



**OUT EAST YOUTH TUTORING SUPPORT SERVICES
REGISTRATION FORM (Cooking, Gardening & Tutoring)**

PRINT NAME

Name: _____
(First) (MI) (Last)
Birth date: _____ Age _____

PRINT NAME

Name: _____
(First) (MI) (Last)
Birth date: _____ Age _____

PRINT NAME

Name: _____
(First) (MI) (Last)
Birth date: _____ Age _____

If registering for Young Chefs, How many members in Family home; _____

Address _____ City _____ Zip _____

Contact number (____) _____ Emergency contact _____

Cell (____) _____ or Home (____) _____ Relationship _____

(SHANDS @ UF will be used for medical emergencies unless otherwise directed by parent/guardian.)

Emergency Center Preference _____

DOES ANY CHILD need any assistance to access the building yes___ no___ if yes
explain _____

Does any child have any medical problems we should be aware of (i.e. allergies, medication needed etc.)
yes___ no___ If yes explain

Child 1. _____

Child 2. _____

Child 3. _____

Will you donate snacks: Yes _____ No _____

Participants Signature: _____ Date: _____

Participants Signature: _____ Date: _____

Rev E Butler, President

Carla Miles Secretary

Shirley McNish Treasure

Contact Us at: greaterduval@gmail.com or at 918 Ne 18th street Gainesville, FL, 32641 Or 352-225-5939

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Participants Signature: _____ Date: _____

If you are 17 years of age are younger you parent are guardian must sign for you to be able to attend;

Parent/Guardian Signature: _____ Date: _____

By signing above, I agree to be a part of the parent group that meet once a month.

Rev E Butler, President

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