



# Casa Esperanza

## Reistration Form for Youth Programs

Childs Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency Contact # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B: \_\_\_\_\_

School: \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Authorization of emergency medical treatment:** I herby give permission to Casa Esperanza to order proper treatment and necessary transportation for my child in the event of an emergency.

**Initials** \_\_\_\_\_

**Photo Release:** I hereby give permission for my child's picture to be used by Casa Esperanza's publications and/or promotions.

**Initials** \_\_\_\_\_

**The Release of Minors:** Youth will be released only to those whoe are listed. No Exceptions

Below are a list of people that I hereby give permission to pick my child up from Casa Esperanza in the event that I am not able to.

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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I would like to request my child be enrolled in the following programs:

Programs:

- Arts & Crafts
- Boy Scouts
- Ballet Folklorico
- Girl Scouts
- Leadership
- Little Mountain Climbers
- Taekwondo
- Tutoring
- Guitar
- \_\_\_\_\_
- \_\_\_\_\_