

Please Attach Fire, Police, Agency, Court, or School District Incident Report with This Form

Please fill out the following information completely



Parent or Guardian Information

Guardian/Parent #1

Guardian/Parent #2

Name

Home #

Office #

Cell Phone

E-Mail

Address

City/St/Zip

Name

Home #

Office #

Cell Phone

E-Mail

Address

City/St/Zip

Does Guardian # 1 Work? Yes No

Does Guardian # 2 Work? Yes No

Was Guardian # 1 Notified? Yes No

Was Guardian # 2 Notified? Yes No

Were Parent/Guardians Told About the YFS Program? Yes No

Were Parent/Guardians Told To Contact the YFS Program Director? Yes No

NOTES (VERY IMPORTANT-Please give as much detail as possible):

Parent(s) or Guardian(s) Must Call to Register for the Class

Please E-Mail Completed Form To

Talina Sky

skyt@reno.gov

Office Phone: 775-326-6079

