AFRIKANA COMMUNITY CENTER INC.

Back-to-School Registration Form

One form per household. Please print and bring this form to Afrikana Community Center.

EVENT INFORMATION

Event date:

Time:

Location:

PARENT / GUARDIAN INFORMATION

Full name *

Phone *

Email

Preferred language

Home address *

City *

State *

ZIP code *

Country of origin (optional)

Number of children *

How did you hear about the event?

☐ Social media ☐ School ☐ Friend/family ☐ Community group ☐ Other

CHILDREN REQUESTING SCHOOL SUPPLIES

Child's full name *	Age *	Grade *	School name (optional)

REGISTRATION AGREEMENT

☐ I certify that the information provided is accurate. I understand that each child must be present to receive supplies, submitting this registration does not guarantee supplies, and distribution is first come, first served while supplies last.

Parent/guardian signature *

Date *

FOR STAFF USE ONLY

Registration #

Children

Backpacks

Volunteer initials

Date

Notes

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