



Enrollment Form

Custodial Parent/Guardian Name: _____ Last Name: _____

Phone Number: _____ (cell) _____ (work) _____ (home)

Student's First Name: _____ M.I. ____ Last Name: _____

Age: _____

Please complete the information above and submit to the Newburgh Girl Power Program at the following address or fax number:

Newburgh Girl Power Program
St. George's Episcopal Church
105 Grand Street
Newburgh, NY 12550

Or Fax to 845-561-2443

Thank you