



# The Riverdale YM-YWHA

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

Please select program:

Kid's Space @ Y

Kid's Space @ PS24

## Kid's Space Family History Form

Child's Full Name \_\_\_\_\_ (Nickname) \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Grade/Classroom as of 9/7/2017 \_\_\_\_\_

Parent/Guardian 1: Name \_\_\_\_\_ Home Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Alternate Telephone # \_\_\_\_\_

Occupation & Employer \_\_\_\_\_

Parent/Guardian 2: Name \_\_\_\_\_ Home Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Alternate Telephone # \_\_\_\_\_

Occupation & Employer \_\_\_\_\_

Who else may pick up your child (No other adults will be allowed to pick up your child from after school)?

\_\_\_\_\_  
(Name) (Relation) Phone #

\_\_\_\_\_  
(Name) (Relation) Phone #

\_\_\_\_\_  
(Name) (Relation) Phone #

What is the marital status of the parents? (Circle 1) a. Married b. Separated c. Divorced d. Widowed

Religious Affiliation (optional) \_\_\_\_\_

Is child in good health? \_\_\_\_\_

Has he/she had any childhood diseases? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Is your child enrolled in a special education program (gifted, ICT, etc.)? If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

Does your child have an I.E.P? \_\_\_\_\_ *If so, please share a copy with your Program Director so our staff can best support your child.*

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What activities does your child enjoy doing? \_\_\_\_\_

Does he/she play alone? \_\_\_\_\_ Does he/she have children to play with? \_\_\_\_\_

What hobbies or activities does he/she enjoy? \_\_\_\_\_

How would you describe your child's style of playing? (For example, is he/she assertive, demanding, active, shy? Does he/she accept other children's ideas? Please describe in as much as possible:

\_\_\_\_\_  
\_\_\_\_\_

What methods or techniques do you use with your child when unwanted or inappropriate behaviors arise?

Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are they effective? \_\_\_\_\_

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What languages are spoken in the home? \_\_\_\_\_

Other than school, what group experiences have he/she had?

Camp     After-School Program     Enrichment Class     Other \_\_\_\_\_

Where did they attend these programs? \_\_\_\_\_

How did they respond to these activities? \_\_\_\_\_

How does your child feel about school? \_\_\_\_\_

Is there anything else that you feel would be important for our staff to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations and goals for your child while in our program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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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 (KS @ Y) or remain at PS 24 (KS @ 24).

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

Date \_\_\_\_\_