

**Girl Power
Confidential Personal Information**

Daughter's Name: _____ Age: __ Grade: __ DOB: __/__/__

Address: _____
 Street Apt. # Town Zip Code

Home Ph: _____ Daughter's Cell: _____

Daughter's Email Address: _____

School: _____

1st Parent's Name: _____ Cell: _____

Email: _____

2nd Parent's Name: _____ Cell: _____

Email: _____

Child lives with: ___ both parents ___ first parent ___ second parent

In case of illness or emergency during group time, whom should we call?

Name: _____ Phone: _____

Relationship with your child: _____

From time to time we post photos/videos on our site that highlight our program's goals and objectives. May we have permission to include your daughter's image in our albums?

Yes No Today's Date: _____

Parent's Signature: _____

Please return this completed form to Kevin Lee, Dartmouth Youth Advocate

Thank you!

Location: Dartmouth Town Hall, 400 Slocum Road, Room 118

Office Phone: 508-910-1855

Email: dartmouthyouth@gmail.com