



Empowered Girls Inc.

Perservere Overcome Win Excel Reform

Enrollment Information

Mentee's Name _____ **Date of Birth** _____

Address _____

Phone _____ **E-mail** _____

Mother's or Father's Name _____

Address _____

Cell Phone _____ **Home Phone** _____

E-mail _____

Best time to be reached: _____

Guardian's Name if applicable

Address _____

Cell Phone _____ **Home Phone** _____

Home E-mail _____

Best time to be reached: _____

Emergency Contact Name _____

Address _____

Home Phone _____ Cell Phone _____

Does your child have any food allergies, dietary restrictions, or serious health conditions that Empowered Girls Inc mentors should be aware of? If yes, please explain briefly:

Academic Concerns:

Social Concerns:

Other Concerns:

Are you able to volunteer with us i.e. meetings, outings, activities or events when called upon?

Yes or No

What are your expectations of Empowered Girls Inc?

Please tell us about your daughter in a few words:

Do you have a close bond with your daughter? If no, please explain:

Are you willing to commit yourself to your child's success in this program?

Yes: _____ No: _____