

# Form #101



*Young Men's Educational Network*  
*"Preparing young men in North Lawndale for leadership..."*

PO Box 23410  
1241 S. Pulaski  
Chicago, IL 60623  
Phone: 773-852-9830  
Fax: 773-522-9636  
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Web Address: [www.ymenchicago.com](http://www.ymenchicago.com)

## Young Men's Educational Network (YMEN) Student Application & Information Form

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

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

Birth Date: \_\_\_\_\_ Student's E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) / Guardian: \_\_\_\_\_

Parent's Occupation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Church: \_\_\_\_\_ Location: \_\_\_\_\_

.....  
How did you learn about the YMEN program? \_\_\_\_\_

Tell us about yourself (your talents, hobbies, and goals). \_\_\_\_\_

Who is your hero? Whom would you like to follow? Why? \_\_\_\_\_

*I declare that the above information is true to the best of my knowledge.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Form #102



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## Young Men's Educational Network (YMEN) Parent Information Form

Parent (s) / Guardian's Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Church: \_\_\_\_\_ E-Mail: \_\_\_\_\_

.....  
How did you learn about the YMEN program and why would you like your child to participate?

\_\_\_\_\_  
\_\_\_\_\_

Briefly explain your relationship with your child. \_\_\_\_\_

\_\_\_\_\_

Tell us about yourself (talents, hobbies, goals) and what ways you would be willing to help the YMEN program.

\_\_\_\_\_  
\_\_\_\_\_

Please circle one. I would like to the parent interview at:      YMEN      My Home

*I consent for my child to be involved in the Young Men's Educational Network.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Parent Permission Slip and Emergency Medical Form

I give my child permission to participate in all activities, classes, and trips with the Young Men's Educational Network. I also give permission for my child to be photographed and videotaped for the purposes of documentation and program promotion. In the event of illness or injury, I grant permission to the Young Men's Educational Network to provide appropriate medical treatment without delay as judgment of medical personnel dictates. I affirm that my child is in good physical condition and does not suffer from medical conditions or disabilities that would prevent their full participation in the YMEN Program. Furthermore, I agree to waive all future claims against the Young Men's Educational Network, YMEN's Board of Directors, YMEN's staff, and YMEN's volunteers.

### In an Emergency Notify:

**Name(s) and Phone Number(s):**

**Doctor's Name and Phone:**

**Family Insurance Policy:**

**Current Medication Student is Taking:**

**Any Known Allergies or Medical Conditions of Student:**

I consent for my child to participate in all YMEN activities, be photographed and videotaped, and receive any medical attention YMEN staff deems necessary:

\_\_\_\_\_  
Parents Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child / Children's Name(s)



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**To: Transcript Clerk, Guidance Department  
Counselors, School Administrators, and Classroom Teachers**

**From: Michael Trout, Executive Director  
Young Men's Educational Network**

**Our family participates in the Young Men's Educational Network, a college preparatory after-school leadership development organization in the North Lawndale community. An important aspect of this program includes academic accountability. Therefore, we request that the teachers, guidance counselors, administrators, and transcript clerks release all grades, test scores, transcripts, progress reports to the Young Men's Educational Network staff and directors during the academic school year.**

We consent for my child's participation:

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

School:

Principal:

Primary Teacher / Homeroom Teacher:

Counselor's Name:

Grade in School:

Room # or Division # :