

Black River Youth Financial Academy

Registration Form



CHILD NAME: _____ PARENT NAME: _____

ADDRESS: _____

HOME PHONE#: _____ CELL PHONE#: _____

CHILD'S AGE: _____

WHAT IS YOUR CHILD'S KNOWLEDGE OF MONEY: _____

DOES YOUR CHILD RECEIVE A WEEKLY ALLOWANCE: (Y) (N) DOES YOUR CHILD DO HOUSEHOLD CHORES FOR MONEY: (Y) (N)