

The Ricketts Center
A program of Boyertown Area Multi-Service

Youth Application

Child's Name:	Date of Birth: Age:
Street Address:	City, State, Zip
Phone:	Email:

Information for Parent/Guardian/s Legally Responsible for Child

Parent/Guardian Name:	Parent/Guardian Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:

Emergency Contact Person: Please list at least one person who could assume responsibility for your child if you could not be reached.

Name:	Name:
Relationship:	Relationship:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:

Please list any medical concerns/allergies: _____

Please list all medications your child takes: _____

Please provide medical insurance information:

Provider:	Member ID:
Member Name:	Phone:

I hereby grant permission for the staff of the facility to contact the following medical personnel and obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

My child is allowed to be picked up at The Rickett's Center by the following people:

Name:	Phone:
Name:	Phone:

Household Information:

We appreciate your efforts to complete the following information. All household information is strictly for reporting purposes and held in the strictest confidence.

Please circle any of the adults who reside in this member's household:

Mother Father Step-Mother Step-Father Grandparent(s) Foster Parent(s)

How many individuals live in this household? ____ How many are 65 or older? ____ How many are 18 or younger? ____

Does this member qualify for free or reduced lunch? (Please Circle) FREE REDUCED

What is the annual gross income for this household? _____

Do any household members belong to the military? YES NO If yes, which branch? _____

Are any household members physically disabled? YES NO

The head of the household is: MALE FEMALE BOTH Is the head of household a single parent? YES NO

Is there a restraining order against any individual preventing contact with this member? YES NO

NOTE: YOU MUST PROVIDE LEGAL DOCUMENTATION IF CHOOSING 'YES'

If yes, what is their name and relation to the member? _____

My child is allowed to walk home alone from The Rickett's Center: YES NO

I grant permission for The Ricketts Center to take and use photographs and videotapes of the applicant as needed for program documentation and public relations: (Please Sign) _____

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____