



C. WALDO SCOTT CENTER FOR H.O.P.E.

Date Received: _____ No. #: _____ Staff Initials: _____

**AUGUSTA INETTIE BANKS EDWARDS AFTER SCHOOL PROGRAM
REGISTRATION FORM (2009-2010)
Sponsored by: C. Waldo Scott Center for H.O.P.E., Newport News Public Schools, &
Wickham Avenue Alliance**

Youth's Name: _____
Print Last Name First M.I.

Address: _____
Print Street Address City State Zip Code

Home Telephone #: _____ **Youth's Gender:** Male / Female

Student I.D. #: _____ **DOB:** _____
Month/Date/Year

School Attending: _____ **Grade:** _____

Parent's/Guardian's Name: _____
Print Last Name First

Address: _____
Street City Zip Code

Home #: _____ **Work/Cell #:** _____

Parent's/Guardian's Name: _____
Print Last Name First

Address: _____
Street City Zip Code

Home #: _____ **Work/Cell #:** _____

***Additional Information:** _____

*Note: Completion of this form indicates parental/guardian interest in their youth participating in the After School program. A Case Manager will notify you if your youth is selected to enroll in the program. Priority is given to residents of the Southeast community. Limited number of spaces per grade level.