



## Raising Awareness & Meeting Critical Needs SYC Summer Program Registration Form

Student's Name \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Church Name \_\_\_\_\_  
Youth Pastor's Name \_\_\_\_\_

I give my child permission to attend SYC Summer Program outings \_\_\_ No \_\_\_ Yes

I give my child permission to participate in the SYC Summer Program volunteer service projects \_\_\_ No \_\_\_ Yes

I give permission for my child to be photographed. Note, Summer Program pictures will be posted on the SPEAK website and maybe on the SPEAK facebook page. \_\_\_ No \_\_\_ Yes

My child will attend the SYC Summer Program the following dates/weeks:

\_\_\_ Week 1 or Other \_\_\_\_\_  
\_\_\_ Week 2 or Other \_\_\_\_\_  
\_\_\_ Week 3 or Other \_\_\_\_\_  
\_\_\_ Week 4 or Other \_\_\_\_\_  
\_\_\_ Week 5 or Other \_\_\_\_\_  
\_\_\_ Week 6 or Other \_\_\_\_\_

Registration Fee: included for the amount of \$ \_\_\_\_\_

\_\_\_ Our family is not able to contribute at this time

\_\_\_ Our family is able to contribute \$ \_\_\_\_\_ each week

\_\_\_ Our family will contribute a sponsorship another student in the amount of \$ \_\_\_\_\_

Parent Name (Please Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Students participating in SYC Summer Program will be eligible to earn Chick-fil-A reward coupons when they participate in the volunteer service projects.**