

Public Health Management Corporation
Out-of-School Time Project

Consent to Collect Information
July 1, 2015 to June 30, 2016

Agency Name

Program Location and Model

Purpose:

The City of Philadelphia's Department of Human Services (DHS) funds over 200 after-school programs through the Out-of-School Time (OST) program. The City has a contract with Public Health Management Corporation (PHMC). PHMC manages the OST program your child attends. When you enroll your child in OST, PHMC will collect information from you to help manage the program. If you agree, we will also ask you and your children questions about OST to make the program better.

Process:

When you sign-up for an OST program, PHMC will ask you some questions about your child, such as his name, age and address. You will complete this information on the program's registration forms. This information will be entered into a database at PHMC. Staff at PHMC and the City will be able to see this information and use it to improve the OST program. OST staff may also visit the program and talk to your child about being at that program. This is a basic part of OST for every child and every after-school site.

To learn more about your experience with OST, PHMC may ask you and your child to complete short surveys. These surveys will be given at the start and at the end of the school year during regular after-school time. The survey will ask questions about what you and your child think about the program.

Information Privacy and Sharing:

The information that we collect about your child will not be shared with anyone outside of the OST program. All of the information is stored in a database that is protected by a password. Only approved staff at PHMC or the City can see the information.

We will never share any single child's answers. We will only share results from the survey for the OST program as a whole.

Voluntary Surveys:

You can decide if you want your child to participate in the OST surveys. You can decide not to participate. This will not in any way affect your child's chance to enroll in the program.

Questions:

If you have any questions about this form, you may contact: Rachel Viddy at PHMC, 215-825-8201 or ost@phmc.org.

PLEASE CHECK ONE OF THE BOXES and SIGN BELOW:

- Agreement to Participate:** I have read and understand this form. I agree to allow my child to answer the surveys.
- Refusal to Participate:** I have read and understand this form. I do NOT give permission for my child to answer the surveys.

Child's Name

Parent/Guardian's Name

Parent/Guardian's Signature

Date