



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

Adults living in home \_\_\_\_\_

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

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

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

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

Who else is involved in the care of the child? \_\_\_\_\_

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

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

Siblings: Names \_\_\_\_\_ Ages \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher \_\_\_\_\_

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, supported, 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.*

Are there any issues, fears or behaviors we should be especially aware of so that we can be more supportive? \_\_\_\_\_

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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 have many ideas of his/her own? Does he/she accept other children's ideas?)

Please describe fully: \_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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?

\_\_\_\_\_

\_\_\_\_\_

Why did you choose this program for your child? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

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