

**Brighton Center's Youth Leadership Development
Youth Data Form**

Name: _____ Date: _____
 Race: _____ DOB _____ Age: _____ Grade _____
 School _____
 Address: _____
 City, State: _____ Zip code _____

Guardian Data

Legal Guardian: _____ Relationship to youth: _____
 Address: _____
 Home Phone: () _____ - _____ Cell Phone () _____ - _____
 Guardian's Place of Employment: _____
 Work Phone () _____ - _____
 Is parent/guardian or any member of household active military or a veteran?
 Yes _____ No _____ If yes, which branch and years served? _____

EMERGENCY CONTACT NAMES AND NUMBERS:

Composition of household:

<u>Name</u>	<u>Age</u>	<u>Relationship to Youth</u>

IN ADDITION TO THE GUARDIAN, NOTIFY THE FOLLOWING PERSONS IN CASE OF EMERGENCY:

<u>Name</u>	<u>Relationship</u>	<u>Home Phone</u>	<u>Cell/Work Phone</u>

Allergies: Yes _____ No _____ Please Specify _____

Medications: Yes _____ No _____ Please Specify _____

Comments and additional information: _____

Doctor's Name _____ Phone _____

Hospital/Clinic Name _____ Phone _____

Health Insurance Name _____

Policy Number _____

YLD is an after-school program and your child will be at the school until 5:00 pm.

Will your child walk home? Yes _____ No _____

Will you be picking up your child? Yes _____ what time? _____ No _____

Will your child be riding with another person Yes _____, who is that _____?
What time _____

Does your child need transportation home in order to participate in the program?
Yes _____

Guardian Signature

Date