

**Watervliet Arsenal
Child & Youth Services
Program Registration Form**

SPONSOR: _____ Branch of Service
 Rank/Grade _____ Last _____ First _____
 Home Address: _____ Home Ph. #: _____
 Street _____
 City _____ State _____ Zip _____ Cell Ph. #: _____
 On Post _____ Off Post _____
 Employer/Unit: _____ Work Ph. #: _____
 Address: _____ Status: Active Retired DOD Civilian
 Email Address: _____ Civilian Contractor

SPOUSE: _____ Branch of Service
 Rank/Grade _____ Last _____ First _____
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 City _____ State _____ Zip _____ Cell Ph. #: _____
 On Post _____ Off Post _____
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 Address: _____ Status: Active Retired DOD Civilian
 Email Address: _____ Civilian Contractor

CHILD 1: _____
 Last _____ First _____ M.I. _____
 DOB: _____ Gender: M F School: _____
 Medical/Educational Concerns: _____ Grade: _____
 Allergies: _____ Ethnicity(Optional): _____
 Enrolled: Child Development Center School Age Care/Camp Middle School/Teen Sports Hourly

CHILD 2: _____
 Last _____ First _____ M.I. _____
 DOB: _____ Gender: M F School: _____
 Medical/Educational Concerns: _____ Grade: _____
 Allergies: _____ Ethnicity(Optional): _____
 Enrolled: Child Development Center School Age Care/Camp Middle School/Teen Sports Hourly

CHILD 3: _____
 Last _____ First _____ M.I. _____
 DOB: _____ Gender: M F School: _____
 Medical/Educational Concerns: _____ Grade: _____
 Allergies: _____ Ethnicity(Optional): _____
 Enrolled: Child Development Center School Age Care/Camp Middle School/Teen Sports Hourly

EMERGENCY NOTIFICATION DESIGNEES:

Name (1): _____
Child Release Designee: Yes No

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Name (2): _____
Child Release Designee: Yes No

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Name (3): _____
Child Release Designee: Yes No

Home Phone: _____

Work Phone: _____

Cell Phone: _____

PARENT/GUARDIAN CONSENT PERMISSION:

I, _____ parent/guardian of _____ consent to
the following in reference to the care of my child/children.

Yes No

1. Use of photographs for release to media

_____ _____