



YOUTH REGISTRATION FORM

Youth's Name: _____

Date of Birth: _____ Age: _____ Home Phone #: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

School Attending: _____ Grade: _____

Allergies (specify): _____

Medical Conditions (specify): _____

Mother's Name: _____ Daytime Phone #: _____

Cell Phone/Pager: _____ Email: _____

Father's Name: _____ Daytime Phone #: _____

Cell Phone/Pager: _____ Email: _____

Child is in Custodial Care of: Mother Father Both Other (specify): _____

Which Youth Outreach Program are you signing your child up for? Please check all that apply.

- Summer Youth Theatre
 Saturday Outreach

- Rockdale Youth Center
 Northbridge Mentoring Partnership

In case of emergency and parents cannot be reached:

Name: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone: _____

Other Contacts/ People permitted to pick up your child:

(from any Youth Outreach programs that are in addition to the parents/guardians listed above)

Name: _____ Relationship to Child: _____

Address: _____

Home Phone #: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____

Address: _____

Home Phone #: _____ Cell Phone: _____

While at the Rockdale Youth Center

Do you give your child permission to be outside, in the rear of the building only, with staff supervision for recreational purposes? YES NO

Do you give your child permission to briefly visit local stores and restaurants in the neighborhood? YES (alone) YES (only with another child) NO