Enrollment Application

PARTICIPANT

First Name: _____ **Last Name:** _____

Age: _____ **Grade in September 2021:** _____

PARENT/GUARDIAN 1

First Name: _____ **Last Name:** _____

Relationship to Participant: _____ **Email:** _____

Home Address: _____

Home Phone: _____ **Work:** _____ **Cell:** _____

PARENT/GUARDIAN 2

First Name: _____ **Last Name:** _____

Relationship to Participant: _____ **Email:** _____

Home Address: _____

Home Phone: _____ **Work:** _____ **Cell:** _____

Participants are encouraged to respond to the following question in 250 characters or less:

Why do you wish to participate in the I-DIEM HERricane Philadelphia Program?