



**Strengthening Families Program (SFP)
Registration Form**

Douglas Memorial Community Church
1325 Madison Ave., Baltimore, MD. 21217
Tuesdays 6:00 – 8:00 PM, February 27 – May 22, 2018

Parent or Guardian Information

Parent(s) or Guardian(s) Name(s)

Address _____

Phone # _____ Alt Phone# _____ email _____

Emergency Contact Name and Phone Number

Name _____ Phone# _____

Youth Information

Child's Name _____ Nickname _____

Date of Birth ____/____/____ Grade ____ School _____

Allergies or other conditions we should be aware of (food reactions, physical limitations, ADD/ADHD, etc.)

Child's Name _____ Nickname _____

Date of Birth ____/____/____ Grade ____ School _____

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For information about the program or for **Transportation Service** please contact **Deborah Ivory at 410-523-1700 or email dwivory@cfokids.org**.