



Concerned Black Men Inc.,
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STEM Program Registration Form

I/We the parent/guardian hereby give permission for my/our child to participate in Concerned Black Men Inc., STEM Program.

(Please print below)

Child's First Name: _____

Last Name: _____

Child's Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Cell Phone No.: _____

Date of Birth (MM/DD/YYYY): ____ / ____ / _____ Age: _____ Sex (M/F): _____

School Name: _____

Grade: _____

I/We understand that my son/daughter must be responsive to CBM's appointed and must obey all rules and regulations as required. I/We understand that CBM reserves the right to make any adjustments to the STEM Program, as it deems necessary.

(Please Print)

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Phone No. (Home): _____ (Work): _____

Email: _____

Parent/Guardian Signature: _____

Date (MM/DD/YYYY): ____ / ____ / _____