

Registration Form

Child's Name: \_\_\_\_\_ Grade just completed: \_\_\_\_\_

Address: \_\_\_\_\_
Street Town State Zip

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle one: Male / Female

School: \_\_\_\_\_

Ethnicity: \_\_\_ White \_\_\_ Hispanic \_\_\_ Black \_\_\_ American Indian
\_\_\_ Asian \_\_\_ Two or More Races

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Telephone: (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Phone Contact: \_\_\_\_\_ Name: \_\_\_\_\_

Are there any allergies or medical conditions that the Youth Bureau should be aware of?

If so, please describe: \_\_\_\_\_

Based on NYS Reopening guidelines we will be asking each child 3 required screening questions, take their temperature, and sanitize their hands before entering building. We will keep children in small groups with one staff member, socially distanced at individual desks/tables with staff required to wear masks, and children recommended to wear face masks. They will remain separate from other groups. Each group of children will enter and exit building at separate times.

I hereby authorize the Lancaster Youth Bureau to use participant's photograph taken for reproduction in advertising display or editorial use.

\_\_\_\_\_  
Signature of Parent or Guardian

FOR STAFF USE ONLY:

Reinforcement Skills Class:

Table with 4 columns: Code, Day(s), Time, Fee. Row 1: Reading & Math Skills, / / / /, \$100.00 / \$120.00

Resident \_\_\_ or Non-Resident \_\_\_ Amount: \_\_\_\_\_ Check: \_\_\_\_\_ Receipt: \_\_\_\_\_