

UMAP  
 2067 Amsterdam Ave 2fl NY 10032  
 646-707-0666 www.umapafterschool.com  
 Open Monday-Friday 2pm-8pm



## Child Information Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Street

City/Town

Zip Code

Child's School:

### Parent/Guardian Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Resides with child

Relationship: \_\_\_\_\_ Resides with child

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Cellphone: \_\_\_\_\_

Cellphone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

#### This Guardian can be contacted (check all that applies)

#### This Guardian can be contacted (check all that applies)

Contacted in Emergencies Yes\_\_ No\_\_

Contacted in Emergencies Yes\_\_ No\_\_

Pick Up Student Yes\_\_ No\_\_

Pick Up Student Yes\_\_ No\_\_

Receive Afterschool Mailing/Information Yes No

Receive Afterschool Mailing/Information Yes No

**EMERGENCY CONTACTS:** YOUR CHILD WILL BE RELEASED **ONLY** TO THE PEOPLE ON NAME BELOW. Please list three people that can be called if your child is sick and you are **NOT** reached.

NAME	EMAIL	TELEPHONE	RELATIONSHIP

**No Access:** Please list any person who **MAY NOT HAVE ACCESS TO CHILD**

NAME	RELATIONSHIP	ORDER OF PROTECTION		Effective date of court order (please submit copy of order of protection)
		Yes	No	

**Medical Information**

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_ Gender F M

Identified Allergies (circle): Milk Eggs Peanuts Tree Nut Eggs Fish Shellfish Soy Wheat Other: None

Does child have any health condition that may affect participation in physical activities? Yes NO

Limitations (e.g, Stair climbing, gym): \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

**Physician Information**

Name of Physician/Clinic: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Date of Child's Last Physical (please submit copy) \_\_\_\_\_

**PROGRAM FEES**

Weekly Afterschool Program Fee: See tuition page. Registration Fee \$75 September -June

Summer Camp July-August (provided to parent)

Trips cost excluded, if your child will participate in our program trips parents will be advised in advance of cost.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Parent agrees to notify in writing of any changes of information to this form)

<b>FOR CENTER USE:</b> Date of Admission _____ Date Registration Fee: Rec'd _____ Age _____ Discharge Date _____
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