



# The Youth Center

16 Hampton Road

Glen Gardner, NJ 08826

Phone: 908-537-4594 Fax: 908- 537 6549

## HIGH SCOPE REGISTRATION FORM

PLEASE COMPLETE EVERY LINE. (One per child)

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

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Allergies/Restrictions/Physical Limitations: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single

Email address: (for Youth Center use only) \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address (if different) \_\_\_\_\_

Town/Township where child resides: \_\_\_\_\_ County: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Phone #3: \_\_\_\_\_

Public school child attends or will be attending: \_\_\_\_\_

*For purposes of required statistics for corporate funding, please list:*

Mother's employer: \_\_\_\_\_ Father's employer: \_\_\_\_\_

Persons who are authorized to assume responsibility for child if neither parent is available:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

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

### COURSE REGISTRATION & PAYMENT:

\_\_\_ Reaching Up (Tuesday & Thursday, 9-12, \$100)

\_\_\_ Getting Ready (Monday, Wednesday, and Friday, 9-12, \$150)

Tuition + \$30 membership fee if not current: \_\_\_\_\_

**Please check one of the following photo options:**  I do /  I do not consent that photos, DVD and videos of myself and my child are the property of The Youth Center and may be reproduced and publicized and/or used on our website or as The Youth Center desires, free of any claim on my part.

**In the event that the above named child is injured, and I cannot be reached in an EMERGENCY, I hereby give my permission to any physician to secure proper treatment for, and if required: to hospitalize, order injections, anesthesia, or surgery for my child.**

By my signature I attest to the following:

- I understand, agree and consent to all terms and conditions as described in the registration information/brochure including payment requirements.
- That the above information is correct.
- I will not hold The Youth Center employees or any persons affiliated responsible for any accident or injury incurred during my child's/children's presence/involvement at the Center or at the sports fields used.
- I realize there are no refunds or credits given for any reason and staff and/or scheduling may be subject to change.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

No confirmation will be mailed. Unless otherwise noted, please report to first class. Use a separate registration for each child.

Mail registration & payment to: The Youth Center, 16 Hampton Rd., Glen Gardner, NJ 08826 and call with any questions (908) 537-4594.

**Child will not be able to participate without parent's signature and entirely completed form with no alterations.**

**NO REFUNDS OR CREDITS GIVEN FOR ANY REASON.**