

LAUNCH



Lakes Center for Youth and Families wants to equip you with the skills and knowledge to be workforce ready. We are providing the following opportunities to **LAUNCH** you into your career. Select what areas you are interested in (see brochure for more information):

- Career Conversations
- Job Shadowing
- Job Tours
- Career-Focused Mentoring
- Professional Skills Class
- Apprenticeships

LAUNCH PROGRAM REGISTRATION

Date _____ First & Last Name _____

Gender _____ Date of Birth _____ Age _____ Grade _____ Graduation Year _____

School _____ Ethnicity _____ Immigrant? Yes ___ No ___

Parent/Guardian(s) _____

Address _____

City _____ Zip _____ State _____ County _____

Parent Phone _____ Youth Phone _____

Parent Email _____

Youth Email _____

In Case of Emergency: Contact Person _____ Phone _____

I, _____ (parent/guardian), agree to allow my youth, _____, to participate in the Launch program and understand that photos may be published for promotional purposes.

Parent Name (Print) _____ Parent Signature _____

This box is for statistical purposes only & is strictly confidential.

This information helps keep programs like this free.

Does your family qualify for free/reduced lunches? Yes No

Does your family receive government assistance? Yes No

If yes, please list _____ Number in Household _____

Approximate Annual Household Income _____ Female Head of Household Yes No

Please Complete Reverse Side

The following information is to help us determine if Launch is an appropriate program for each student. By completing this portion, you are allowing us to provide the best services to your youth.

Please check the categories that apply to your youth.

- Age 16+ and NOT attending any school
- School Dropout
- Physical Disability (type) _____
- Mental Disability (type) _____
- Learning Disability (type) _____
- Emotional Disability (type) _____
- Youth with educational attainment one or more levels below grade level appropriate to age
- Youth with an IEP - Individual Education Plan
- Limited English Proficiency
- NONE OF THE ABOVE APPLY TO MY YOUTH

Return the completed registration form to Jenna Jones at:

Mail: 20 Lake Street, Suite 103, Forest Lake, MN 55025

Email: jenna.jones@lc4yf.org

Fax: 651-464-3687

Office USE ONLY

All services are Enrichment Intakes

CASE # _____ INTAKE DATE _____ COUNSELOR _____

SERVICES PROVIDED

SERVICE PROVIDED DATE

___ Panel Career Conversations

___ Job Tour

___ Professional Skills Class

___ Job Shadowing

___ Career-Focused Mentoring

___ Apprenticeship

TERM DATE _____ TERM REASON _____