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***DEVELOPING CHARACTER VALUES FOR LIFE***

33 BARNETT STREET  
DAYTON, OHIO 45402-8206

# **HOMESCHOOL CLUB REGISTRATION**

(PLEASE COMPLETE AND SIGN ALL FORMS IN THIS PACKET)

Today's Date: \_\_\_\_\_

### **Youth Information**

Youth's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Suite/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Gender: Male  Female

Date of Birth: \_\_\_/\_\_\_/\_\_\_

### **Primary Parent/Guardian**

Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

Permission to call work? Yes  No  Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

### **Medical Information**

Hospital/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Physician: \_\_\_\_\_

Describe any medical conditions of the child:

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



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### Sibling Information

Please list all other siblings in the Homework Club:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 6. _____ | 6. _____ |

### Academic Information

Name of School: \_\_\_\_\_ City: \_\_\_\_\_

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

Teacher Contact: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Grade Level (K-8): \_\_\_\_\_

Need specific tutoring in: \_\_\_\_\_

Current Grade in Reading (as of last report card): \_\_\_\_\_

Current Grade in Math (as of last report card): \_\_\_\_\_

Current Grade in Science (as of last report card): \_\_\_\_\_

Favorite Extra-Curricular Activity: \_\_\_\_\_

### Special Needs Information

Please list any special needs your child may have (i.e. Food Allergies, Medication, Special Education):

\_\_\_\_\_

I testify that the above information is true to the best of my knowledge.

Signature of Parent/Guardian: \_\_\_\_\_

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