



**YMCA of Tuscaloosa-Central Branch
2010-2011 After School Registration Form**



School _____

Date: _____

Grade (as of 8/2010): _____

PARTICIPANT	First Name	MI	Last Name
	Sex Male ____ Female ____	Age	Date of Birth
	Street Address		City
	State	Zip Code	Phone Number
PARENT/ GUARDIAN	(1) Mother's First Name	Mother's Last Name	Phone Number (if different)
	(2) Father's First Name	Father's Last Name	Phone Number (if different)
EMPLOYER	(1) Mother's Employer	Work Phone Number	Cell Phone/Pager
	(2) Father's Employer	Work Phone Number	Cell Phone/Pager
ER CONTACT (Other than parent)	Emergency Contact	Phone Number	
	Emergency Contact	Phone Number	
	Emergency Contact	Phone Number	
ATTENDANCE INFORMATION	My child will attend the After School Program on these days: (please circle) Monday Tuesday Wednesday Thursday Friday Total # of days registered _____		
PERSONAL INFORMATION <i>(for statistical purposes only)</i>	Type of Family (if enrolling child) ____ 2 Parents ____ 1 Parent ____ Foster Family ____ Other:		Is your home in (check one) ____ City of Tuscaloosa ____ Tuscaloosa County ____ Other, Please state _____
	Ethnic Origin ____ Black ____ Native American ____ Hispanic ____ White Other:		Household Income ____ \$0-13,999 ____ \$40,000 - 54,999 ____ \$14,000 -24,999 ____ \$55,000 - 74,999 ____ \$25,000 - 39,999 ____ \$75,000 - Over
	Is your home? ____ Rented ____ Owned		Number of years in the community _____
PARTICIPATION	Have you (person enrolling) participated in other YMCA programs? ____ Yes ____ No If yes, please indicate program(s): Has any member of your family participated in other YMCA programs? ____ Yes ____ No If yes, please indicate family member and program(s):		
REFERRED BY	How did you hear about the YMCA of Tuscaloosa? <i>Check all that apply</i> ____ Friend ____ Mailed Brochure ____ Another Member ____ TV/Radio/Newspaper ____ CDRS ____ Yellow Pages ____ School Flyer ____ Other:		