

**NEW YORK CITY HOUSING AUTHORITY
COMMUNITY OPERATIONS
DEPARTMENT OF ADMINISTRATION**

Program Registration Form (Please print all information)

Name of Program _____

LAST NAME		FIRST NAME	MIDDLE NAME
ADDRESS			APT NO.
BOROUGH		ZIP CODE	HOME TELEPHONE NO. ()
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	DEVELOPMENT	
LAST GRADE COMPLETED		LANGUAGE(S) SPOKEN <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____	
COMMUNITY CENTER NAME		ADDRESS	
TELEPHONE NO. ()		EDUCATIONAL SERVICES CONTACT PERSON	
IS APPLICANT:			
A NYCHA RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		18 YEARS OLD OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, do not complete the rest of the form.			
FAMILY DATA		CHILD LIVES WITH	HOME PHONE NO.
MOTHER'S NAME		<input type="checkbox"/>	()
FATHER'S NAME		<input type="checkbox"/>	()
GUARDIAN'S NAME		<input type="checkbox"/>	()
EMERGENCY CONTACTS:			
List two people who will be responsible for the child if the parent or guardian is not available:			
1. NAME _____ RELATIONSHIP _____ (W) PHONE # () (H) PHONE # ()			
2. NAME _____ RELATIONSHIP _____ (W) PHONE # () (H) PHONE # ()			
FOR THE PARENT:			
1. I give consent for medical, surgical or dental treatment including hospitalization for my child, if necessary.			
2. I give consent for medical personnel treating my child to release any medical records to NYCHA, if required.			
3. I do authorize any emergency medical and or treatment to be given to my son/daughter.			
Signature of Parent or Legal Guardian _____			
Print Name _____			
Relationship to Child _____ Date _____			
FOR AGENCY USE ONLY			
Circle one: Mon./Wed. or Tues./Thurs. _____			

For Distribution: Original and three copies: Original (White) Community Center's; 1st Copy (Yellow) to Central Office, Dept. of Community Operations; 2nd Copy (Blue) to Borough Office; and 3rd Copy (Pink) to parent.