



Industrial Youth Center Project

Enabling young people to discover their talents, and exercise them in a real business setting

Computer Genesis™ Application

Spring 2012

February 20th – April 12th

5:30PM to 8:00PM

- Monday & Wednesday** **Tuesday & Thursday**
(Please print clearly and provide as much information as possible.)

First Name: _____ Last Name: _____

Street: _____ City: _____ Zip Code: _____

Home /Mobile # (203) _____ - _____ Emergency #: (203) _____ - _____

Date of Birth: ____/____/____ Age: _____ **(13 to 21 only)**

School: _____ Grade: _____

E-mail addresses will be used for changes in schedule, reminders and graduation invitations. Provide both, if possible:

Student: _____

Parent: _____

Circle the applicant's computer background? Beginner Intermediate Expert

Does the applicant have the following?

Allergies Yes No

Asthma Yes No

Special Concerns: _____

Parental signature required for youth ages 13 through 17.

I hereby allow my child to attend BAYM's **Computer Genesis™** program and to receive emergency medical treatment, if so needed.

Parent's Name (Print): _____

Parent's Signature: _____ Date: ____/____/____

Office Use Only:

Cash \$ _____

Credit Card \$ _____

Type of Payment

Check or M.O. # _____

BAYM Staff Signature: _____

Date Application Submitted: ____/____/____