

THE COMMUNITY YEREM Inc. Registration Form

Participant Information

Child's Full Name:		
Date of Birth (MM/DD/YYYY):		
Age:		
School Name:		
Grade Level:		
Parent/Guardian Information		
Full Name:		
Phone Number:		
Email Address:		
Home Address:		
City:		
State:		
Zip Code:		
Emergency Contact (Other th	an Parent/Guardian)	
Name:		
Relationship:		
Phone Number:		
Program Interest (Check All That Apply)		
[] Double Dutch Conditioning Camp		
[] Mentorship Fundamentals		
[] Wellness & Hygiene Workshops		
[] Glam Day / Confidence Building		
[] Leadership & Career Prep		
[] Art, Fitness, or Enrichment Programs		
Medical/Allergy Information		
Please list any allergies or medical concerns staff should be aware of:		



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Registration Fee: \$60 per participant

Payment can be made via CashApp: \$TheCommunityYeremInc

Note: Registration is not complete until payment is received.

Parent/Guardian Signature	
Signature:	
Date:	