



219 50th St. SE
 Washington, D.C. 20019
 Phone: (202) 671-6280 ext. 153
 Fax: (202) 645-3196

APPLICATION FOR PARTICIPATION

Date: _____

Applicant Information

Child's Name: _____ D.O.B. _____ Age: _____
 Parent / Guardian: _____
 Address: _____
 Telephone: Home: _____ Cell: _____
 Is youth a committed ward? (Yes) (No)
 If yes, please provide a transportation plan in space provided _____

Parent Employment Information

Current employer: _____ Phone: _____
 Address: _____

Emergency Contact

Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Address: _____	Address: _____	Address: _____
Telephone: _____	Telephone: _____	Telephone: _____

School Information

School currently attending: _____ Grade: _____
 Contact person: _____ Special Education: (circle) Yes No
 Grade average: below average _____ average _____ above average _____
 What else should we know about your child? _____

Interests / Hobbies

Medical Data

Height: _____ Weight: _____ Severe Asthma: _____ Diabetes: _____ Allergy/Bites: _____
 Allergy/Medication: _____ Seizures/Convulsion: _____ Hay Fever: _____
 Hearing Problem: _____ Respiratory: _____
 Genitourinary: Incontinent Urine _____ Frequency _____ Burning _____
 Retention: _____ History of Bladder/Kidney Problem: _____ Cuts/Bruises: _____
 Operations: _____ Year: _____ Injuries: _____ Year: _____
 Current Health Status: _____
 List Medications Presently Taking (if any): _____

Signature

 Parent / Guardian Date