



YMCA of Greater NY – Greenpoint Y  
Confidential Child Information Form  
2025-2026 School Year

YMCA OF GREATER NEW YORK  
Where there's a Y, there's a way.

GENERAL INFORMATION

Date: \_\_\_\_\_

**Child's Given Name** (First and Last) \_\_\_\_\_

Name Child Likes to be Called \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

**First Parent/Guardian Name** \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Second Parent/Guardian Name** \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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.) If yes, do they require an Epi-pen.

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

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

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

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

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Is your child able to fully participate in all aspects of the programs (dance, gym, etc.?) If not, please specify restrictions:

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

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**HOME INFORMATION**

The following information will be kept confidential. Knowing some information about a child's home life can be very useful in helping us to address each child's needs. Please be as thorough as possible.

With whom does the child live? \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_

What languages does your child speak? \_\_\_\_\_

Other members of household (other than parents and siblings):

Siblings Name(s): \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**SOCIAL AND PHYSICAL DEVELOPMENT**

Will your child play contentedly by him/herself? \_\_\_\_\_

For how long? \_\_\_\_\_

Does your child have regular playmates? \_\_\_\_\_ Ages: \_\_\_\_\_

Where does he/she usually play? \_\_\_\_\_

Has your child had any previous group experiences (school, camp, playgroup, YMCA classes, etc.)? If yes, please describe the type of experience (s) and how your child responded:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you pleased with the previous group experience(s)? \_\_\_\_\_ If not, what would you have liked to occur:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many hours of TV is your child allowed daily? \_\_\_\_\_

Favorite programs? \_\_\_\_\_

What are your child's favorite activities and toys? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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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?

What do you do if your child refuses a particular food? \_\_\_\_\_

\_\_\_\_\_

Does your child eat with the family? \_\_\_\_\_

Does your child sleep through the night? \_\_\_\_\_

If no, why does he/she usually wake up? Does your child take a nap? \_\_\_\_\_

Can your child dress him/herself? \_\_\_\_\_ How far? \_\_\_\_\_

Can your child undress him/herself? \_\_\_\_\_ How far? \_\_\_\_\_

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?

\_\_\_\_\_

\_\_\_\_\_

What benefits do you want your child to derive from the YMCA Early Childhood Program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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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 Director 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 school 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: \_\_\_\_\_

### PERMISSION AND CONSENT FOR ACTIVITIES AND TRIPS

I hereby grant permission for my child \_\_\_\_\_, born on \_\_\_\_\_

- ☐ to use all equipment and participate in all activities at the Greenpoint YMCA Early Childhood Center.
- ☐ to leave the Greenpoint YMCA Early Childhood Center premises, under proper supervision of Greenpoint YMCA staff, for **neighborhood walks, park activities, and any school trips**, on any given day while my child is in attendance. It is my understanding that these trips will be taken over the school year without further consent from me.

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 Flatbush YMCA, and its branches while he/she is on this trip.

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

### SUNSCREEN PERMISSION SLIP

I, the undersigned, give permission for my child \_\_\_\_\_, to wear sunscreen. I understand that I will provide sunscreen with my child's name printed clearly on the bottle. I may apply sunscreen on my child before they come to the Greenpoint YMCA Early Childhood Center.

- ☐ Please allow my child to apply his/her own sunscreen as needed.
- ☐ Please apply sunscreen on my child as needed. The Greenpoint YMCA staff have my permission to apply sunscreen as needed throughout the day.

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



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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 Early Childhood Center during the above noted school year.

If anyone else will be picking up your child, it is imperative that you notify the school's office or your child's teachers in writing, on or before the day of occurrence. The school 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><b>Name of Person</b></i>	<i><b>Relationship to Child</b></i>	<i><b>Signature</b></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 teacher or director 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 school 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): \_\_\_\_\_

Address \_\_\_\_\_

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



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