



## Life After Graduation Workshop Registration Form

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Gender:  Male  Female

Ethnic Background:

African American  Asian American

Caucasian  Hispanic/Latino

Other \_\_\_\_\_

Current High School:

Corning-Painted Post HS

Elmira Heights HS

Elmira Christian Academy

Haverling HS

Horseheads HS

Notre Dame HS

Thomas Edison HS

Other \_\_\_\_\_

### Parental/Guardian Information:

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### After Graduation Plans:

- College ( \_\_ 2 year or \_\_ 4 year)
- Entrepreneurship / Business Owner
- Military ( \_\_ Officer or \_\_ Enlisted)
- Straight to work
- Technical Training / Skills Trade
- Undecided

Guidance Counselor's Name: \_\_\_\_\_

**At the end of the workshop, professional representatives will be available to offer one on one support.**

Mark any item you would like assistance with:

- Resume
- College application essay
- LinkedIn profile
- Other, please specify: \_\_\_\_\_

❖ *Please bring your documents on an USB drive or email it to us beforehand.*

List any specials topics you would like us to discuss during the teen rap session:

\_\_\_\_\_

\_\_\_\_\_

List any special dietary restrictions:

\_\_\_\_\_

**A panel session for parents will be offered at EC from 1:45-2:30pm during the workshop on 9/21/2019.**

Will your parent(s) or guardian be attending?

- Yes, # attending \_\_\_\_\_
- No

Parents, please list any special topics you would like covered in the parent's forum:

\_\_\_\_\_



**Please include this page with your registration submission and make sure that both you and your parent/guardian sign this form.**

### **General Consents**

Please check to confirm consents:

\_\_\_ I hereby give consent for my child to attend the Cosmopolitan Women's Club Life After Graduation Workshop on September 21, 2019 at Elmira College's library auditorium.

\_\_\_ In case of an accident, injury, or medical emergency when parents and emergency contact person cannot be reached, the Cosmopolitan Women's Club representative may authorize emergency medical treatment.

Child's Physician: \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_ I would like to be notified about the Cosmopolitan Women's Club annual scholarships and other programming.

### **Media Release**

I hereby consent to the use of any photographs/video taken of my child by the Cosmopolitan Women's Club, Inc. or their designee(s). The photos or videos may be used on the Cosmopolitan Women's Club website or publication. From time to time representatives of the news media are invited to cover our events. When this happens there is a possibility your child/children may be photographed, videotaped, or interviewed for a news story.

\_\_\_ Yes, I allow my child/children to be identified in photographs or videotape when appropriate.

\_\_\_ No, I do not want my child/children identified in photographs or videotape when appropriate.

Student Name: \_\_\_\_\_ (PLEASE PRINT)

Student Signature: \_\_\_\_\_

Parent's or Guardian's Signature: \_\_\_\_\_

**Registration forms must be submitted no later than  
Sunday, September 15, 2019**

to

[CosmopolitanWomensClub@gmail.com](mailto:CosmopolitanWomensClub@gmail.com)

(Please copy the CWC contacts below)

Dawn White, [dwhite11@elmira.edu](mailto:dwhite11@elmira.edu) , Phone: (607)346-0084  
Ernestine Kyles, [ernestinekyles@aol.com](mailto:ernestinekyles@aol.com) , Phone: (607)739-9245

Upon receipt of your registration form, you will receive an email confirmation within 3 business days.