

## **CATCH Career Program Registration Form**

Thank you for your interest in the CATCH Career Program! Please complete the registration form below to get started.

### **Minor's Information:**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

School Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

### **Parental/Guardian Information:**

Parent/Guardian Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address (if different from minor): \_\_\_\_\_

**Career Program Details:**

Please describe your career goals or interests:

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Why are you interested in joining the CATCH Career Program?

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What skills or areas would you like to focus on or improve?

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What's your availability to complete job readiness classes/paid internships? What's an ideal schedule for you, considering any other commitments you may have?

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**Program Commitment:**

I understand that by participating in the CATCH Career Program, I will have the opportunity to gain valuable career experience through paid internships, training, and mentorship. I am committed to attending required sessions, completing necessary tasks, and being a responsible and active participant throughout the program.

**Minor's Signature:**

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(Participant's Signature)

**Date:**

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(Today's Date)

**Parental/Guardian Consent:**

As the parent/guardian of the minor applicant, I understand that my child will participate in the CATCH Career Program, which includes training, mentorship, and paid internships. I acknowledge that my child will be expected to commit to the program requirements and to attend all required sessions. I give my permission for my child to participate in the program and agree to support their involvement.

**Parent/Guardian Signature:**

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(Parent/Guardian Signature)

**Date:**

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(Today's Date)

**Emergency Contact Information:**

In case of emergency, please provide an alternate contact:

Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Agreement & Acknowledgment:**

By signing this registration form, both the participant and their parent/guardian acknowledge that the information provided is accurate and that they agree to the terms and conditions of the CATCH Career Program. Both parties also consent to communication from the CATCH Initiative regarding the program.

Thank you for registering for the CATCH Career Program! We look forward to helping you achieve your career goals and supporting you every step of the way. We will be in touch with next steps soon!