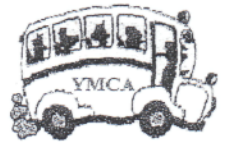




YMCA Trinidad & Tobago

We Build
Strong Kids
Strong Families
Strong Communities



After School Programme Application

School: _____ Address: _____

The YMCA of Trinidad & Tobago welcomes people of all socioeconomic backgrounds.

PARTICIPANT INFORMATION

First Name: _____

Middle Name _____ Sex: _____

Last Name: _____ Date of Birth: _____ Age: _____

Medical Requirements/Allergies: _____

HOME ADDRESS

Street: _____ Area/Town _____

PARENT / GUARDIAN INFORMATION

First Name: _____

Last Name: _____

Home Phone: _____ Cell: _____ Office: _____

E-mail: _____

Employer Name: _____ Address: _____

Position/Occupation: _____

Persons To Whom We May Release the participant to:

1. _____

2. _____

Please notify us at least 3 hours in advance when sending non-authorized persons to collect your son/daughter

There are fees in place for Pick-ups after 6pm and Late Calls.

EMERGENCY CONTACT

(Other than in your household) *Required for all*

Name: _____

Home Phone: _____ Cell: _____ Office: _____

Family Doctor: _____ Phone: _____

Signature _____ Date _____

Please provide 1 passport size photo of participant