



Dumfries Cares

“Know Your Worth” Workshop Registration Form March 15, 2014 12pm-4pm

This application must be completed by the parent or guardian of the youth 17 and younger. The purpose of this application is to help the *Dumfries Cares* Program best serve your student.

Personal Information:

Date: __/__/__

Youth's Name: _____
Last First M.I.

Phone number _____

Age: _____ Date of Birth: __/__/__

School: _____ Grade: _____

Address:

Street State Zip Code

How did you hear about the workshop?

Emergency Contact Information:

In the event that a parent/guardian cannot be reached, please list person(s) to contact in case of an emergency

Name Relationship to student Phone (____) _____

Parent/Guardian Signature

Date

REGISTRATION FORM MAY SUBMITTED: VIA EMAIL (AHARRIS@DUMFRIESVA.GOV),
VIA FAX (703)221-3544 (ATTN: DUMFRIES CARES), THERE ARE LIMITED SPACES
AVAILABLE, SO PLEASE CONTACT DUMFRIES CARES STAFF TO ENROLL YOUR CHILD !
(703) 221-3400 ext 146. Register by 7pm on March 14, 2014.