The Philadelphia Department of Recreation

For Fun. For Safety. For All.

TEEN CENTER YOUTH REGISTRATION FORM

(Please print.)

CIRCLE ONE: **KINGSESSING** **MCVEIGH** **MYERS** **RIVERA** **SIMONS**
SHEPARD **D. EMANUEL** **FELTONVILLE**
MURPHY **LAWNCREST** **MARTIN LUTHER KING**

NAME: _____ _____ _____
First Name Middle Initial Last Name

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE #:** _____

DATE OF BIRTH: _____ **AGE:** _____ **SEX:** Male Female

RACE/ ETHNICITY: African American / Black Caucasian / White Asian
Native American Latino / Hispanic Bi-racial / Multi – racial
Other _____

CIRCLE THE LANGUAGES THAT YOU SPEAK OTHER THAN ENGLISH:

None Spanish Vietnamese Camobodian Other _____

Is English your first language? Yes No **If No, how many years have you been learning English?** ____

Do you have a high school degree? Yes No
Do you have GED? Yes No

Are you currently attending school ? Yes No

If Yes,
Name of School _____

Current Grade in school _____

School ID# _____

Are you in college? Yes No
Are you in a trade school? Yes No
Are you attending Twilight School? Yes No
Are you attending GED classes? Yes No

If No,
Last Grade completed _____

Are you currently employed?
No
Yes, Under 20 hours a week
Yes, 20 hours or more a week

Have you been to the Rec Center before? Yes No

How did you learn about the Teen Center?
REC center staff
Friend
Family
Probation/Advocate
Family Court
Other _____

What attracted you to the Teen Center?
Sports / Games
Classes (computer, GED, photography, etc.)
To meet / hang out with friends
Keep me safe / out of trouble
Other _____

☐ **READ 180 Program Participant** ☐ **YVRP Participant**

Youth's signature: _____

Staff signature: _____ **Date:** _____ **Youth TC ID:** _____