



BETTER FAMILY LIFE, INC. SUMMER YOUTH LEADERSHIP ACADEMY

JUNE 20, 2022 - JULY 29, 2022

REGISTRATION FORM

NON-REFUNDABLE \$25.00 REGISTRATION FEE

TODAY'S DATE: _____

START DATE: _____

YOUTH'S INFORMATION				
Youth's Full Name (First, Middle & Last Name)	Sex (M/F)	Age	Birth Date	Grade Entering
Before Care _____ Full Day _____ ½ Day _____ Aftercare _____				
Home Address		City/State/Zip		
Home Phone		School Attending in the Fall: _____		
Does your child have an IEP? : <input type="checkbox"/> YES <input type="checkbox"/> NO				
Youth's Race/-Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latino/American <input type="checkbox"/> Caucasian <input type="checkbox"/> Mixed/Bi-racial <input type="checkbox"/> Other _____				

PARENT/GUARDIAN INFORMATION		
(Answer the questions below for the primary parent/guardian living in the home)		
Name:	Relationship to Youth:	
Address:		
City:	State:	Zip Code:
Daytime/Work Phone:	Home Phone:	
Cell Phone/ Pager: Receive text: <input type="checkbox"/> YES <input type="checkbox"/> NO	Email Address:	

EMERGENCY CONTACT INFORMATION - In case of emergency, I give permission for my child to receive medical treatment. <input type="checkbox"/>		
YES <input type="checkbox"/> NO <input type="checkbox"/> <u>IN CASE OF EMERGENCY CONTACT</u>		
Name	Relationship to Youth	
Daytime Phone:	Evening Phone:	
Cell Phone/ Pager:	Work Phone:	
PRIMARY PHYSICIAN:		
Name:	Address:	Phone Number:

