



Parents and Caregivers of Youth Support Group Registration Form

NAME: _____ DATE: _____

EMAIL: _____ CELL PHONE #: _____

ADDRESS: _____

OPT in to receive text messages related to the program you registered for ONLY: Yes No

AGE:

17 or younger 18-20 21-29 30-39 40-49 50-59 60 or older

CULTURAL IDENTITY: (Please check all that apply)

Caucasian Asian American/Pacific Islander Black/African American Indigenous

Hispanic/Latinx Other _____

GENDER IDENTITY:

Female Male Non-binary/Non-conforming Other: _____

LGBTQ+ Prefer not to answer

MILITARY:

Active Duty Veteran N/A