



# PROMISE OF TOMORROW

## RITE OF ADULthood

### REGISTRATION FORM

email to  
[fireforgedrecovery@gmail.com](mailto:fireforgedrecovery@gmail.com)

Name:

Date of Birth:

Age:

Gender:

Address:

Contact Number:

Email:

School/grade:

Allergies

Dietary Restrictions:

Religion/Place of Worship:

Height:

Weight:

Language:

Hobbies:

Parent/Caregiver's Name

Relationship

Person to contact in case of  
emergency:

Contact Number:

Persons to whom the youth may not be released:

Youth's signature

Parent's signature

Date Complete

# RITE OF ADULthood QUESTIONNAIRE YOUTH \_\_\_\_\_

1. What do you think a rite of adulthood is?

2. How do you hope to be stronger at the end of the process?

3. what are your strengths?

4. What do you hope to get better at?

DATE COMPLETED\_\_\_\_\_

BY\_\_\_\_\_

# RITE OF ADULTHOOD QUESTIONNAIRE PARENT/CAREGIVER \_\_\_\_\_

1. What do you think a rite of adulthood is?

2. How do you hope your child will be stronger at the end of the process?

3. What are your child's strengths?

4. How can the program assist your family to get stronger?

YOUTH NAME \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_ BY \_\_\_\_\_