**“Aneway” Young Empowerment Program**

**El Cantare Foundation**

Please fill out the application form and email it to us at info@elcantarefoundation.org

|  |  |
| --- | --- |
| First name  |  |
| Last name |  |
| Age  |  |
| The student’s contact number  |  |
| Address |  |
| Emergency contact number |  |
| Are you available on weekends? Yes or No | Are you able to attend the Zoom class? Yes or No |
| Email (print)  |  |

Parent’s Consent (Under 18 years old)

Parents’s Name:

Signature: Date:

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