

Joe's Movement Emporium

Youth Registration Form

Today's Date: _____

PARTICIPANTS'S INFORMATION (one form per child)

Child's Name: _____

Date of Birth (MM/DD/YYYY) ^{Last} ____ / ^{First} ____ / ^{Middle} ____ Age: ____ Sex: Male or Female Grade: ____

School Attending: _____ Teacher: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian 1 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Father/Guardian 2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

In case of emergency and parent/guardian cannot be reached, please contact:

Name: _____ Phone: _____

List Programs you would like to enroll your child in:

Description	Cost	Dates/Days
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Tuition Due \$ _____

For more information about any of our youth programs, please call 301.699.1819 or visit www.joesmovement.org

OFFICIAL USE ONLY

Deposit _____ Total Due _____ Payment Method _____ Date Rec'd _____ Staff Initial _____