



Karen E. Barnett
CSW, Director

Bridgeton Municipal Alliance
Youth to Youth Program

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

2019 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

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