



**DO THE WRITE THING OF DC – MBSYEP 2024
REGISTRATION FORM (print legibly OR type)**

Name of Youth (first): _____ (last):

Email:

_____ @ _____

Phone: (____) _____ - _____

School:

Date of Birth: (month) _____ (day) ____ (year) ____

Age: ____ Grade (going to): ____ Gender: Boy ____ Girl ____ Other ____

Address:

#1 Parent/Guardian Name (first): _____ (last)

Phone (cell): (____) _____ - _____

(home): (____) _____ - _____ (work): (____) _____ - _____

#2 Parent/Guardian Name (first): _____ (last)

Phone (cell): (____) _____ - _____

(home): (____) _____ - _____ (work): (____) _____ - _____



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PARENT CONSENT – PLEASE MARK (X) ONE OF THE FOLLOWING STATEMENTS ABOUT YOUR CHILD/STUDENT BEING PAID INCENTIVES TO PARTICIPATE IN THE DTWT/MBSYEP WORKSITE:

___ I **DO CONSENT** to my child being PAID MONETARY INCENTIVES to participate in DO THE WRITE THING OF DC’s MBSYEP worksite.

***NOTE: Parents will be contacted by phone to confirm they have given consent for their student/child to receive monetary incentives.**

FINANCIAL PATHWAY: Please select the following financial path you want to use to accept money transfers for compensation/incentives on behalf of your child/student:

___ CASHAPP + Name! (tag/handle/name/phone): _____

___ PAYPAL + Name! (tag/handle/name/phone): _____

___ ZELLE (tag/handle/name/phone): _____

___ Check here if you consent to your child/student receiving funds directly using their own financial pathway.

(PRINT Parent Name)

(DATE)

(Parent SIGNATURE)

(DATE)