



# AFRICAN COMMUNITY WELLNESS INITIATIVE

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## Black Youth Mental Wellness Circle Registration Form

Youth Participant Name: \_\_\_\_\_

Youth Participant Email Address: \_\_\_\_\_

Youth Participant Phone Number: \_\_\_\_\_

Are you a youth between the ages of 13-18?  Yes  No

Are you going to need consent from a Caregiver?  Yes  No

What is your Caregiver's Email? \_\_\_\_\_

What is your Caregiver's Phone Number? \_\_\_\_\_

What is your preferred method of Contact? \_\_\_\_\_

How do you best identify ethnically? Select all that applies.

- Black
- African Canadian
- Biracial
- Afro-Caribbean
- Afro-Latinx
- Afro-Atlantic
- Afro-Asiatic
- Afro-Indigenous
- Other African Descent

If Other, please specify: \_\_\_\_\_