

**PROGRAM REGISTRATION FORM**

**Child & Youth School Services**

**SPONSOR:** \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Grade Last First

**Home Address:** \_\_\_\_\_

Include Zip Code

Dual Military: Y/N On Post/Off Post  
(circle one) (circle one)

**Duty/Work Address:** \_\_\_\_\_

Include Zip Code

AKO or E-Mail Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Total Family Size: \_\_\_\_\_ Status: Active/Retired/DA Civilian/Civilian (circle one)

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**SPOUSE:** \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Grade Last First

**Duty/Work or College Address:** \_\_\_\_\_

Include Zipcode

AKO or E-Mail Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Status: Active/Retired/DA Civilian/Civilian (circle one)

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**Child:** \_\_\_\_\_

Last First M.I.

**D.O.B.:** \_\_\_\_\_ **Gender:** Male / Female (Circle One) **School:** \_\_\_\_\_

**Medical Concerns:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

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**Child:** \_\_\_\_\_

Last First M.I.

**D.O.B.:** \_\_\_\_\_ **Gender:** Male / Female (Circle One) **School:** \_\_\_\_\_

**Medical Concerns:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

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**Child:** \_\_\_\_\_

Last First M.I.

**D.O.B.:** \_\_\_\_\_ **Gender:** Male / Female (Circle One) **School:** \_\_\_\_\_

**Medical Concerns:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

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**Child:** \_\_\_\_\_

Last First M.I.

**D.O.B.:** \_\_\_\_\_ **Gender:** Male / Female (Circle One) **School:** \_\_\_\_\_

**Medical Concerns:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

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**EMERGENCY NOTIFICATION DESIGNEES:**

**Name (1):** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child Release Designee: Yes/ No (circle one) Duty/Work Phone: \_\_\_\_\_

**Name (2):** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child Release Designee: Yes/ No (circle one) Duty/Work Phone: \_\_\_\_\_