



2011-2012 School Year

My Backyard Registration FORM

Student's Name: _____

Student's Street Address: _____

City: _____ Zip: _____

Birth Date: _____ Age: _____ 2011-2012 Grade: _____

Middle School: _____ Social Security Number: _____

Previously attended Elementary School: _____

Student's hobbies: _____

Academic areas requiring help: _____

Any Special Medications or Allergies: _____

E-Mail Address: _____

How did you hear about My Backyard? _____

Mother/Legal Guardian

Name: _____

Street Address: _____

City: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone/Beeper: (_____) _____

Work Phone: (_____) _____ ext. _____ email: _____

Father/Legal Guardian

Name: _____

Street Address: _____

City: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone/Beeper: (_____) _____

Work Phone: (_____) _____ ext. _____

Names of person(s) authorized to pick student up:

Name	Relationship to Student	Daytime Phone Number
1.		
2.		



3.		
4.		
5.		

Emergency Contacts	Relationship to Student	Daytime Phone Number
1.		
2.		

This is to authorize the release of the information contained on this form to My Backyard Youth Center. I certify that this information is true. I understand that this information is for statistical purposes only and will be kept confidential as stipulated in the Federal Privacy Act of 1968.

In case of emergency, we will call 911 in order to ensure the safety and well-being of your child.

Student Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____

07/22/05

Date: _____

*****Tuition payments are due Monthly*****

Office Use Only:

Circle One

Date Registration Fee Received: _____ \$ _____ [Cash or Check # _____]

Date First Month's Tuition Received: _____ \$ _____ [Cash or Check # _____]