



Karen E. Barnett  
CSW, Director

Bridgeton Municipal Alliance  
Youth to Youth Program

Office (856) 455-1684 · Fax (856) 451-9208

Tee-shirt Size: S M L AS AM AL AXL

### 2017 Bridgeton Youth to Youth Summer Adventures Club Registration

Name: \_\_\_\_\_  
Last First Middle  
Last Grade Completed in School: Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

Home Address: \_\_\_\_\_  
Street City Zip

Drop-off Address: \_\_\_\_\_  
Street **Bridgeton City Limits Only!**

#### Medical Information

Dr.'s Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Does child have any current medical conditions?  Yes  No  
Is child currently taking any medications?  Yes  No  
Does child have any dietary restrictions?  Yes  No  
Please list any medications or related information that we should know:  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**THIS INFORMATION MUST BE COMPLETED FOR YOUR CHILD TO PARTICIPATE**  
**Bridgeton Office of CDBG Information**

**Head of Household:** \_\_\_\_\_

Do you need health insurance for you or another adult in your household over the age of 19?  
 Yes  No

**Please list the names and ages of individuals residing in home who you will claim on your tax return:**

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Total Income for household:** \_\_\_\_\_  Weekly  Bi-weekly  Yearly

**Check all programs that your child or household currently are enrolled in:**

\_\_\_\_ WIC \_\_\_\_\_ SNAP/Food Stamps \_\_\_\_\_ Free/Reduced Lunch

\_\_\_\_ Energy Assistance \_\_\_\_\_ TANF \_\_\_\_\_ NJ Family Care

**Demographic Data – Waiver of Consent for Medical – Emergency Release Form**