

THE YOUTH CENTER
16 Hampton Rd. - P. O. Box 92 - Glen Gardner, NJ 08826 - 908-537-4594
Information Sheet/Enrollment Application

CLASS ENROLLED: _____
DAY: _____ TIME: _____ START DATE: _____

Child's Name: _____ Nickname: _____
Address: _____ Town: _____ Zip: _____
Birth Date: _____ Age : _____ Sex: _____ Phone: _____

Father's Name: _____ Mother's Name: _____
Home Address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____

Business Name: _____ Business Name: _____
Business Address: _____ Business Address: _____

Business Phone: _____ Business Phone: _____

Marital Status: ___ Married ___ Separated ___ Divorced ___ Widowed ___ Single

Other children in family? ___ Yes ___ No

If yes, names and ages: _____

Is your child left handed? ___ Yes ___ No

Child's Doctor: _____ Phone: _____
Address: _____

Allergies: _____

Physical Disabilities: _____

Person who is authorized to assume responsibility for child if neither parent is available?

First Choice Second Choice
Name: _____ Name: _____
Address: _____ Address: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

In the event that I am not available in an EMERGENCY, please notify:

Name: _____ Phone: _____ Relationship: _____

I do / I do not consent that photos/videos of myself and my child(ren) are the property of The Youth Center and may be reproduced and publicized and/or used on our website as The Youth Center desires, free of any claim on my part.

By my signature I attest to the following:

- That the above information is correct.
- I will not hold The Youth Center responsible for any accident or injury incurred during my child's/children's presence at the Center or at the sports fields used.
- I have received and read the appropriate information regarding The Youth Center's policies and program details and agree to respect them accordingly.
- I realize there are no refunds or credits given for any reason and that staff and/or scheduling may be subject to change.

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.

Parent's Signature

Date

Please describe your child's personality on the reverse side of this sheet. This may include general disposition and temperament, likes, dislike, fears, etc. This information will further our understanding of your child.

This form must be returned prior to start of class.