

Omega Star Mentor Program Registration Form

Parent name(s): _____

Child name: _____

Address: _____

Primary Phone: _____

Alternate Phone: _____

Email: _____

Questionnaire:

1. Does the child have any medical condition that would hinder participating in physical activities? Yes No (please circle one)

2. Does the child require medication to be administered frequently? Yes No (please circle one)

Mentee Information:

Age: _____

School: _____

Favorite Subject/Interest: _____

Reason for joining: _____

Please return this form to Uplift Project, Inc. c/o Mentor Program, PO Box 2091, Durham, NC 27702.