

Youth Career Entrepreneurship Program Application

Today's Date: _____

Participant's Name:

(last) (first) (initial)
Address: _____
(street) (city) (state) (zipcode)
Home Phone: _____ Cell Phone: _____
E-mail Address: _____
Age: _____ Date of Birth: _____ Grade Level: _____
School Name & Address: _____

Parent/Guardian Info(if under 18):

Name: _____ Relationship: _____
Phone: _____ Email: _____
Address (if different from above):

(street) (city) (state) (zipcode)

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____
Address: _____
(street) (city) (state) (zipcode)
Hospital Choice (in the event of emergency): _____
Insurance: Y/N Name: _____ ID#: _____

Getting To Know You

Careers of Interest:
1. _____ 2. _____ 3. _____
What are your interests? What do you like doing in your free time?

What do you want to learn from this program?

Are you willing to make a 6 month commitment? **Y / N**
Are you available Wednesdays? 6yr-9yr & 10yr-13yr @ 5:00pm-6:30pm **Y/N**
14yr-17yr & 18yr-21yr @ 6:45pm-8:15pm **Y/N**

Who will be transporting? _____ Who is allowed to pick up? _____
How did you hear about us? _____

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____