



NEXT STEP SUMMER PROGRAM SUPPLEMENTAL ENROLLMENT FORM

ENROLLMENT FORM

Student's Name _____ DOB _____

Home Address: _____

School: _____ Grade: _____

Parent/ guardian email address: _____

Participant email address: _____

Participant cell phone number: _____

If graduating high school, will the participant be attending college in the Fall of '21? _____

If "yes", to which school will the participant be matriculating? _____

About the participant:

Interests, hobbies, favorite activities to do in spare time:

Has the participant had the COVID-19 vaccination?

No ___ First dose ___ Second dose ___ Two weeks post second dose ___

Are there any health or dietary concerns for the participant? (The program will include eating lunch out and both walking and public transportation travel)

OPTIONAL: How would you describe the participant's race/ethnicity? _____