



# The Riverdale YM-YWHA

5625 Arlington Avenue  
Bronx, NY 10471  
718.548.8200  
www.riverdaley.org

Please select program:

Kid's Space @ The Y

Kid's Space @ PS24

## Kid's Space Dismissal & Emergency Form

### ***Child's Information***

**Childs' Full Name** \_\_\_\_\_

Gender \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Name of Teacher \_\_\_\_\_

Classroom # \_\_\_\_\_

### ***Parent Information***

**Parent/Guardian 1:** Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

**Parent/Guardian 2:** Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

### ***Emergency Information***

Name: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relations to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relations to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relations to Child: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Info: (List any allergies or other pertinent information: \_\_\_\_\_)

***I do hereby give permission to the Riverdale Y staff to obtain necessary emergency treatment for my child with the understanding that the family will be notified as soon as possible.***

Relationship \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Transportation (Kid's Space @ the Y)**

I authorize the Riverdale YM-YWHA to pick up my child, \_\_\_\_\_ at school and to bring him/her to the Kid's Space After-School Program located at 5625 Arlington Avenue Bronx, NY 10471.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian Signature

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***Release***

The following persons are authorized to pick up my child from the Riverdale Y's Kid's Space Programs. I authorize the Riverdale YM-YWHA to release my child to their care either during or at the completion of the daily program:

Name (Please print)	Relation	Phone Number	Parent's Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_