

THE YOUTH CENTER REGISTRATION FORM

NO REFUNDS OR CREDITS GIVEN FOR ANY REASON.
PLEASE COMPLETE EVERY LINE. (One per child)

Child's Name: _____ Gender: _____

Allergies/Restrictions/Physical Limitations: _____

Parent's Names: _____

Marital Status: Married Separated Divorced Widowed Single

Email address: (for Youth Center use only) _____

Mailing Address: _____

City/State: _____ Zip: _____

Street Address: _____

Town/Township: _____ County: _____

Home Phone # _____ Age: _____ Birthdate: _____

Cell or Work #'s: 1st # to call _____ 2nd to call _____

Public school child attends or will be attending: _____

For purposes of required statistics for corporate funding, please list:

Mother's employer: _____ **Father's employer:** _____

Persons who are authorized to assume responsibility for child if neither parent is available:

Name: _____ Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Child's Doctor: _____

Address: _____ Phone _____

T-Shirt (check one) Child-MD Child-LG Adult-SM Adult-MD Adult-LG

Public school child attends or will be attending: _____

Have you been enrolled with The Youth Center previously? _____

Where did you learn about The Youth Center? _____

PROGRAM REGISTRATION AND PAYMENT REQUIREMENTS

Program/Class Name _____

Start Date: _____ Days of Class: _____ Times of Class: _____

I. PRESCHOOL, CHILDCARE AND KARATE

Preschool deposit \$195, Childcare deposit \$200, Karate deposit \$45

Deposit \$ _____ + First Month Tuition _____ + \$30.00 Annual Membership (if not current) = Amount of this Payment \$ _____

II. SPORTS, MUSIC, ACTING

Program Fee \$ _____ + \$30.00 Membership (if not current) = \$ _____

III. **CAMPFIRE FRIDAY** Feb. 22, 2008 March 14, 2008 April 18, 2008 x \$10/night = \$ _____

IV. **CAMP REGISTRATION** \$50 deposit per session and for post week.

Check payment plan desired Extended monthly payment plan Summer payment plan Details will follow.

| CAMP 2008 | SESSION I | | SESSION II | | SESSION III | | SESSION IV | | Post Week |
|---------------------------------------|------------|-----------------|------------|------------|-------------|-----------------|------------|-----------|--------------|
| | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 | Week 8* | Post/Travel* |
| | June 23-27 | June 30- July 3 | July 7-11 | July 14-18 | July 21-25 | July 28 - Aug 1 | Aug 4-8 | Aug 11-15 | Aug 18-22 |
| Regular Day Camp 9:00 AM – 4:00 PM | | | | | | | | | |
| AM-Extended Hours 7:00 – 9:00 AM | | | | | | | | | |
| PM-Extended Hours 4:00 – 6:00 PM | | | | | | | | | |
| Bus Transportation | | | | | | | | | |

*Must be enrolled in at least one other week (between Sessions I - IV) to be eligible to attend Week 8 and/or Post/Travel Week.

I do / I do not consent that photos, DVD videos of myself and my child are the property of The Youth Center and may be reproduced and publicized and/or used on our website or as The Youth Center desires, free of any claim on my part.

I understand, agree and consent to all terms and conditions as described in the registration information/brochure including payment requirements.

By my signature I attest to the following:

- That the above information is correct.
- I will not hold The Youth Center employees or any persons affiliated responsible for any accident or injury incurred during my child's/childrens' presence/involvement at the Center or at the sports fields used.
- I realize there are no refunds or credits given for any reason and staff and/or scheduling may be subject to change.

In the event that the above named child is injured, and I cannot be reached in an EMERGENCY, I hereby give my permission to any physician to secure proper treatment for, and if required: to hospitalize, order injections, anesthesia, or surgery for my child.

*Parent/Guardian's Signature _____ Date _____

No confirmation will be mailed. Unless otherwise noted, please report to first class. Use a separate registration for each child.

Mail payments to 16 Hampton Road, Glen Gardner, NJ 08826 and call with any questions (908) 537-4594.

Child will not be able to participate without parents signature and entirely completed form with no alterations.

NO REFUNDS WILL BE GIVEN FOR ANY REASON