



THE ADVANTAGE MENTORSHIP AND LEADERSHIP ACADEMY REGISTRATION FORM

CHILD'S INFORMATION

First Name		Last Name	
Address		City	State
Home Phone	Cell Phone	Email Address	
Birthdate		Age	Grade Level

PARENT'S INFORMATION

First Name		Last Name	
Home Phone	Cell Phone	Email Address	
First Name		Last Name	
Home Phone	Cell Phone	Email Address	

EMERGENCY CONTACT

First Name		Last Name	
Home Phone	Cell Phone	Email Address	

MEDICAL INFORMATION

Allergies		Medical Conditions	
Does your child have an Epi-Pen?		Do you give consent to take your child's picture for projects and/or media?	
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	

Is there anything we should know about your child?

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Parent's Signature

Date

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