



THRIVE 2:7
PARTICIPANT APPLICATION

Name _____ Date _____

Address _____

City, State, ZIP _____

Phone no. _____ Cell Phone no. _____

E-mail Address _____

Birthdate _____

What is the last grade of school you completed? _____

What are you plans after high school graduation? Check all that apply

Work _____

Community College _____

College University _____

Technical School _____

Certificate Program (i.e. Cosmetology) _____

Other: _____

Please list any hobbies or special interests that you have:

Parent or Guardian / Emergency Contact

Name _____ Relationship _____

Phone _____ Cell Phone _____

Signature

Date



THRIVE 2:7
PARENTAL PERMISSION FORM

Participant Name: _____

I grant my permission for _____ to participate in the Thrive 2:7 program. I understand the goal of this program is to enhance their skills and abilities to help prepare them for life after high school.

The program will be held on Monday's & Tuesday's from 4:30pm to 7:00pm for Five (5) weeks.

The core curriculum can cover topics in the areas of:

- * Bible Study- Learning my Identity in Christ
- * Healthy Relationships- Defining healthy and unhealthy relationships, boundaries, and safe people
- * Life Happens- dealing with conflict, grief, failure
- * My Life Online- my life's resume online, safety, being a godly woman in social media
- * Job Prep- soft skills, online applications, career assessments
- * Money Management- beginning habits for money management

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Phone Numbers

Phone Type
(Home, Mobile, etc.)

Name(s)

Street Address

City State Zip

Parent(s)/Guardian(s) Email address(es)

Information provided on this form will be kept strictly confidential.



Thrive 2:7 invests in young lives through a holistic Christ-centered educational and mentoring program empowering them to impact their families and communities.