



YouthNet PO Box 15 Maplewood, NJ 07040

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SOMS PLUS/MMS PLUS REGISTRATION FORM - PLEASE PRINT CLEARLY

Incomplete forms will not be accepted

CHILDS NAME: _____ M__ F__ HOME TELEPHONE # _____

ADDRESS: _____ MAPLEWOOD __ SOUTH ORANGE ____

STARTING DATE: _____ SCHOOL: __ MMS __ SOMS GRADE: _____ DATE OF BIRTH ___/___/___

SCHEDULE (Please specify days): __ Monday __ Tuesday __ Wednesday __ Thursday __ Friday

Please indicate the e-mail address where all correspondence will be sent:

E-Mail Address: _____ Please reprint E-Mail address: _____

Parent Name _____ Home Phone # _____ Cell Phone # _____

Home Address _____ City _____ E-Mail _____

Employer Name _____ Address _____ Bus. Phone # _____

Parent Name _____ Home Phone # _____ Cell Phone # _____

Home Address _____ City _____ E-Mail _____

Employer Name _____ Address _____ Bus. Phone # _____

Do you give permission for your child to walk home from the Program? __ Yes __ No If yes, you **must** complete a YouthNet PERMISSION FOR MY CHILD TO WALK HOME FROM MMS/SOMS PLUS Form.

IS THERE ANYTHING THAT WE SHOULD KNOW ABOUT YOUR CHILD IN ORDER TO SERVE YOU BETTER?

IS THERE A CUSTODY ORDER AFFECTING THIS CHILD? __ NO __ YES (If yes, we will need a *Certified Copy*)

IS ACCOMMODATION REQUIRED UNDER ADA? __ NO __ YES - Please Explain:

Please check if your child is subject to or has a history of any of the following: __ Asthma __ Heart Trouble __ Fainting Spells
__ High Blood Pressure __ Emotional/Behavioral Problems __ Convulsions __ Diabetes __ Nosebleeds __ No know history
Explain: _____

Is your child on any MEDICATIONS? __ No medications

What and how often? _____

ALLERGIES - INCLUDING FOOD AND DRUGS: _____ No Allergies

Any known condition which may require emergency or special care: _____ No Condition

Is your child restricted from participation from any activity: _____ No Restriction

CHILD'S PHYSICIAN:
NAME _____

HEALTH INSURANCE CARRIER: _____
HOSPITAL _____

ADDRESS _____

POLICY NUMBER _____

PHONE # _____

ID NUMBER _____

Print Parent Name: _____ Signature: _____ Date: _____