

# Royal Historical Enrichment & Art Program (RHEAP)

Program Registration Form

ALONZO A. YOUNG, SR. ENRICHMENT & HISTORICAL CENTER  
9569 County Road 235, Wildwood (Royal), FL, 34785 Ph. (352) 748-0260  
Email: [youngartists@aol.com](mailto:youngartists@aol.com) [www.youngperformingartists.org](http://www.youngperformingartists.org)  
[www.CommunityOfRoyal.org](http://www.CommunityOfRoyal.org)

*Holiday 2013*

PLEASE COMPLETE/RETURN TO THE ALONZO A. YOUNG, SR. ENRICHMENT & HISTORICAL CENTER

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ GPA \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S HOME PH \_\_\_\_\_ CELL PH \_\_\_\_\_

FATHER'S HOME PH \_\_\_\_\_ CELL PH \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING (If Different) \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DOES CHILD HAVE ANY ALLERGIES/ILLNESSES? IF SO, WHAT ARE THEY? \_\_\_\_\_

## PERSON (S) AUTHORIZED TO PICK UP CHILD

NAME	RELATIONSHIP	HOME PHONE	CELL PHONE
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NAME	RELATIONSHIP	HOME PHONE	CELL PHONE
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HOW WILL CHILD GET HOME? PLEASE CHECK THE BOX(ES) THAT APPLY

CAR RIDER

WALKER

BIKE RIDER

CHILD'S PRINTED NAME	CHILD'S SIGNATURE	DATE
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PARENT'S PRINTED NAME	PARENT SIGNATURE	DATE
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I give permission for my child to attend and participate in RHEAP activities/programs. Also, I give permission for my image/pics to be used for the sponsoring organization's usage. Plus, in case of emergency, I give permission for my child to be transported to the nearest hospital for medical care. If I cannot be reached, please contact one of the persons listed above.