

WALL YOUTH CENTER After School Program – 2021/2022

Registration Form

Child's Name: _____ DOB: _____ Grade: ___ Male: ___ Female: ___

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Address: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

EMERGENCY CONTACT:

Name: _____ Phone #: _____ Relation to child: _____

Allergies/Meds: _____

Is there anything we should know about your child in order to help care for them?

(special needs, challenges, behaviors, etc.): _____

List Person(s) child may be released to:

PLEASE NOTE: Your child will not be sent home ever with anyone not on this list!

Name _____ Relation to child _____ Number _____

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Name _____ Relation to child _____ Number _____

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_____ **I give my child permission to walk or ride his/her bike home at 5:30pm**

*** Your child MUST have a Consent and Release form signed in order to participate in this program. ***
If you do not have a form, please contact 732-681-1375 or you can pick up a form at the Youth Center.

I have received a copy of the Wall Youth Center's after school programs' policies and understand and agree to all program procedures.

Signature of Parent/Guardian

Date