



## ENROLLMENT FORM - FALL 2017

Please check one:  **Greenville/BLWC Class- Tuesday Nights**  **Grove City/GCMC Class- Wednesday Nights**

**Youth Name:** \_\_\_\_\_ Age (must be 10-14): \_\_\_\_\_

**Parent/Caregiver Name:** \_\_\_\_\_ **Relationship to Youth:** \_\_\_\_\_

**Other Parent Caregiver attending:** \_\_\_\_\_ **Relationship to Youth:** \_\_\_\_\_

**Parent/Caregiver Mailing Address:** \_\_\_\_\_

**Parent/Caregiver Phone #:** \_\_\_\_\_

**Sibling** (that is age 10-14) attending: \_\_\_\_\_ **Age** \_\_\_\_\_ **Relationship to Youth:** \_\_\_\_\_

**Sibling** (that is age 10-14) attending: \_\_\_\_\_ **Age** \_\_\_\_\_ **Relationship to Youth:** \_\_\_\_\_

**Sibling** (that is age 10-14) attending: \_\_\_\_\_ **Age** \_\_\_\_\_ **Relationship to Youth:** \_\_\_\_\_

**Childcare Needs:** Please list those under age 10 who will attend childcare classroom:

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

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

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

**Enrolling/Referring Agent, if applicable, OR check "self":** Self: \_\_\_\_\_ (please check)

**Organization:** \_\_\_\_\_ **Staff Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**School District Youth attends:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**Classroom Accommodations Needed:** \_\_\_\_\_

**Medical Concerns:** \_\_\_\_\_

**Behavioral Concerns:** \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_