

**The Phoenix Youth Center**

325 S. Railroad St., Suite 6 , Palmyra, PA 17078

Director: Sherri Lynch , 717-838-0302

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone number where can be reached \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

I hereby give permission for my child \_\_\_\_\_ to attend the Phoenix Youth Center Homework Club and agree to have a responsible adult to pick him/her up at or before 5:00 each day he/she is in attendance.

Parent/Gaurdian Signature \_\_\_\_\_