

**BRONX ALUMNAE CHAPTER of
DELTA SIGMA THETA SORORITY, INC.
Youth Program Application 2020-2021**

Please check the youth initiative you wish to register for.

Delta Academy
(Girls ages 11-14yrs old)

Delta G.E.M.S.
(Girls ages 14-18yrs old)

E.M.B.O.D.I.
(Boys ages 13-18yrs old)

STUDENT INFORMATION

Name _____

Date of Birth _____ Current Age _____ Gender: Female Male

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email _____

Current School _____ Grade Level _____

Is this the first time with any of the Youth Programs? Yes No

If a returning student, which program were you a part of? _____

How did you hear about the program? _____

HEALTH INFORMATION

Below please indicate any current health condition that may require attention during the program day.

Allergies/Sensitivities (be specific)

- Foods _____
- Medicines _____
- Bee sting or insect bite _____
- Other _____

Asthma
 Vision Problems
 Hearing Problems
 ADD/ADHD

Inhaler required at Program
 Glasses
 Hearing Aid(s)
 Other _____

Contacts

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HEALTH INFORMATION (cont.)

List all medications your child receives on a continual basis: _____

Physical Limitations (if any): _____

I hereby state that the information on this application is true and complete.

Parent/Guardian Signature

Date