

BRANCH: _____

SITE: _____

DATE: / /

PARTICIPANT INFORMATION

Child's Full Name: _____

FIRST

MIDDLE

LAST

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

School _____

Classroom #: _____ Teacher Name: _____

Mailing Address _____

Apt.# # _____ City _____ State _____ Zip _____

Home Phone (____) _____ Email Address _____

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

- Hispanic/Latino Black or African American Asian or Pacific Islander American Indian/Alaskan Native
 Caucasian/White Mix Other _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian Registering Child: _____

Email Address: _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Primary Language: _____

Name of Parent/Guardian 2: _____

Email Address: _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Primary Language: _____

EMERGENCY CONTACT INFORMATION

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

Name _____ Relation _____

Primary Language: _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Email Address: _____

Name _____ Relation _____

Primary Language: _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Email Address: _____

AUTHORIZED PICK-UP FORM

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

The following person/s is 16 or older and will be allowed to pick up my child from the from South Shore YMCA Program @ P.S.39:

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 YMCA Afterschool Director in advance, or 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

NAME OF PERSONS NOT AUTHORIZED TO PICK UP YOUR CHILD

NAME	RELATIONSHIP	PHONE NUMBER

My child may go home without an escort at the end of the day. (My child is ten years of age or older.):

Yes No

Parent/Guardian Name

Parent/Guardian Signature

Date

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?

Info About Your 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.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Sports & Outdoor Games | <input type="checkbox"/> Board & Table Games | <input type="checkbox"/> Dancing | <input type="checkbox"/> Video Games |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Singing | <input type="checkbox"/> Listening to Music | <input type="checkbox"/> Exploring Nature |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Socializing | <input type="checkbox"/> Play Acting | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Swimming/Water Activities | <input type="checkbox"/> Playing a Musical Instrument | <input type="checkbox"/> Building Things | |
| <input type="checkbox"/> Working on a Special Hobby (List Below) | | <input type="checkbox"/> Other (List Below) | |

Is there anything else your child loves to do?

Please check all characteristics that describe your child :

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Tires easily | <input type="checkbox"/> Full of energy | <input type="checkbox"/> Lacks pep | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Gets into arguments easily | <input type="checkbox"/> Friendly | <input type="checkbox"/> Gets bored easily | <input type="checkbox"/> Needs encouragement |

Other characteristics to describe your child:

YMCA OF GREATER NEW YORK Y AFTERSCHOOL REGISTRATION FORM 2019-2020

OFFICE USE ONLY:

AS400 MEMBER ID # _____

DATE ENTERED in AS400 _____

DATE ENROLLED IN YOUTH SERVICES.NET _____

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: _____

Allergies 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: _____

Conditions that Require Activity to be Restricted Yes No If Yes, Please specify: _____

Corrective Device(s) Yes No If Yes, Please specify: _____
(ex. Glasses/Contacts, Orthopedic Brace)

Medications Taken? Yes No If Yes, Please specify: _____

Limited English Proficiency? Yes No

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 programs (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 get? _____

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

If services are provided please share copies of IEP and evaluation.

PERMISSION FORM

South Shore YMCA
P.S.39
71 Sand Land
Staten Island, NY 10305

I hereby grant permission for my child to use all equipment and participate in all activities of the South Shore YMCA Y-Afterschool Program.

I hereby give permission to my child _____, who was born on _____, to go on **any school trips and/or daily park trips** with the **P.S.39 Y-Afterschool Program, located at 71 Sand Lane** by means of walking, on any given school day for the School Year of 2019-2020.

Should it be necessary, I give permission for my child to receive emergency medical and or surgical treatment while in the care and custody of the P.S.39 Y 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 their possessions. I have read, signed, and agreed to the registration requirements.

Child's Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

STANDARD RELEASE FORM

From time to time, the YMCA of Greater New York (the "YMCA") takes pictures or records videos of members and non-members participating in YMCA programs, using its facilities, or attending one of its special events. Additionally, the YMCA may permit members of the media (the "Media") to take such pictures or record such videos in order to promote the YMCA's charitable mission and for other journalistic purposes.

The individual person named below is signing this Release for the purposes of allowing the YMCA 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 YMCA's charitable mission, which includes, but is not limited to, the YMCA 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.

I agree that I am willing to be photographed, filmed, or otherwise recorded by the YMCA, its contractors, and the Media, either individually or as part of a group Recording, which may include my image, likeness, and/or voice. Further agree that my name may be used to identify me as a subject of any Recordings featuring my image, likeness, and/or voice.

I understand that the YMCA will own all rights in the Recordings of me that the YMCA or a YMCA contractor takes or records ("YMCA Recordings"), and that the YMCA will have the exclusive right to use, or allow others to use, such YMCA Recordings in any medium for any purpose consistent with the YMCA's charitable mission as determined by the YMCA.

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.

I understand that I am waiving any and all rights that may preclude the YMCA's or the Media's use of the Recordings as described above.

I acknowledge that neither the YMCA nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.

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

Child's Name (printed)

Name of Parent/Guardian

Mailing Address

Phone Number (optional)

Email

YAS SUPPLEMENTAL REGISTRATION FORMS

Dear Parent/Guardian:

Please initial each statement below to indicate your permission for the indicated activity. If you wish to deny permission for the activity do not initial.

- _____ 1. I grant permission for my child to participate in the program run by the YMCA of Greater NY.
- _____ 2. I grant permission for my child to participate in all related activities and events.
- _____ 3. I grant permission for my child to leave the school/branch premises under adequate supervision by YMCA staff for neighborhood walks or trips within the five boroughs. It is my understanding that these trips may be taken during after school hours without further consent from me.
- _____ 4. I grant permission for my child to travel home alone from YMCA Program and events at _____ P.M. Child must be aged 10 or above. (Please specify latest time child may travel home alone. _____)
- _____ 5. I allow for Y advisors to give consent for emergency professional medical treatment if instant action is needed or if the emergency contact person cannot be reached.
- _____ 6. I grant permission to the YMCA to survey my child in order to evaluate the programs. Survey tools may include focus groups and parent surveys.
- _____ 7. I grant permission to the YMCA to collect copies of my child's report card or obtain updates from their school or teacher in order to help guide my child's success in academics.
- _____ 8. I grant permission for my child to be in photographs or videos to be utilized for the YMCA of Greater New York.

Childs Name- Please Print

YMCA Program Site

Parent/guardian name (please print)

Parent guardian signature

Date

PROPER CONDUCT AGREEMENT

CHILD'S LAST NAME: _____ CHILD'S FIRST NAME: _____

The YMCA 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 YMCA great pride is made known in the continuous display of the YMCA's four core values of caring, respect, responsibility and honesty by all of 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 YMCA 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 YMCA, 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 YMCA 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 YMCA After-School program or on a trip.
6. Breaking the law of committing an unlawful act in association with the YMCA.
7. Violation of any commonly acceptable or reasonable rules of responsible conduct.
8. All other rules developed by the YMCA.
9. Leaving the YMCA 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 of these rules.

Childs Name- Please Print

YMCA Program Site

Parent/guardian name (please print)

Parent guardian signature

Date

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?

Info About Your 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.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Sports & Outdoor Games | <input type="checkbox"/> Board & Table Games | <input type="checkbox"/> Dancing | <input type="checkbox"/> Video Games |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Singing | <input type="checkbox"/> Listening to Music | <input type="checkbox"/> Exploring Nature |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Socializing | <input type="checkbox"/> Play Acting | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Swimming/Water Activities | <input type="checkbox"/> Playing a Musical Instrument | <input type="checkbox"/> Building Things | |
| <input type="checkbox"/> Working on a Special Hobby (List Below) | <input type="checkbox"/> Other (List Below) | | |

Is there anything else your child loves to do?

Please check all characteristics that describe your child: :

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Tires easily | <input type="checkbox"/> Full of energy | <input type="checkbox"/> Lacks pep | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Gets into arguments easily | <input type="checkbox"/> Friendly | <input type="checkbox"/> Gets bored easily | <input type="checkbox"/> Needs encouragement |

Other characteristics to describe your child:

**PERMISSION FORM FOR PARTICIPANT WITH PRESCRIPTION
INHALERS AND/OR EPI-PENS TO SELF MEDICATE**

Branch: _____
Site: _____
Date: _____

Child's Name: _____ has been instructed in the proper use of the (name of medication) _____.

We request that the child named above be permitted to carry his/her own inhaler/epi-pen medication and have the medication kept in his/her backpack.

Inhalers and Epi-Pens: My child has been instructed in the proper procedure for self-medication and is competent enough to assume the responsibility of self-administering his/her medication as required and under the proper method and frequency of use of this medication as prescribed my child's physician. I further understand that my child's physician has given consent for my child to self-administer this medication.

INHALERS: _____ I request that my child be permitted to carry his/her prescribed inhaler at afterschool. I certify that my child has been instructed and is capable of proper self-administration of the medication. I understand that if my child is using this medication unsafely, irresponsibly or fails to keep it out of reach from other participants, the Site Director will follow up immediately with the family and will request a meeting to address improper use. I understand that South Shore YMCA Y-Afterschool Program @ P.S.39 is not responsible for lost, stolen, or improperly discharged medication.

EPI-PENS: _____ I request that my child be permitted to carry his/her prescribed epi-pen at afterschool. I certify that my child has been instructed and is capable of proper self-administration of the medication. I understand that if my child is using this medication unsafely, irresponsibly or fails to keep it out of reach from other participants, the Site Director will follow up immediately with the family and will request a meeting to address improper use. I understand that South Shore YMCA Y-Afterschool Program @ P.S.39 is not responsible for lost, stolen, or improperly discharged medication.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

YMCA OF GREATER NEW YORK Y AFTERSCHOOL REGISTRATION FORM 2019-2020

HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS

(This side to be filled in by parent/guardian)

The purpose of this health record is to provide the staff with pertinent information, which will help to serve the needs of this child in YMCA programs.

Name of Program: _____

Child's Last Name: _____ Child's First Name: _____

Birthdate: ____/____/____

Sex: Male Female

Home Address: _____

Parent/Guardian: _____ Phone: (____) _____

Place of Employment: Parent/Guardian #1: _____ Work Phone: (____) _____

Parent/Guardian #2: _____ Work Phone: (____) _____

In case of emergency, notify: _____ Phone: (____) _____

If Parent, Guardian are not available in an emergency, notify: _____

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance? Yes No

If yes, state type of exposure: _____

HEALTH HISTORY: (Check, giving approximate dates)

Ear Infection: _____ Hay Fever: _____ Measles: _____

Rheumatic Fever: _____ Ivy Poisoning, etc.: _____ German Measles: _____

Convulsion: _____ Insect Stings: _____ Mumps: _____

Diabetes: _____ Penicillin: _____ Other Contagious Illnesses: _____

Behavior: _____ Other Drugs: _____

Asthma: _____ Chicken Pox: _____

Other Past Illnesses: _____ Appliance worn (glasses, contacts, etc.): _____

Operations or Serious Injuries (Dates): _____ Hospitalization (Dates): _____

Chronic or Recurring Illness: _____ Medication taken: _____

Any specific activities to be encouraged? Conditions that require activity to be restricted?: _____

Any restrictions on swimming? _____

Permission for all program activities unless otherwise noted by doctor: _____

Suggestion from Parent/Guardian: _____

Special Diet: _____ | Is parent/guardian sending special medicine?: _____

IMMUNIZATION HISTORY: This is a record of dates of basic immunization and most recent booster doses.

DTaP/Tdap/DTP/Td Date: _____ Date: _____ Date: _____ Date: _____ Date: _____

Polio Date: _____ Date: _____ Date: _____ Date: _____ Date: _____

MMR Date: _____ Date: _____ Date: _____ Date: _____ Date: _____

Haemophilus influenzae

type B (Hib) Date: _____ Date: _____ Date: _____ Date: _____ Date: _____

Hepatitis B Date: _____ Date: _____ Date: _____ Date: _____ Date: _____

Varicella Date: _____ Date: _____ Date: _____ Date: _____ Date: _____

Other: Date: _____ Date: _____ Date: _____ Date: _____ Date: _____

Other: _____ Date: _____ Date: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the New York City's YMCA staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Signature: _____ Relationship: _____

Date: _____ Phone: (____) _____