



Kids First Initiative (KFI) Youth Program Enrollment Form

Child Information

Child's Full Name: _____

Date of Birth: _____ Age: _____ Gender: _____

School Name: _____

Grade Level: _____

Parent / Guardian Information

Parent/Guardian Name: _____

Phone Number: _____ Alternate Phone: _____

Email Address: _____

Home Address: _____

Emergency Contact Information

Emergency Contact Name: _____

Relationship to Child: _____

Emergency Phone Number: _____

Medical & Special Needs Information

Allergies: _____

Medical Conditions / Special Needs: _____

Program Attendance Selection (Check All That Apply)

- Week 1 – Entrepreneurship / Career (\$25)
- Week 2 – Pouring Into Others (\$25)
- Week 3 – Camp / Life Skills (\$25)
- Week 4 – Fun in the Sun (\$25)
- Last Saturday – End of Program Banquet (Included)

Program Fee: \$25 per week, due prior to each selected week.

Permissions & Signatures

- I give permission for my child to participate in KFI programs.
- I authorize KFI staff to seek emergency medical treatment if necessary.
- I give permission for my child's photo/video to be used for KFI promotional purposes.

Parent/Guardian Signature: _____ Date: _____

KFI Contact Information

Marena Gentry

Phone: 469-359-0817

Email: kidsfirstinitiative25@gmail.com