COMING OF AGE

PARENT INFORMATION FORM

Turn this in at COA Table or mail to:

Youth & Family Ministry-COA
Center for Spiritual Living – Seattle
6318 Linden Ave N.
Seattle, WA 98103

YOUTH'S NAME _____ AGE _____

PARENT/GUARDIAN #1 _____

ADDRESS _____

CITY _____ ZIP CODE _____

PHONE (home) _____ (cell)_____

EMAIL _____

PARENT/GUARDIAN #2 _____

ADDRESS _____

PHONE (home) _____ (cell) _____

EMAIL _____

I/We have completed Foundations or Beyond Limits: Yes _____ Date_____

Please answer the questions below, using the back if necessary.

1. Why do you want your youth to participate in Coming of Age?

2. Participation in the COA program makes physical and emotional demands on your youth. Does your youth have any condition(s) or physical limitation(s) that would compromise their safety and/or ability to participate fully in the program? Yes_____ No ____
   If yes, please explain:

3. Will you agree to be responsible for transporting your youth to and from Coming of Age events and activities on time? YES _____ No _____

4. Based on the Draft COA calendar, will you and your youth be able to attend all the events and activities listed. Yes ____ No ____ If no, please explain:

Youth and parents will be interviewed by Coming of Age facilitators prior to acceptance into the program. There will be there will be a $500.00 non-refundable deposit due at time of acceptance. The total amount of $ 1500.00 is due on or before October 25, 2020.

☐ I would like information about the Coming of Age Scholarship Program.

As the parent or guardian of the youth named above, I am interested in enrolling my child in the Coming of Age Program. I submit the following information in good faith knowing that it will remain confidential and will be used exclusively for purposes of considering your youth for the Coming of Age Program. ☐ Initial _____

CENTER FOR SPIRITUAL LIVING

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