

This form is required for your child's participation in 92NY's activities.

Please print all information clearly. Use a separate form for each child.

CHILD'S Last Name		First	Birth Date	
Parent/Guardian 1			Home #	
Street	Apartment #	City	State	Zip Code
Work #	Mobile #			
Employer	Work Address			
Parent/Guardian 2			Home #	
Street	Apartment #	City	State	Zip Code
Work #	Mobile #			
Employer	Work Address			

Emergency Contacts

Must be local person(s) other than the parent/guardian listed above.

1. Name		Relationship to Child		
Home #	Work #	Mobile #		
2. Name		Relationship to Child		
Home #	Work #	Mobile #		
3. Name		Relationship to Child		
Home #	Work #	Mobile #		

Person(s) other than parent(s)/guardian(s) approved to pick up my child from the 92NY afterschool program

If there are more than three people approved to pick up your child, please include the name(s) and other details on a separate sheet of paper.

1. Name		Relationship to Child		
Home #	Work #	Mobile #		
2. Name		Relationship to Child		
Home #	Work #	Mobile #		
3. Name		Relationship to Child		
Home #	Work #	Mobile #		

Parent/Guardian Permissions

Must be local person(s) other than the parent/guardian listed above.

I give The 92nd Street Y permission to use pictures and video of my child for future promotional purposes. YES NO

92NY Afterschool has my permission to distribute my home address and phone numbers to other Afterschool Program families. YES NO

I give my child permission to participate in trip(s) that leave the premises of The 92nd Street Y. YES NO

Parent/Guardian Signature _____ **Date** _____

Please print all information clearly. Use a separate form for each child.

Health & Medical Information

Physician's Name _____ Physician's Phone Number _____

Does your child have medical insurance? Yes No _____ Insurer _____

Member ID/Policy # _____ Group # _____

List all allergies and any action to be taken if child has an allergic reaction: *(Please provide the 92NY Afterschool Program director with necessary allergy medication for your child. Clearly mark all medications with your child's name and the dosage to be administered. Sign medical release below for authorization.)*

Indicate any information pertinent to an existing medical condition or medical history that may require special attention, including a list current medications and dosage that your child takes on a regular basis.

Any specific activities to be encouraged or restricted?

Tell us a bit about your child (continue on another sheet of paper if necessary).

Medical Release

In compliance with New York City Department of Mental Health & Hygiene, no child can be enrolled in the 92NY Afterschool Program without permission for emergency medical treatment. In case of emergency, I hereby authorize the doctor or the hospital to which my child is brought to perform any emergency procedure or operation, to give treatment and the administration of an anesthetic to my child. I understand that I will be called if any emergency occurs.

YES NO

Parent/Guardian Signature _____ Date _____

Parent/Guardian Responsibilities

We understand, from time to time, that new people will pick up your child for one reason or another. Without proper notice, we cannot release your child. In the event that you cannot provide us with a signed letter in advance stating that your child will be picked up by someone other than those names provided on the Emergency Contact Form, you must send an email to afterschool@92NY.org using the following wording:

By copy of this email, I _____ (parent/guardian), hereby authorize _____ (person picking up child) to pick up my child, _____ (enrolled child), from the 92NY Afterschool Program. I have instructed _____ (person picking up child) to bring photo ID, which will be required to be shown prior to The 92nd Street Y releasing my child.

I understand that I must immediately notify 92NY's Afterschool Program Office of any changes to this form. YES NO

I understand that I am responsible for notifying 92NY's Afterschool Program Office of my child's absence; when I or an approved pick-up person is running late to pick up my child; or special circumstances for late drop-off and/or pick-up arrangements. YES NO

I understand that my child must be picked up by 6:00 PM and beginning at 6:15 PM there is a late fee of \$1.00 for each minute passed, which will be billed to my account. YES NO

I have read, understand, and agree to the above.

Parent/Guardian Signature _____ Date _____