S.A.Y. Yes! Centers for Youth Development®

**REGISTRATION FORM**

Child’s name: Today’s Date

Birth date: Grade:

School:

Address:

City: State Zip:

Phone:

# PARENT INFORMATION:

D Father D Male Guardian If Guardian, relationship to child:

Name:

Address:

Home Phone

Work Phone

D Mother D Female Guardian If Guardian, relationship to child:

Name:

Address:

Home Phone

Work Phone

With whom does the child live?

Child may be taken home by: Names of Individuals who may take child home besides Parent or Guardian

D Child may walk home:

Parent or Guardian’s Signature

To what address should information be mailed?

# HEALTH RECORD

Date of last tetanus shot:

Any active reaction?

Check if child has had the following and give details below:

D Heart Trouble D Epilepsy D Asthma D Diabetes D Allergies D Rheumatic Fever

Details:

# Child’s Name:

**EMERGENCY NUMBERS** (If we are unable to reach a parent or legal guardian, we will call one of these numbers.)

1. Name: Phone:
2. Name: Phone:

**MEDICAL RELEASE** Parent’s or Guardian’s Authorization for adult in charge to consent to

medical or dental treatment of minor child.

The undersigned (Parent or Guardian) who resides at

 \_, city of , state of \_, and who is a parent or legal guardian of , a minor, age , born , who resides at , city of , state of herein authorizes the adult sponsor of S.A.Y. Yes!® to consent to any x-ray, examination, anesthetic, medical or surgical supervision and on the advice of any physician or surgeon licensed to practice in the state of treatment, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful.

Dated this day of , Year

Signature of Parent or Guardian \*Social Security No. of Parent who has signed form

Family physician’s name, address, and phone

Is there any further information that might help us better care for your child?

\*The request for the guardian’s social security number is only for emergency purposes. The SSN will be used to verify the guardian’s signature by hospitals or other emergency organizations when an emergency has occurred that involves your child.