



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## K-12 Extension Program 2020-2021 REGISTRATION FORM Student Information:

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_ Wed / Fri  
Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_ Wed / Fri  
Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_ Wed / Fri  
Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_ Wed / Fri

Please list any allergies and/or medical issues we should be aware of: *If your child has food allergies, please indicate if they can eat food items made in the same factory as allergen and/or food that contains traces of allergen*

\_\_\_\_\_

### Parent/Guardian Information:

Name(s): \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

**I give my child(ren) permission to:** ( ) have his/her picture taken to be used for publicity purposes ( ) go outside during the Extension Program

My child may be released to the following individuals (in addition to parent/guardian listed above):

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

Number: \_\_\_\_\_

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

Number: \_\_\_\_\_

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

Number: \_\_\_\_\_

**Registration fee: \$5 per child**

**Total due:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Staff Notes