



YMCA of Greater NY - Greenpoint YMCA
Confidential Child Information Form
SEPARATION ENRICHMENT CLASSES

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GENERAL INFORMATION

Session: Fall I 2023 Fall II 2023 Winter 2024 Spring I 2024
 Spring II 2024

Date: _____

Child's Given Name (First and Last) _____

Name Child Likes to be Called _____ Date of Birth _____

Home Address _____ Home Phone _____

First Parent/Guardian Name _____

Home Address: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Business Address: _____ Business Phone: _____

Occupation: _____

Second Parent/Guardian Name _____

Home Address: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Business Address: _____ Business Phone: _____

Occupation: _____

Others to be called in Case of Emergency
(These should be people who live in or close to NYC)

1st Choice

2nd Choice

Name _____ Name _____

Address _____ Address _____

Phone Number (s) _____ Phone Number (s) _____

Relationship to child _____ Relationship to child _____



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HEALTH

Does your child have any food or medical allergies? (Juice, nuts, milk, chocolate, etc.)

Does your child take medication? (If so, please list them and how often)

Has your child had any serious injuries, illness or corrective procedures? Describe (giving dates and specifics):

Has your child been hospitalized? Describe (giving dates and specifics of hospitalization):

Is your child currently receiving medical treatment? Describe (please be specific):

Is your child able to fully participate in all aspects of the programs? If not, please specify restrictions:

Does your child have any special fears or phobias? Describe:



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GETTING TO KNOW YOUR CHILD

What is the primary language spoken in your home? _____

What languages does your child speak? _____

What is your child's favorite story (book)? _____

What is your child's nursery song (music)? _____

What is your child's favorite activity to do alone or with their family? _____

Does your child like Art? Messy Art? _____

Is your child toilet trained? _____ Accidents? _____

Does your child wet at night? _____ At nap? _____

Bathroom words used by your child _____

Any specific problems or concerns that your child has about going to the bathroom?

Does your child take a nap? _____

How has your child handled separating from you (in school, babysitting, camp, etc.) and what things do you say or do to ease the separation?

Briefly describe your child's personality and temperament:

Is there anything about his/her behavior that you feel is unique or important for us to know about?



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PEDIATRICIAN INFORMATION

Pediatrician's Name: _____

Pediatrician's Address: _____ Phone Number: _____

INSURANCE INFORMATION

Primary Holder: _____

Insurance Company: _____

Insurance Number: _____

IF NEITHER PARENT CAN BE REACHED, PLEASE CALL: (You must list someone other than the parents/guardians)

Name _____ Phone () _____

Relationship _____

Name _____ Phone () _____

Relationship _____

I do hereby give authority to the Greenpoint Y to obtain necessary emergency medical treatment for my child with the understanding that the parent/guardian and child's pediatrician will be notified as soon as possible.

Parent Signature _____ Date _____



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EMERGENCY AUTHORIZATION/ CONSENT

The YMCA supplies secondary coverage insurance. If your child is injured while participating in a YMCA program and needs outside attention, the YMCA will pay only the portion of the bill that your insurance does not cover.

I understand that in the event of an emergency affecting my child while participating in a YMCA program, a designated employee of the YMCA 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 by a medical professional or hospitalized by hospital selected by the YMCA.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Child's Name: _____ Date: _____ Phone: _____



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**GREENPOINT YMCA
AUTHORIZATION FOR PICK UP**

The following people that are listed below are authorized to pick up my child _____
from the Greenpoint YMCA.

If anyone else will be picking up your child, it is imperative that you notify the Greenpoint YMCA or your child's instructors in writing, on or before the day of occurrence. The Y 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 under 18 years of age.

Parent/Guardian Name (Mother) _____

Parent/Guardian Name (Father) _____

(Please indicate if Mother and Father are authorized to pick up the child by placing a check in the box.)

<i>Name of Person</i>	<i>Relationship to Child</i>	<i>Signature</i>
1.		
2.		
3.		
4.		
5.		

(The YMCA of Greater New York retains the right to require picture identification from anyone picking up your child)

Secret Password for Authorization _____

I understand that only I, or the people listed as authorized pick-ups, may pick up my child. I also understand that my child must be picked up by dismissal time.

(If a child has not been picked up by closing time, it is the responsibility of the instructor to attempt to contact the parents and every authorized pickup person listed on this form. If no contact can be made to arrange a pick up, authorities must be notified. If these authorities are also unable to make contact, the child must be cared for as directed by these authorities. The staff is not permitted to remove the child from the Y and provide care in their home or at any other location.)

Parent/ Guardian Name: (please print) _____

Parent/ Guardian Signature: _____ Date: _____



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**GREENPOINT YMCA
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.

1. 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. 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 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.
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 any and all rights that may preclude the YMCA's or the Media's use of the Recordings as described above.
5. 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.
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 Name: _____ Parent/Guardian Name: _____

Child's Name: _____ Date: _____ Phone: (_____) _____

Email (optional): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

