



YTeens After School Program

We build strong kids, strong families and strong communities.

REGISTRATION FORM (1)

Welcome! We're glad you're interested in our program. Please complete the information on this form so that we can contact you. We'll schedule an appointment to get to know you better and to complete the paperwork to get you started in our 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.)*

<input type="checkbox"/> Agency Referral	<input type="checkbox"/> Flyer/sign/newsletter	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Radio	<input type="checkbox"/> Friend/Family participant	<input type="checkbox"/> Physician's Office
<input type="checkbox"/> Clergy or church	<input type="checkbox"/> School	<input type="checkbox"/> Other

PARENT/GUARDIAN SIGNATURE

DATE