



# TEEN REGISTRATION PACKET

Name of Participant \_\_\_\_\_

Date of Completion & Submission: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

**For Office Use Only:**

Registration packet received on: \_\_\_\_\_

Received by: \_\_\_\_\_

Referral code: \_\_\_\_\_

Registration Packet Complete: YES NO

Member #: \_\_\_\_\_



# TEEN REGISTRATION FORM

## PARTICIPANT INFORMATION

FULL NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: Male Female D.O.B: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION (PRIMARY)

FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL/WORK: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION (SECONDARY)

FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL/WORK: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

ATTENDANCE DAYS (PLEASE CIRCLE THE DAYS YOUR CHILD PLANS ON ATTENDING)

**MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY**



# TEEN PARENTAL ACKNOWLEDGEMENT FORM

## PARENT HANDBOOK ACKNOWLEDGEMENT

I acknowledge that I have read the parent handbook and I am fully aware of the Teen Center's philosophy, policies and procedures. I have read and understand the fee arrangements as well as all of the conditions detailed in this handbook. I have read that I am solely responsible for my child's transportation to and from the center.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Director Signature Date

## PHYSICAL HEALTH PARENTAL ACKNOWLEDGEMENT

This acknowledges that my child, \_\_\_\_\_, who attends the TEEN Center is in good health. Further, any health restrictions, allergies, medications taken by the child, or any other needs are in fact noted below and listed on the health information form. Immunization records or appropriate waivers are up to date and on file with my child's school. In the case of an emergency, I give representatives of TEEN to call local health officials in to assist my child. This includes calling 911 in the case of an emergency. Please use this space to provide any pertinent medical information for the TEEN Center:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Director Signature Date



# TEEN PARTICIPANT ACKNOWLEDGEMENT

## BEHAVIORAL CODE OF CONDUCT

(TO BE COMPLETED BY TEEN PARTICIPANT & PARENT) TEEN

The purpose of the Behavior Code of Conduct is to provide a safe, productive and fun environment that aligns with mission and goals of the Teen Center.

I, \_\_\_\_\_, as a participant of the Teen Program have carefully read the Parent & Participant Handbook and am fully aware of the Behavior Management Policy & Practices and understand the importance of taking responsibility for my actions. As a member of the Teen Center, I am committing myself to working towards program mission and goals. By signing this document I am agreeing to abide by all policies and procedures of the Teen Program. Should I choose not to abide by these policies and procedures, I understand that I may be asked to work with the Teen Center Staff, Director and Parents to correct behavior and/or be dismissed from the program.

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Participant Signature

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Date

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Parent/Guardian Signature

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Date

---

Director Signature

---

Date

# PERMISSION AND HEALTH FORM

## Section 1

Primary Parent Guardian:

\_\_\_\_\_

Home Address:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Work/Cell:

\_\_\_\_\_

Employer/School Name:

\_\_\_\_\_

Employer Address:

\_\_\_\_\_

Employer Phone:

\_\_\_\_\_

Daily Work Times: \_\_\_\_\_

Emergency Contact information:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Secondary Parent Guardian:

\_\_\_\_\_

Home Address:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Work/Cell:

\_\_\_\_\_

Employer/School Name:

\_\_\_\_\_

Employer Address:

\_\_\_\_\_

Employer Phone:

\_\_\_\_\_

Daily Work Times: \_\_\_\_\_

## Section 2

**Photography and Recording Permission:** I hereby irrevocably release, consent and allow the TEEN and its agents to use and reproduce any and all photographs or video footage taken of me or my dependent(s) for TEEN purposes. I understand that I/my dependent(s) receive no reimbursement for allowing my photo to be taken or for the use of the photo or video.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Liability:** I understand the physical activities which my child may participate at the TEEN Center include, but may not be limited to: dances and playing sports. I agree to assume all liability and release TEEN from any liability for the risk of injury, illness or death on account of my child's presence in the TEEN facility or on account of my child's involvement in any activity at TEEN whether caused by negligence of TEEN or another person on the premises or at the sponsored activity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 3**

PARTICIPANT'S HEALTH CARE PROVIDER

Name of preferred hospital in event of emergency:

\_\_\_\_\_

Primary Care Physician or Health Clinic: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_



## TEEN MEMBERSHIP INFORMATION

### MEMBERSHIP OPTION

Package	Details	Cost
Platinum Member	<ul style="list-style-type: none"> <li>• 6 hours a week homework help (max 1.5 hours/day)</li> <li>• 1 free weekend fun &amp; dance</li> <li>• Lounge Play Stay M-Thurs 3-8pm (Late fee starts at 8:30pm)</li> </ul>	\$80/month
Walk in	<ul style="list-style-type: none"> <li>• Homework help</li> <li>• 5 hours</li> </ul>	\$15/day
Weekend Fun & Dance	<ul style="list-style-type: none"> <li>• Hours are 8-11pm (Late fee starts at 11:30pm)</li> </ul>	\$15 (\$5 discount if a parent walks child in)
Late Fee		\$10 for every 30 mins
Driver's Education		*Inquire



# PAYMENT INFORMATION

## CREDIT CARD INFORMATION

CREDIT CARD TYPE:  VISA  MASTERCARD  DISCOVER  AMEX

CREDIT CARD ACCOUNT #: \_\_\_\_\_

CREDIT CARD EXPIRATION DATE: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

PAYMENT AMOUNT: \_\_\_\_\_ Date \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_

## BILLING ADDRESS

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL/WORK: \_\_\_\_\_

## REQUEST AND PAYMENT INFORMATION

**Please initial on the appropriate line.**

\_\_\_\_\_ I would like my payment to be taken out monthly on the subsequent date. Ex. Today is 3-15-17. The next payment will be processed on 4-15-17.

\_\_\_\_\_ This is only a one-time payment and I will make future payments.