



## Youth Programs Registration Form

**RETURNING STUDENTS ONLY**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

Grade Level in the Fall \_\_\_\_\_ GPA \_\_\_\_\_ Age \_\_\_\_\_

Student's Cell # \_\_\_\_\_

Student's Email \_\_\_\_\_

Student's -shirt size (Please check one)  S  M  L  XL  XXL  XXXL

### Programs (Please Check ONE):

### Check One Below

E.M.B.O.D.I. (6<sup>th</sup> – 12<sup>th</sup> Grade MALES only)

Delta Academy (6<sup>th</sup> – 8<sup>th</sup> Grade FEMALES)

Delta G.E.M.S. (9<sup>th</sup> – 12<sup>th</sup> Grade FEMALES)

Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Parent's Cell # \_\_\_\_\_ Parent's Home # \_\_\_\_\_

Parent's Email \_\_\_\_\_

Are you or your spouse a member of Delta Sigma Theta Sorority, Inc.?  Yes  No

If yes, provide name of Alumnae Chapter or College of Initiation \_\_\_\_\_

Has your child participated in East Point/College Park Alumnae Chapter's youth programs?  Yes  No

Indicate the Program Name \_\_\_\_\_

Indicate year(s) of participation  2014-15  2013-14  2012-13  2011-12  2010-11

**Please return the completed typewritten form via email or fax to: (888) 415.1243**

**Email:** Complete, save the file as the students name, and email to [education@epcpdst.org](mailto:education@epcpdst.org)

**Fax:** Complete, print and fax the form to (888) 415.1243

**NOTE:** Please submit **ONE form for each participant per household** by August 1<sup>st</sup>.