



REGISTRATION

(ages 5 to 15)
(Please print)

Student Name _____ Age _____

Address _____

City/State/Zip _____

Home phone _____ Cell phone _____

Birth date _____ Gender: _____ Female _____ Male

Ethnicity: _____ African American _____ Hispanic _____ Middle Eastern

_____ Native American _____ Caucasian _____ Asian/Pacific Islander

_____ Bi-racial (please specify: _____)

Email Address _____

School _____ Grade _____

Siblings in this program: _____

Eligible for DHS/FIP/FAP Y / N Case Number _____

Does this child have special needs? _____yes _____No If yes please explain: _____

Parent/Guardian (Primary contact) _____

Address: _____

Home phone _____ Cell Phone _____

Email address: _____

Parent/Guardian (Secondary Contact) _____

Address: _____

Home phone _____ Cell Phone _____

Email address: _____

Emergency Contact (two adults other than parent/guardians)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Program Interest (Circle all that apply)

Academic Support//Leadership Development//Health & Wellness

Cultural arts//Culinary arts//Crafts//Sports//video Production//urban gardening

How did you hear about the Woodbridge Community Youth Center?

school friend parent flyer other _____

