



# CATHARINE STREET COMMUNITY CENTER

69 Catharine Street, Poughkeepsie, NY 12601 845.473.2272 [www.catharinecenter.org](http://www.catharinecenter.org)

## REQUEST FOR REGISTRATION PACKAGE (PLEASE CHECK ONE)

- AFTER SCHOOL PROGRAM
- SUMMER ENRICHMENT PROGRAM

Name of child \_\_\_\_\_  
Last First

Gender: male \_\_\_\_\_ female \_\_\_\_\_ Date of Birth \_\_\_\_\_

What school is your child attending? \_\_\_\_\_

Grade entering in the fall: \_\_\_\_\_ Teacher's name: \_\_\_\_\_

How many people reside in your household? \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_