



REGISTRATION FORMS FOR 2019-2020

FEE: \$200.00 per month

HOURS: 2:35pm – 5:30pm

LOCATION:

PS 68 The Port Richmond School for Visionary Learning

1625 Forest Avenue

Staten Island, New York 10302



CONTACT:

South Shore YMCA Phone # 718-447-1191 Ext. 6 Call
after 10:00am Monday - Friday

YMCA OF GREATER NEW YORK Y AFTERSCHOOL REGISTRATION FORM 19-20

BRANCH: _____

SITE: PS 68

DATE / /

PARTICIPANT INFORMATION

Child's Full Name: _____

Grade: _____

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

School _____

Classroom #: _____

Teacher Name: _____

Mailing Address _____

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 N

Caucasian/White Mix Other _____

PARENT/GURADIAN INFORMATION

Name of Parent/Guardian Registering Child: _____

Email Address: _____

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

Name of Parent/Guardian 2: _____

Email Address: _____

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

Cell Phone (____) _____

EMERGENCY CONTACT INFORMATION

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

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 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 PS 60 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 YMCA 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 | | |

Other characteristics to describe your child:

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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) <small>(ex. Glasses/Contacts, Orthopedic Brace)</small>	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 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.

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HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS (To be filled in by parent/guardian)

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: (_____) _____

Important: Has this camper been exposed to any communicable disease during the three weeks prior to Afterschool 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 Dr. _____

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. (An immunization record can be

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attached) (MEDICAL FORM SHOULD BE ATTACHED)

DpaP, DTP or TD	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Polio	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
MMR	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Hemophilus Influenzae type b	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Hepatitis B	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Varicella	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Other:				Date: _____	Date: _____

*****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.

Print Name: _____ Signature: _____

Relationship: _____ Date: _____ Phone: _____
: (_____) _____

PERMISSION FORM

South Shore YMCA

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

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 South Shore Y/PS 68 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.

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