 **DO THE WRITE THING OF DC – MBSYEP 2025**

**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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**REGISTRATION FORM (print legibly OR type)**

**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.**

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**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 + Name! (tag/handle/name/phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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**(PRINT Parent Name) (DATE)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent SIGNATURE) (DATE)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**