Location: Shallow Brook

YORK COUNTY Strengthening Families a Children's Home of York Program

Start Date: April 9, 2025

Workshops for Fun and Learning

PROGRAM REGISTRATION FORM

I. Mother/Caregiver

Name _____ Age _____Birth Date _____Marital Status _____

Address _____
Street City Zip

Phone_____Other Phone _____E-mail_____

II. Father/Caregiver

Name _____ Age _____Birth Date _____Marital Status _____

Address _____
Street City Zip

Phone_____Other Phone _____E-mail_____

III. Youth Attending Program Only

1. Name _____ Age _____ Birth Date _____
2. Name _____ Age _____ Birth Date _____
3. Name _____ Age _____ Birth Date _____
4. Name _____ Age _____ Birth Date _____

IV. Childcare Needs

How many children _____ Name _____ Age ___ Birth Date _____

Name _____ Age ___ Birth Date _____

Name _____ Age ___ Birth Date _____

I hereby give my permission to have my image/voice and my child's image/voice used by Children's Home of York's Strengthening Families Program. I understand these images may be used in presentations, websites and other forms of media for educational, promotional and marketing purposes of SFP to other families and the community.

Parent/Caregiver

Name:_____

Signature: _____

Date: _____

Children's Home OF YORK

www.yorkcountystrengtheningfamilies.com