



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HERE FOR YOU PROGRAM

REGISTRATION AND EMERGENCY CONTACT INFORMATION *Please fill each line in completely

Child's Name _____ Birth Date _____

Allergies _____

Special Needs Of Child _____

Medical Or Dietary Information _____

Guardian Name _____ Contact # _____

Address _____

Employer Name* _____ Work # _____

***Work ID must be submitted with registration; program admittance will not be permitted without work ID**

Work Address _____

Emergency Contact Name _____ Contact # _____

Drop Off Time _____ Pick Up Time _____

****Drop off time is between program opening and 9AM; pick up times are between 3PM and program close. Signage on Branch door will indicate contact number for entering the building between 9AM and 3PM.**

*****Registration forms will only be accepted via email submission.**

The fee for the HERE FOR YOU Program is \$100 per child per week. I agree to pay this amount upon the first day of the program week the child is attending. Acceptable forms of payment are cash, check, money order, or credit card (VISA, MASTERCARD, AMEX or DISCOVER).

PRINT NAME _____ DATE _____

SIGNATURE _____