



COMING OF AGE

YOUTH INFORMATION FORM

Turn this in at COA Table or mail to:

Youth & Family Ministry-COA
Center for Spiritual Living – Seattle
2150 N 107th St, Suite 500
Seattle, WA 98133

Youth Name _____ Date _____

Gender _____ Age _____ Date of Birth _____ Email _____

Optional: preferred pronoun (e.g., he/him, she/her, they/them) _____

Parent/Guardian #1 _____

Address _____

City _____ Zip _____

Phone (home) _____ (cell) _____

Parent/Guardian #2 _____

Address _____

City _____ Zip _____

Phone (home) _____ (cell) _____

Please answer these questions. Use the back of the page if necessary.

1. Why do you want to participate in the Coming of Age (COA) Program?

2. By participating at 100% effort in each COA event, what do you expect to gain?

3. Whose idea is it for you to enroll in Coming of Age Program? Mine _____ Parent _____ Other _____

Youth and their parents will be interviewed by Coming of Age facilitators before being accepted into the program.

I want to be involved with the Coming of Age program. I understand the information in this application will remain confidential and be used only by Coming of Age facilitators. I understand this is a voluntary program and that Coming of Age events must be a top priority for me during the program. I have permission from my parent(s)/guardian(s) to participate in Coming of Age Program. Initial _____

Revised 4/14/2019

