



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**YMCA Reading Clinic
Literacy Registration Form 2014**

Participant Name: _____

Date of Birth:_____ **Age:**_____ **School and Grade:**_____ **Gender:** M F

Ethnicity:_____ **Reading Level** _____

PARENT INFORMATION

Name of Parent or Guardian: _____

Telephone:_____ **Email:**_____

EMERGENCY INFORMATION

In case of an emergency, please list an alternate contact.

Name:_____ **Relation to the child:** _____

Work Telephone:_____ **Home Telephone :**_____ **Cell:**_____

Does your child have any allergies or medical conditions that we should know about?

Reading Clinics are available Monday through Thursday at 4pm, 5pm, or 6pm.

Please specify your availability.

1st Choice: Day _____ **Time** _____

2nd Choice: Day _____ **Time** _____

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