



IMPACT YOUTH CENTER (AFTER-SCHOOL PROGRAM)

YOUTH APPLICATION

Part I

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (Parent's)Email: \_\_\_\_\_

Referred By: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Does the child have any special classes, needs, or circumstances in school?

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

Does the child have any specific problems at home, school, or community?

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

Why is the Impact Youth Center After-School Program being suggested for this child?

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

How did you learn about this Program?

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

---

Parent/Guardian 1

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian 2

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

---

Part II

List the child's interest and hobbies:

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

Any special dislikes:

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

List organized activities or clubs in which the child participates:

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

How will your child(ren) be transported to and from the Impact Youth Center?

\_\_\_\_\_ Parent/Guardian Drop-off & Pickup    \_\_\_\_\_ Walk/Bike/Car    \_\_\_\_\_ Bus/SCAT

---

**I HEREBY GIVE THE CHILD NAMED ON THIS APPLICATION PERMISSION TO PARTICPATE IN THE IMPACT YOUTH CENTER AFTER-SCHOOL PROGRAM IF ACCEPTED BY THE AGENCY FOR INCLUSION.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

