
S.A.Y. Yes! Centers for Youth Development®
REGISTRATION FORM

Child's name: _____ Today's Date _____

Birth date: _____ Grade: _____ School: _____

Address: _____

City: _____ State _____ Zip: _____ Phone: _____

PARENT INFORMATION:

Father Male Guardian If Guardian, relationship to child: _____

Name: _____

Address: _____

Home Phone _____ Work Phone _____

Mother Female Guardian If Guardian, relationship to child: _____

Name: _____

Address: _____

Home Phone _____ Work Phone _____

With whom does the child live? _____

Child may be taken home by: _____

Names of Individuals who may take child home besides Parent or Guardian

Child may walk home: _____

Parent or Guardian's Signature

To what address should information be mailed? _____

HEALTH RECORD

Date of last tetanus shot: _____ Any active reaction? _____

Check if child has had the following and give details below:

- Heart Trouble Epilepsy Asthma Diabetes Allergies Rheumatic Fever

Details: _____

Child's Name: _____

EMERGENCY NUMBERS (If we are unable to reach a parent or legal guardian, we will call one of these numbers.)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

MEDICAL RELEASE

Parent's or Guardian's Authorization for adult in charge to consent to medical or dental treatment of minor child.

The undersigned _____ (Parent or Guardian) who resides at _____, city of _____, state of _____, and who is a parent or legal guardian of _____, a minor, age _____, born _____, who resides at _____, city of _____, state of _____ herein authorizes the adult sponsor of S.A.Y. Yes!® to consent to any x-ray, examination, anesthetic, medical or surgical supervision and on the advice of any physician or surgeon licensed to practice in the state of treatment, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful.

Dated this _____ day of _____, Year _____

Signature of Parent or Guardian

*Social Security No. of Parent who has signed form

Family physician's name, address, and phone _____

Is there any further information that might help us better care for your child?

*The request for the guardian's social security number is only for emergency purposes. The SSN will be used to verify the guardian's signature by hospitals or other emergency organizations when an emergency has occurred that involves your child.