



YOUTH ENRICHMENT APPLICATION

Child's Name (Please Print):

Address:

City _____ State _____ Zip
code: _____

Guardian's Name: _____

Phone: _____

Emergency Contact Name: _____

Phone: _____

Email

Preferred Days / Times to Engage in Program:



Date of Birth: _____

Age:

Grade: _____

School:

Allergies:

What areas would you like to achieve by participating in the Youth Enrichment Program? (Check as many that apply)

- Conflict Resolution Skills
- Self Esteem
- Communication Skills
- Stress Management
- Anger Management
- Foundations of Growing Up
- Healthy Relationships
- Other
