African American Chamber of Commerce of the Hudson Valley
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YOUTH FINANCIAL LITERACY
Boot Camp Registration

Child's First Name_____ Child's Last Name_____

Gender ☐ M ☐ F ☐ _____ Date of Birth_____

Child's Address_____ City_____ Zip_____

School Name_____ Grade _____

T-Shirt Size ☐ YS (6-8) ☐ YM (10-12) ☐ YL(14-16) ☐ XL ☐ XXL

Child's Race:

☐ American Indian ☐ Asian ☐ Black/African American ☐ Middle Eastern ☐ Native Hawaiian/ Pacific Islander ☐ White ☐ Other

Childs Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino

Childs First Language_____

Does your child self-administer any medications such as an inhaler or epi-pen? Please list any medication your child will be taking at camp All medication given to camp director and must come in original bottle with the name of child, medication, dosage, and doctor's name. Please also list any food allergies.

_____ _____

_____ _____

Parent/Guardian Contact Information

Name_____ Relationship to Child_____

Address_____ City_____ Zip_____

Email_____ Home Number_____

Cell Number_____ Work Number_____

Name_____ Relationship to Child_____

Address_____ City_____ Zip_____

Email_____ Home Number_____

Cell Number_____ Work Number_____

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