

INDIAN CENTER INC YOUTH PROGRAM



Youth Program Intake Form

Date: _____

Personal Information

Name: _____ D.O.B. _____
Address: _____ Name of School: _____
Zip Code: _____ Home Phone #: _____
Grade: _____ Gender: Male _____ Female _____
Youth Email: _____ Parent/Guardian Email: _____

Tribal Information

Tribal Affiliation(s): _____
Enrolled Tribe: _____
Not Enrolled: _____ Don't Know: _____

Parent/Guardian Information

Name of Mother: _____ Tribe: _____
Name of Father: _____ Tribe: _____

Activities and Trait Information

Personality Traits: _____
Favorite Activities: _____