YMCA OF GREATER NEW YORK Y AFTERSCHOOL REGISTRATION FORM 2026-2027

BRANCH: GREENPOINT YMCA **DATE / /**

PARTICIPANT INFORMATION

Child's Full Name: _____

FIRST MIDDLE LAST

Age: _____ D.O.B. _____/_____/_____ Gender:_____Primary Language: _____

Grade in Sept. 2026: _____ 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: _____

YMCA OF GREATER NEW YORK Y AFTERSCHOOL REGISTRATION FORM 2026-2027

BRANCH: GREENPOINT YMCA **DATE / /**

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 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:

_____

_____

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.

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

_____

_____

Is there anything else your child loves to do?

_____

_____

Please check all characteristics that describe your child::

__ Tires easily	__ Full of energy	__ Lacks pep	__ Shy
__ Gets into arguments easily	__ Friendly	__ Gets bored easily	__ Needs encouragement

Other characteristics to describe your child:

_____

_____

_____

YMCA OF GREATER NEW YORK Y AFTERSCHOOL REGISTRATION FORM 2026-2027

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

YMCA OF GREATER NEW YORK Y AFTERSCHOOL REGISTRATION FORM 2026-2027

BRANCH: GREENPOINT YMCA **DATE / /**

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 2026-2027.

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 : (_____) _____

YMCA OF GREATER NEW YORK Y AFTERSCHOOL REGISTRATION FORM 2026-2027

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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 2026-2027 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: _____

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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: _____