



YOUTH CENTER

MEMBERSHIP APPLICATION

.....

CHILD'S NAME _____ ***AGE*** _____ ***DOB*** _____

ADDRESS _____

HOME PHONE# _____ ***CELL #*** _____

GRADE IN SCHOOL _____ ***SCHOOL ATTENDING*** _____

RACE:

AFRICAN AMERICAN ____ ***WHITE*** ____ ***HISPANIC*** ____ ***INDIAN*** ____ ***OTHER*** _____

In Household: ____ ***(circle) Father - Mother - brothers*** ____ ***sisters*** _____

FATHER'S NAME - _____ ***CELL PHONE #*** _____

PLACE OF WORK - _____ ***WORK PHONE #*** _____

MOTHER'S NAME - _____ ***CELL PHONE #*** _____

PLACE OF WORK - _____ ***WORK PHONE #*** _____

Year-Round Schools

The Mustard Seed Youth Center provides care for school-age children in Year-Round schools, however that care is only for the first three tracks. A summer camp program is provided during the summer months, beginning the day that school recesses for the summer and operates until school begins for the fall session.

Year-round students are encouraged to be a part of the Summer Camp Program.

ANY MEDICAL CONDITIONS OR CONCERNS:

EMERGENCY CONTACT & PICKUP LIST

NAME _____

NAME _____

PHONE # _____

PHONE # _____

NAME _____

NAME _____

PHONE # _____

PHONE # _____

NAME _____

NAME _____

PHONE # _____

PHONE # _____

***ONLY THOSE ON THE PICK-UP LIST WILL BE ALLOWED TO PICK UP
CHILDREN. EVERYONE MUST HAVE A PICTURE ID.**

.....

TRANSPORTATION WAIVER

I hereby give consent for my child to be transported on Fieldtrips and picked up from school (if needed), by The Mustard Seed Ministry. I will not hold The Mustard Seed Ministry liable for any accidents that may occur.

I understand that it is a requirement for a parent/guardian to attend an orientation with my child in order to receive information with the rules and guidelines of the youth center.

Parent Signature

DATE