



Youth Exposure, Inc
3100 UNIVERSITY BLVD S, 109
JACKSONVILLE, FL 32216
904-846-2160
jaxyouthexposure@gmail.com
www.jaxyouthexposure.org

OFFICE USE ONLY

Application Submission Date: _____
Waiting List _____ (check only if on the waiting list)
Acceptance Date: _____

PARTICIPANT'S INFO

First Name: _____ Last Name _____

DATE OF BIRTH: ___/___/___ PARTICIPANTS AGE _____

ADDRESS: _____

APT: _____ CITY: _____ STATE: _____ ZIPCODE: _____

SCHOOL ATTENDING: _____

DOES PARTICIPANT HAVE AN IEP? _____

WHAT IS PARTICIPANT READING GRADE LEVEL _____

CURRENT GRADE LEVEL: _____

PARTICIPANT'S CELL PHONE: _____

PARTICIPANT'S HOME PHONE: _____

PARTICIPANT'S EMAIL: _____



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PARTICIPANT'S FB: _____

PARTICIPANT'S IG: _____

GUARDIAN / PARENT INFO

FIRST NAME: _____ LASTNAME _____
RELATIONSHIP: _____ WORK PHN: _____
CELL PHN: _____ HOME PHN: _____
EMAIL: _____

GUARDIAN FIRST NAME: _____ LASTNAME _____
RELATIONSHIP: _____ WORK PHN: _____
CELL PHN: _____ HOME PHN: _____
EMAIL: _____

EMERGENCY CONTACT:

FIRST NAME: _____ LASTNAME _____
RELATIONSHIP: _____ WORK PHN: _____
CELL PHN: _____ HOME PHN: _____
EMAIL: _____

PARTICIPANT'S RACE/GENDER

MALE _____ FEMALE _____



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ETHNICITY:

BLACK OR AFRICAN AMERICAN ___ HISPANIC OR LATINO ___
AMERICAN INDIAN OR ALASKA NATIVE ___ ASIAN ___
CAUCIAN ___ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ___

HEALTH:

DOES THE PARTICIPANT HAVE HEALTH INSURANCE? Y ___ N ___
IF YES, PLEASE LIST HEALTH INSURANCE CO: _____

PRIMARY CARE DOCTOR'S CONTACT:

HOUSEHOLD INCOME RANGE: _____

CHECK THE TYPE OF ENROLLMENT:

MEDIA ARTS: ___ Clothing Design ___
BEAUTY PROGRAM ___ WEB DESIGN ___ Game Develop ___
GRAPHIC DESIGN ___ JOB READINESS ___
HEALTH & WELLNESS ___ YOUNG MEN'S GROUP ___
YOUNG WOMEN'S GROUP ___ WOMEN'S TRACK ___ /
BASKETBALL ___ MALE ATHLETICS ___ ON-THE-JOB TRAINING ___
PODCASTING ___ PHOTOGRAPHY ___ RE-ENTRY PROGRAM ___
OTHER _____ YOUTH ENTREPRENEURSHIP ___

Parent's Signature _____ Participant's Signature _____



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NEW PARTICIPANT: _____ AGE: _____
RETURNING PARTICIPANT: _____
PARTICIPANT SINCE: _____
ACTIVE: _____ INACTIVE: _____
YOUTH TA _____