BRONX ALUMNAE CHAPTER of
DELTA SIGMA THETA SORORITY, INC.
Youth Program Application 2021-2022

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*)

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