

Young Family and Elementary Age Registration Form **Family Name** _____

The Center is closed on July 4—6 and August 25 to September 1. The Downtown Community Center is at 120 Warren Street between Greenwich and West Streets. Copies of this form and other info are available at www.manhattanyouth.org.

Parent or guardian 1 (billing address)

First name _____

Last name _____

Address _____

City, state and zip _____

Home phone _____

Cell/other phones _____

Email _____

Employer _____

Gender

female

male

Birthdate _____

Special needs, restrictions, allergies (please describe) _____

Previous participation in Manhattan Youth, Downtown Day Camp, or Downtown Community Center programs _____

Parent or guardian 2

First name _____

Last name _____

Address _____

City, state and zip _____

Home phone _____

Cell/other phones _____

Email _____

Employer _____

Gender

female

male

Birthdate _____

Special needs, restrictions, allergies (please describe) _____

Legal Consents **Please read and initial all that apply to you and your family.**

_____ I certify that I have permission from my doctor to use the pool and steam room.

_____ I certify that my children have permission from their pediatrician swim in the Downtown Community Center pool.

_____ I understand that I am completely responsible for my child(ren) during non-drop off programs.

I give permission to Manhattan Youth to take my child or me to a hospital emergency room or doctor to obtain medical treatment if necessary. I understand that the highest priority of Manhattan Youth is the safety and well-being of participants and staff. From time-to-time there may be situations or circumstances which, in the opinion of the Program Directors, are not safe, nor are they suitable for the well-being of the users and staff. Therefore, I recognize that Manhattan Youth reserves the right to make decisions about enrollment and participation in Downtown Community Center activities and programs. If my child or I are asked to leave a program, Manhattan Youth will refund a prorated share of the unused fees. I give permission for my child or me to be photographed or otherwise recorded during activities, and for any such photographs to be displayed by Manhattan Youth in any medium (newsletters, web sites, etc.), whether now or hereafter known or developed.

Signature _____

Date _____

Please fill out the back side of this form

Downtown Community Center

Families

Emergency Contacts

Name	Relationship	Cell phone
.....
Name	Relationship	Cell phone
.....

Other adults who may accompany the child(ren) to Downtown Community Center Programs

Name	Relationship	Cell phone
.....
Name	Relationship	Cell phone
.....

First Child

Please check one:

Last name	First name	<input type="radio"/> Young families program
.....
Current school	Current grade	<input type="radio"/> K to 3rd grade program
.....
Birth date	<input type="radio"/> female <input type="radio"/> male	<input type="radio"/> 4th to 5th grade program
.....
<input type="radio"/> Special needs, restrictions, allergies (please describe)		
.....		

Second Child

Please check one:

Last name	First name	<input type="radio"/> Young families program
.....
Current school	Current grade	<input type="radio"/> K to 3rd grade program
.....
Birth date	<input type="radio"/> female <input type="radio"/> male	<input type="radio"/> 4th to 5th grade program
.....
<input type="radio"/> Special needs, restrictions, allergies (please describe)		
.....		

Third Child

Please check one:

Last name	First name	<input type="radio"/> Young families program
.....
Current school	Current grade	<input type="radio"/> K to 3rd grade program
.....
Birth date	<input type="radio"/> female <input type="radio"/> male	<input type="radio"/> 4th to 5th grade program
.....
<input type="radio"/> Special needs, restrictions, allergies (please describe)		
.....		

Our program fees are charged on a monthly basis. You may cancel at any time by either returning your bill or contacting our registrar, Mona Lombardi: mona@manhattanyouth.org or 212-766-1104 x 227.

<input type="radio"/> First child—enclose \$100 for the first month. You will be billed \$100 monthly.	\$
.....
<input type="radio"/> Additional children—enclose \$50 per child for the first month. You will be billed \$50 monthly per child.	\$
.....
<input type="radio"/> Additional contribution to support the Downtown Community Center	\$
.....
Total enclosed amount	\$
.....

Please return this completed form with any checks made out to Manhattan Youth:

Downtown Community Center
120 Warren St.
New York, NY 10007

