

**Please return to:**

**R.E.A.L. Hope Youth Center**

**PO Box 283**

**302 N. Brewer St.**

**Paris, TN 38242**

**Office Use Only** Date Received:\_\_\_\_\_\_\_

Six-page Application Complete: \_\_\_\_\_

$10 Registration Fee Paid: \_\_\_\_\_\_\_\_\_\_\_

Parent Fee Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waiting List \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**731-227-4689** [**www.**](http://www.)**realhopeyouth.com**

**MEMBERSHIP APPLICATION 2025-2026**

*A complete application is required for each child. Please provide all information requested.*

**Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Full Legal Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Circle One**: Male/Female

**Child’s Preferred Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Circle* the** **2025-2026 Grade in School**: 1 2 3 4 5

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip**:\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s DOB**: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **Home Phone**:\_\_\_\_\_/\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ **Parent’s Cell Phone**:\_\_\_\_\_\_/\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

**School Attending**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation provided by**: Arrival by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick-up:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Transportation to the REAL Hope Youth Center is provided by Paris City Schools. County Schools do not provide transportation)

**Brothers/Sisters Attending REAL HOPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Race/Ethnicity**: (Please check all that apply)

❑ African American ❑ Asian ❑ Caucasian ❑ Hispanic ❑ Native American ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household information**

Please check one:

❑ Single parent ❑ Two parents at home

❑ Living with grandparent(s)

❑ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number living in household:\_\_\_\_\_\_\_\_

Number in household under 18:\_\_\_\_\_\_\_\_\_

**Income-based sliding scale fee**

**Payment will be $10-$25 weekly depending on total household income.**

Household Income Level – please check one:

❑ Up to $25,000 ❑ $35,001 - $45,000

❑ $25,001 - $35,000 ❑ $45,001 - $55,000

 ❑ $55,001 and up

|  |  |  |
| --- | --- | --- |
| **Circle One of Each 🡺** | **Mother / Grandparent / Guardian** | **Father / Grandparent / Guardian** |
| **Name** |  |  |
| **Home Address** |  |  |
| **Occupation/Employer** |  |  |
| **Home Phone** |  |  |
| **Cell/Other Phone** |  |  |
| **E-mail Address** |  |  |

Please indicate if your child has any of the following:

❑ ADHD

❑ Asthma

❑ Depression

❑ Headaches

❑ Hearing Aid

❑ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Physical Limitations (Please explain): \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Other (Please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Information**:

Does REAL Hope Youth Center have your permission to get medical treatment for your child in an emergency? Y / N

Medical Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Over-The-Counter Meds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Prescribed Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved Adults Who Can Pick Up Your Child from the R.E.A.L. Hope Youth Center**

In an effort to safe-guard the children, only those who are approved by parent/guardian can pick up a child from the Center. Anyone who comes to the Center for the first time, or who is not at the Center often, may be asked to show a picture ID. Children will be with their teacher at the end of the day, and the child must be signed out on the clipboard carried by the teacher. Please list below all of the adults who can pick up your child. Children can only be picked up by an adult.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Approved Adult Name** | **Phone Number** |  | **Approved Adult Name** | **Phone Number** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**I hereby make application for my child’s membership to the R.E.A.L. Hope Youth Center in Paris, Tennessee, and agree to the following statements**:

* I consent to my child taking part in any and all activities of R.E.A.L. Hope Youth Center. I will inform the director if my child is unable to participate.
* I consent for any picture or video taken of my child at R.E.A.L. Hope Youth Center activities to be put on Facebook or other media sites. If there are reasons my child cannot be photographed, I will talk to the director.
* I understand that acceptable behavior is important for the success of R.E.A.L. Hope Youth Center, and that my child and I will be required to sign a Code of Conduct contract with appropriate consequences for both good and bad behavior.
* I understand that the weekly program fee is due on the first day of the week, and repeated failure to pay the fee could result in my child being released from the program. Checks are payable to **REAL Hope Youth Center**.
* I understand that for maximum benefit of this enrichment program, consistent attendance by my child is recommended. **The full fee is due regardless of attendance.**
* I understand that R.E.A.L. Hope Youth Center is not liable for the loss of property or injury.

**I fully understand and agree to all the conditions stated on this form and will counsel my child to follow the rules of the R.E.A.L. Hope Youth Center and the authority of the employees and volunteers of the R.E.A.L. Hope Youth Center.** (Parents will receive a copy of these rules when the child begins attendance at the Center.)

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 5/5/25