

# Registration Form



**CHMBT**

**Child's Name**

**Child's DOB**

**Child's Age**

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**Parent's Name**

**Parent's Email**

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**Address**

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**Phone Number Cell/Home**

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**List the Program of Interest**

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**Drop off time/Pickup time/ Name of Person Authorized for Pickup**

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**Will you permit us to use your child's photo or video for marketing purposes?**

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**Are there any other CHMBT programs you are interested in?**

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**Does your youth have any food allergies?**

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**What are the days/times that you are available for this program?**

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**What form of transportation, car, bicycle or bus?**

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**CHMBT**

**How did you hear about us?**

**Parent's Signature**