

# YMCA OF GREATER NEW YORK Y AFTERSCHOOL REGISTRATION FORM 2024-2025

**BRANCH: GREENPOINT YMCA**

**DATE / /**

## PARTICIPANT INFORMATION

Child's Full Name: \_\_\_\_\_

FIRST

MIDDLE

LAST

Age: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Grade in Sept. 2024: \_\_\_\_\_ School: \_\_\_\_\_

Classroom #: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Days attending: M T W Th F

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: \_\_\_\_\_

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## 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 YMCA 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.

The following person/s is 16 or older and will be allowed to pick up my child from the from Greenpoint YMCA Programs:

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 Greenpoint YMCA 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

### 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

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## SOCIAL AND PHYSICAL DEVELOPMENT

Describe how your child gets along with other children:

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How does your child respond to new situations and people?

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What makes your child angry or upset?

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What makes your child happy?

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How does your child show his/her feelings?

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How does your child like to be comforted?

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### 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) |   |

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Is there anything else your child loves to do?

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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:

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# YMCA OF GREATER NEW YORK Y AFTERSCHOOL REGISTRATION FORM 2024-2025

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 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 get? \_\_\_\_\_

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 Greenpoint YMCA.

I give my child permission to go on any school trips and/or daily park trips with the Greenpoint Y-Afterschool Program, located at 99 Meserole Avenue, Brooklyn, NY 11222 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 Greenpoint YMCA 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

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 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 or hospitalized by a licensed physician or hospital selected by the YMCA.

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

Parent/ Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_

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## SCHOOL PICKUP CONSENT FORM

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Class #: \_\_\_\_\_

I hereby grant permission for the YMCA staff to pick up and escort my child from (print school name) \_\_\_\_\_ to the Greenpoint YMCA Afterschool site during the 2024-2025 School

Year. I understand that my child will be walking under the proper supervision of YMCA staff to the afterschool site.

I understand that school dismissal takes place at 2:20pm and that my child is expected to arrive at the afterschool site between 3:00pm and 3:30pm.

I will inform the Site Director/Coordinator if my child is absent during day school and won't need to be picked up.

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

Parent/ Guardian Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

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## **PROPER CONDUCT AGREEMENT**

CHILD'S 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 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 these rules.

Childs Name: \_\_\_\_\_ Child's Signature: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ YMCA Program Site: \_\_\_\_\_

## 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email (optional): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_