AFRIKANA COMMUNITY CENTER INC.

Youth Program Enrollment Form

One form per child. Enrollment is subject to program space and eligibility.

PARENT OR GUARDIAN

Parent/guardian full name *

Relationship to child *

Phone number *

Email address

Home address *

City, state, ZIP *

Preferred language

YOUTH INFORMATION

Youth full name *

Date of birth *

Age *

Grade *

School

PROGRAMS OF INTEREST

- ☐ After-school tutoring
- ☐ Youth mentorship and leadership
- ☐ Youth sports
- ☐ College preparation
- ☐ Cultural activities
- ☐ Other

Allergies, medical needs, accommodations, or important information

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EMERGENCY CONTACT AND PERMISSIONS

Emergency contact name *

Relationship *

Emergency phone *

May Afrikana use photos/video of this youth for nonprofit outreach? *

☐ Yes ☐ No

ENROLLMENT AGREEMENT

☐ I certify that the information is accurate and authorize Afrikana Community Center to contact me about youth programs. I understand that submitting this form does not guarantee enrollment.

Parent/guardian signature *

Date *

RETURN YOUR COMPLETED FORM

Bring it to Afrikana Community Center, 3050 W Broadway, Suite BB3, Louisville, KY 40211.

Questions: (502) 475-6117 | afrikana@afrikanacommunitycenter.org