



# Registration Form

\_\_\_\_\_  
Class Start Date                      Class End Date                      Class Time

\_\_\_\_\_  
Name of Parent (Please Print)                      Name of Parent

\_\_\_\_\_  
Name of Youth                      Name of Youth

\_\_\_\_\_  
Address                      City                      Zip

\_\_\_\_\_  
Mailing Address (if different than above)

\_\_\_\_\_  
Home Phone                      Cell Phone                      Work Phone

\_\_\_\_\_  
Email Address                      Age(s) of Youth Attending Program

\_\_\_\_\_ I am requesting accommodations to participate in this program due to my disability or special needs of my child. Please explain on the back of this form.

\_\_\_\_\_ I need childcare for # \_\_\_\_\_ of children. Ages of children needing childcare: \_\_\_\_\_

Number of people coming for dinner: \_\_\_\_\_ Adults \_\_\_\_\_ Youth \_\_\_\_\_ Children

Please indicate any dietary restrictions or food allergies of any person attending dinner: \_\_\_\_\_

Amt. Paid \_\_\_\_\_

Cash or Check No. \_\_\_\_\_

Date Paid: \_\_\_\_\_