



Country Club Hills Partnership Mentoring

Country City Hills Mentoring Program - PTW

Personal Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

School Attend: _____

Birth Date: _____ Age: _____

Parent(s) Name _____

Parent(s) Email _____

Parent(s) Cell
Phone _____

List Any Food, (Allergies)

Emergency Contact Information

Full Name: _____ Relationship: _____
Phone: _____

Address: _____

Primary Phone: _____

Alternate Phone _____

Signature of
Parent/Guardian _____

Participant's
Signature _____ Date: _____