

# Yteens After School

## Program for Middle Schoolers

### YOUTH REGISTRATION FORM

Today's Date: \_\_\_\_\_

Welcome! We're glad you're interested in our program. Please complete the information on this form so that we can contact you. We will call you to schedule an appointment to get to know you better and to complete the necessary paperwork to get your family started in our exciting after school program activities.

YOUTH'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ AGE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
GENDER:    MALE    FEMALE

MOTHER'S NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
MOTHER'S ADDRESS \_\_\_\_\_  
MOTHER'S PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
MOTHER'S EMPLOYER \_\_\_\_\_  
WORK PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
FATHER'S ADDRESS \_\_\_\_\_  
FATHER'S PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
FATHER'S EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

How did you learn about this program? (Please check all that apply)

\_\_\_\_\_ Agency Referral    \_\_\_\_\_ Flyer/sign/newsletter    \_\_\_\_\_ Newspaper  
\_\_\_\_\_ Radio    \_\_\_\_\_ Friend/Family participant    \_\_\_\_\_ Physician's Office  
\_\_\_\_\_ Clergy or church    \_\_\_\_\_ School    \_\_\_\_\_ Other

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE