

# Coming of Age Program Registration

Please return along with tuition to:

Coming of Age Program  
Green Gulch Farm  
1601 Shoreline Highway  
Muir Beach, CA 94965

## Participant

Name of Youth: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle one: Male Female

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

## Parent/Guardian Details

Name(s): \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

## Emergency Contact:

Name(s): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Parent/Guardian Consent

I consent to having my child enrolled in the San Francisco Zen Center Coming of Age Program \_\_\_\_\_