



THE HOUSE OF EL ELYON

REGISTRATION FORM FOR LIFE SKILLS

PROGRAM FOR MAY 2022

DATE _____

NAME _____

EMAIL _____

AGE _____

WHY DO YOU WANT TO TAKE THIS
PROGRAM _____

DO YOU HAVE A CHILD? YES NO AGE OF CHILD _____ SEX M F

ARE YOU PREGNANT YES NO HOW Many months are you _____

Due date _____ Do you intend to keep the child YES NO

ARE YOU STILL IN SCHOOL YES NO