

A.R.I.S.E. Youth Mentoring, Corp.

Youth Registration Form

Thank you for your interest in registering for A.R.I.S.E. Youth Mentoring, Corp. programs. Please complete this form fully. A team member will follow up with you regarding program availability, schedules, and next steps.

1) Youth Information

Youth Full Name

Preferred Name (if different)

Date of Birth

Age

Grade in School

School Name

Youth Gender (optional)

Male

Female

Non-binary

Prefer not to say

2) Parent/Guardian Information

Parent/Guardian Full Name

Relationship to Youth

Phone Number

Email Address

Home Address (Street)

City

State

Zip

A.R.I.S.E. Youth Mentoring, Corp.

Youth Registration Form (continued)

4) Program Interest (Select all that apply)

Mentoring & Life Skills

Creative Arts Workshops (Paint & Purpose™, etc.)

Built Different: Confidence & Boundaries

Teen's Financial Literacy Workshop

Workforce Readiness / Career Pathways

Sports Camps & Youth Recreation

Other (please specify)

5) Availability

Preferred Days (check all that apply)

Mon

Tue

Wed

Thu

Fri

Sat

Sun

Preferred Time

Morning

Afternoon

Evening

6) Youth Needs & Support (Confidential)

Allergies, medical conditions, or special needs (if any)

Accommodations needed to fully participate (if any)

7) Permissions

Photo/Video Permission:

Yes, I give permission

No, I do not give permission

8) Transportation

No

Yes

Maybe (please contact me)

9) Additional Notes (Optional)