



## Registration Form - Family, Child, and Youth Programs

Child's Name: \_\_\_\_\_

Birth Date: (month/day/year) \_\_\_\_\_

Child's School: (If Applicable) \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

How would you prefer to hear about future events, programs, or services?

Phone  email  mail

How did you hear about us? \_\_\_\_\_

What kinds of programs/supports/services do you think would benefit your family? \_\_\_\_\_

\_\_\_\_\_