

Royal Historical Enrichment & Art Program (RHEAP)

Program Registration Form

ALONZO A. YOUNG, SR. ENRICHMENT & HISTORICAL CENTER
9569 County Road 235, Wildwood (Royal), FL, 34785 Ph. (352) 748-0260
Email: youngartists@aol.com www.youngperformingartists.org
www.CommunityOfRoyal.org

PLEASE COMPLETE/RETURN TO THE ALONZO A. YOUNG, SR. ENRICHMENT & HISTORICAL CENTER

CHILD'S NAME _____ AGE _____ GRADE _____ GPA _____

MOTHER'S NAME _____

FATHER'S NAME _____

MOTHER'S HOME PH _____ CELL PH _____

FATHER'S HOME PH _____ CELL PH _____

STREET ADDRESS _____ CITY _____ ZIP _____

MAILING (If Different) _____ CITY _____ ZIP _____

DOES CHILD HAVE ANY ALLERGIES/ILLNESSES? IF SO, WHAT ARE THEY? _____

PERSON (S) AUTHORIZED TO PICK UP CHILD

NAME	RELATIONSHIP	HOME PHONE	CELL PHONE
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NAME	RELATIONSHIP	HOME PHONE	CELL PHONE
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HOW WILL CHILD GET HOME? PLEASE CHECK THE BOX(ES) THAT APPLY

CAR RIDER

WALKER

BIKE RIDER

CHILD'S PRINTED NAME

CHILD'S SIGNATURE

DATE

PARENT'S PRINTED NAME

PARENT SIGNATURE

DATE

I give permission for my child to attend and participate in RHEAP activities/programs. Also, I give permission for my image/pics to be used for the sponsoring organization's usage. Plus, in case of emergency, I give permission for my child to be transported to the nearest hospital for medical care. If I cannot be reached, please contact one of the persons listed above.