



# CATHARINE STREET COMMUNITY CENTER

69 Catharine Street, Poughkeepsie, New York 12601 • 845-473-2272 • Fax 845-473-5107  
www.catharinecenter.org

## BRIDGE \* AFTER SCHOOL \* SUMMER ENRICHMENT PROGRAMS REGISTRATION FORM

Name of child \_\_\_\_\_

(Last) (First)

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade entering in September \_\_\_\_\_ School: \_\_\_\_\_

Ethnicity: African American \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

What language is spoken in the household? \_\_\_\_\_

Does your Child have Access to a Computer at Home? Yes \_\_\_\_\_ No \_\_\_\_\_

How many individuals reside in your household? Children under 18: \_\_\_\_\_ Individuals over 18: \_\_\_\_\_

**PARENTS/GUARDIANS** Names: 1. \_\_\_\_\_  
(Last) (First)

2. \_\_\_\_\_  
(Last) (First)

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Street Apt # City Zip code

Home Telephone \_\_\_\_\_ Cell #: \_\_\_\_\_

Work Telephone \_\_\_\_\_ Hours: \_\_\_\_\_

Employer Name/Address \_\_\_\_\_

**AGE OF PARENTS/GUARDIANS:** 18-25 \_\_\_\_\_ 26-32 \_\_\_\_\_ 33-40 \_\_\_\_\_ 40-55 \_\_\_\_\_ 60+ \_\_\_\_\_

**MARITAL STATUS:** SINGLE ( ) DIVORCE ( ) SEPARATED ( ) WIDOW (ER) ( )

**HIGHEST EDUCATION LEVEL :** 8 -10TH \_\_\_\_\_ 11-12TH \_\_\_\_\_ H.S. DIPLOMA \_\_\_\_\_ GED \_\_\_\_\_ COLLEGE YRS. COMP. \_\_\_\_\_ DEGREE(S) \_\_\_\_\_

### CHILD CARE RELEASE

Catharine Street Community Center will not release your child into the custody of another individual unless you designate that person as authorized. **YOU MUST INCLUDE AT LEAST 2 EMERGENCY PICK UP NUMBERS FOR YOUR CHILD. STAFF MUST BE ABLE TO REACH EITHER PARENT/GUARDIAN OR A DESIGNATED ADULT IN CASE YOUR CHILD BECOMES ILL AND/OR NEEDS TO BE PICKED UP.**

### PERSONS APPROVED FOR PICK-UP (PLEASE INCLUDE YOURSELF) ADDITIONAL NAMES MAY BE ADDED ON THE BACK.

Name Phone and Cell Number

_____	_____	_____
_____	_____	_____
_____	_____	_____