give permission for my son/daughter to receive emergency medical and or surgical treatment while in the care and custody of the Youth Empowerment Zone Afterschool staff while he/she is in the program and on any trips. (Parents will be reached by telephone if any medical treatment is required)

Lastly, I fully understand that my child is responsible for his/her possessions. I have read, signed, and agreed to the registration requirements.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Child's Name: _____ Age: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

EMERGENCY AUTHORIZATION: I understand that in the event of an emergency affecting my child while participating in a YEZ program, a designated employee of the YEZ will attempt to contact me and inform me as soon as possible. In the event I cannot be reached, I hereby give permission for my child to be treated or hospitalized by a licensed physician or hospital selected by the YEZ.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Relationship: _____ Phone # (_____) _____



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PROPER CONDUCT AGREEMENT

The YEZ is a safe and secure place where young people learn about themselves and others, where they explore their options and discover new ideas, where young people are challenged and encouraged to become strong individuals. At the YEZ great pride is made known in the continuous display of the YEZ four core values of caring, respect, responsibility, and honesty by all our members, visitors, and staff.

This Code of Conduct is put in place to guarantee a supportive space for all to enjoy, feel safe and reach their highest potential.

The following list of unacceptable behavior is subject to unilateral change by the YEZ management at any time and is by no means exhaustive in nature. Nor does this mean that any behavior that is not included on this list, but which is clearly detrimental to the YEZ, our participants or other staff will be considered acceptable.

1. Mistreatment of other participants, staff, or volunteers. This includes staff that do not work with the after-school program.
2. Racial, ethnic, bias or any other form of harassment in any form towards the public, participants or staff.
3. The damage, loss or destruction of YEZ After-School program property, or the possessions of staff, volunteers or participants due to a willful or careless act, including graffiti.
4. Theft or dishonesty.
5. Fighting, swearing or abusive language while in the YEZ After-School program or on a trip.
6. Breaking the law of committing an unlawful act in association with the YEZ.
7. Violation of any commonly acceptable or reasonable rules of responsible conduct.
8. All other rules developed by the YEZ.
9. Leaving the YEZ After-School Site premises without permission or going into areas where a staff member is not present to monitor the participant's behavior.
10. Refusing to follow check in and check out procedures.

By signing this form below, you acknowledge and agree to the policies laid out in this document and agree to follow and obey them. I have discussed this form with my child, and he or she knows and agrees to follow all these rules.

Child's Name _____

Child's Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____



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STANDARD RELEASE FORM

From time to time, the Youth Empowerment Zone (the “YEZ”) takes pictures or records videos of members and non -members participating in YEZ programs, using its facilities, or attending one of its special events. Additionally, the YEZ may permit members of the media (the “Media”) to take such pictures or record such videos to promote the YEZ’s charitable mission and for other journalistic purposes.

The individual person named below is signing this Release for the purposes of allowing the YEZ and the Media to use one or more such photographs, video recordings, and/or sound recordings (collectively, “Recordings”) of such person for any purpose consistent with the YEZ’s charitable mission, which includes, but is not limited to, the YEZ or the Media publishing such Recordings in newspapers, web sites, and other print or electronic publications, on television, or on the radio. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 18, a parent or guardian of such person must sign on such person’s behalf.

1. I agree that I am willing to be photographed, filmed, or otherwise recorded by the YEZ, its contractors, and the Media, either individually or as part of a group Recording, which may include my image, likeness, and/or voice. I further agree that my name may be used to identify me as a subject of any Recordings featuring my image, likeness, and/or voice.
2. I understand that the YEZ will own all rights in the Recordings of me that the YEZ or a YEZ contractor takes or records (“YEZ Recordings”), and that the YEZ will have the exclusive right to use, or allow others to use, such YEZ Recordings in any medium for any purpose consistent with the YEZ’s charitable mission.
3. I understand that the Media will own all rights in the Recordings of me that the Media takes or records (“Media Recordings”), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.
4. I understand that I am waiving all rights that may preclude the YEZ’s or the Media’s use of the Recordings as described above.
5. I acknowledge that neither the YEZ nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.
6. I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings of me.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____

Email Address: _____ @ _____

Mailing Address _____

Apt #: _____ City _____ State _____ Zip _____

Child’s Name: _____ Age: _____