SOAR PROGRAM REGISTRATION

REGISTRANT INFORMATION

Please type **or print legibly** Date Completed: _____

Have you received all appropriate paperwork, check all that apply.

☐ Parent Commitment	☐ Medical Info	☐ Schedule
☐ Standard of Conduct	☐ Permission Slip	☐ Fact Sheet
☐ Student Commitment	☐ Student Records	☐ Handbook

Social Security Number:		Birth Date:		Gender:	☐ Male ☐ Female
Last Name:		First Name:		Middle Initial:	
Street Address:				Apt #:	
City:		State:		ZIP:	
Primary Phone :		Mobile:			
Email:					

Race:	☐ Asian ☐ Black/African American	☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander	☐ Hispanic or Latino ☐ White	☐ Bi or Multi Racial ☐ Other
Primary Language:	☐ English ☐ Spanish	☐ Arabic ☐ Other _____	Citizenship: ☐ US Citizen ☐ Registered Alien	☐ Refugee ☐ Other Legal Alien ☐ Other

EMERGENCY CONTACT (E.C.) & MEDICAL INFORMATION

E.C. Name:			
E.C. Street Address:			Apt #:
City:		State:	ZIP:
E.C. Primary Phone :		E. C. Mobile Phone:	
E.C. Alternate Phone :		Relationship to E.C.	

Registrant's Medical Conditions:	☐ Allergies ☐ Blackouts	☐ Heart or Lung Problems ☐ Physical Limitations	☐ Seizure Disorder ☐ Disease of any kind
Other and/or conditions currently being treated (Please be specific):			
If currently taking any medication, please provide that information:			

SCHOOL

School District	☐	Watson Chapel	☐ Dollarway	☐ Pine Bluff High	☐ Other
Current Grade:		School Name:			
Have you previously participated in this program? ☐ Yes ☐ No		If yes, what year?			
GPA:					
Which do you prefer?	☐ Indoors ☐ Outdoors ☐ No preference				
How will you get to program?	☐ Car ☐ Bus ☐ Bike ☐ Walk ☐ Other ☐				

Career Interests: (Check top 3)	☐ Arts/Theatre Auto ☐ Technician ☐ Educational ☐ Food Service	☐ Gardening/Landscaping ☐ Health Care ☐ Maintenance ☐ Painting	☐ Recreation ☐ Retail ☐ Technology Information Other: _____