



MINORITY CENTER

2511 S 73rd Street, Philadelphia PA, 19142
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APPLICATION FORM

Last Name _____			Middle: _____			First Name: _____		
City: _____			State: _____			Zip Code: _____		
Address: _____			Male _____ Female _____			Date of Birth: _____		
Phone Number: _____			Email: _____			Mother's Name _____		
Emergency contact Name _____			Elementary School student: Yes ___ No ___ If yes, which grade? _____			Phone Number _____		
Phone Number _____			Middle School student: Yes _____ No _____ If yes, which grade? _____			Father's Name: _____		
High School dropped off? Yes _____ No _____ If yes, why _____			Do you have interest in vocation? If yes, which one? _____			Phone Number _____		
Do you have an interest in sports? If yes ___ No ___ If yes which one? _____						College student: Yes ___ No ___ If yes, which College _____		
Do you have interest in skill or art? If yes which one? _____			Signature: _____			High School graduate: Yes _____ No _____ If yes, when? _____		
			Date: _____			Social Security Number: _____		

Any specific medical or dietary restrictions that we need to know?	Alternative Contact just in case we don't get the first contact.	Telephone Num_____

“PARTICIPATE AND BE EMPOWERED”