

# Afterschool Activity

## YOUTH DEMOGRAPHICS

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

## PROGRAM INFORMATION

Name of Program: \_\_\_\_\_

\*Start Date: \_\_\_\_\_ \*End Date: \_\_\_\_\_

\*Activity Type (pick one): \_\_\_\_\_

Homework/ Tutoring  Art  Life skills

Employment Skills  Prosocial Activities  Health and Wellness

Recreation  STEM \_\_\_\_\_

\*Hours Completed: \_\_\_\_\_

Notes: