

**Picatinny 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  
 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

**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

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