

MCBURNEY Y AFTERSCHOOL AT PS41
SCHOOL YEAR 2017-2018 REGISTRATION FORM



GENERAL INFORMATION

Child Name: _____ Date of Birth: _____

Street Address: _____ City: _____ State and Zip Code: _____

Home Phone: _____

Race/Ethnicity: White Black Hispanic/Latino American Indian Asian Other: _____

Name of Parent/Caregiver #1: _____ Work#: _____

Cell Phone #: _____ Email Address: _____

Name of Parent/Caregiver #2: _____ Work#: _____

Cell Phone #: _____ Email Address: _____

If Parent (s) is/are not available, please contact:

Name: _____ Relation: _____ Cell Phone#: _____

Name: _____ Relation: _____ Cell Phone#: _____

MEDICAL AND SOCIAL HISTORY

Doctor's Name: _____ Phone: _____

Medical Insurance: _____ Policy: _____

Allergies:(medication, Foods, etc.): _____

Please List any Medical Problems, including diagnosis: _____

Is your child currently on any medications, including inhalers? (Please Circle) Yes No If yes, name of medication: _____

If yes, does the medication need to be taken during Y-Afterschool hours? Yes No

If yes, written permission must be submitted by the guardian allowing the child to self administer.

Tell us about a time you were concerned with your child's behavior and how you handled the situation:

Is there anything else that would be helpful for us to know about your child? Please let us know.

(If you would like to discuss something confidential via phone or in person, please contact Pam Navarro 212 912-2309

PLEASE PROVIDE MEDICAL ATTACHED

Please complete both sides of form.

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EMERGENCY RELEASE

I give permission, in the event of an emergency, for first aid to be administered to my child. I understand that this may include transportation by ambulance to the nearest hospital and that every effort will be made to contact me.

Parent/Guardian: _____ Signature: _____ Date: _____
(Please Print)

TRAVEL RELEASE

I give permission for my child to walk, supervised by YMCA staff, from PS41 to the McBurney YMCA for swimming on Fridays or if I arrive to pick up my child after 6:15 any given day. If I arrive for pick up after 6:15PM – I understand my child will be at the Y supervised by staff.

Parent/Guardian: _____ Signature: _____ Date: _____
(Please Print)

AUTHORIZED PICK UP & RELEASE

At dismissal, My child will: (Please circle the one that applies)

- Be picked up by a parent or authorized adult
- Go Home on his/her own (MUST BE OVER 10 YEARS OLD)

Parent/Guardian: _____ Signature: _____ Date: _____
(Please Print)

****Individuals authorized to pick-up your child MUST be listed below and MUST have proper I.D. when picking up your child****
Any individual picking up the child must be at least 18 year of age or older.

Please supply the names and phone numbers of individuals AUTHORIZED to pick your child up from Y-Afterschool

- 1) Name: _____ Contact Number: _____
Relationship: _____
- 2) Name: _____ Contact Number: _____
Relationship: _____
- 3) Name: _____ Contact Number: _____
Relationship: _____
- 4) Name: _____ Contact Number: _____
Relationship: _____
- 5) Name: _____ Contact Number: _____ Relationship: _____
- 6) Name: _____ Contact Number: _____
Relationship: _____

Child's Name: _____

Please complete both sides of form.