

IMPACT PROGRAM REGISTRATION FORM

Student Information:

Print Name: _____

Address: _____

City, ST and Zip: _____, PA _____

Phone number: _____

Date of Birth: _____

Email: _____

School: _____ Grade: _____

Favorite Subject(s): _____

Least Favorite Subject(s): _____

Greatest Accomplishment to Date: _____

Special Gifts and Talents (circle all that apply and/or fill in):

Singing, Dancing, Acting, Speaking, Writing, Some of Everything, Still Exploring,

Sports: _____

Musical Instrument(s): _____

Other: _____

Parental Information:

Print Name of Parent/Guardian: _____

Address: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Email: _____