



***Boutique Day***  
**Saturday, March 14, 2020**  
 9:30 AM – 3:30 PM

**Fullerton First United  
 Methodist Church**  
 114 N. Pomona Ave.  
 Fullerton, CA 92832

## *Prom Project Application*

Name: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_

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

E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_

Dress or Jean Size: \_\_\_\_\_

• **Are you allergic to any perfume, makeup or hair products?** Please Specify \_\_\_\_\_

• **Please indicate when you would like to schedule your dress appointment**

Saturday, March 14<sup>th</sup> between 9am-3:30pm (Boutique Day)

▪ Are you interested in having your hair & makeup done on Boutique Day, March 14<sup>th</sup> ?

No, Thank you

Yes (Please note that hair & make-up sessions add 1 hour to your day)

Saturday, April 4<sup>th</sup> between 9am-1pm (Dress Only)

None of these dates work with me. Please schedule me an appointment after March 14<sup>th</sup> (Dress Only)

**Mandatory: CIRCLE the number of people in your home,  
 THEN circle the correct annual income from the 3 choices.**

NUMBER OF FAMILY MEMBERS	LI (Low Income)	VLI (Very Low Income)	ELI (Extremely Low Income)
1	\$41,550.01 to \$66,500	\$24,950.01 to \$41,550	\$29,950 or less
2	\$47,500.01 to \$76,000	\$28,500.01 to \$47,500	\$28,500 or less
3	\$53,450.01 to \$85,500	\$32,050.01 to \$53,450	\$32,050 or less
4	\$59,350.01 to \$94,950	\$35,600.01 to \$59,350	\$35,600 or less
5	\$64,100.01 to \$102,550	\$38,450.01 to \$64,100	\$38,450 or less
6	\$68,850.01 to \$110,150	\$41,300.01 to \$68,850	\$41,300 or less
7	\$73,600.01 to \$117,750	\$44,150.01 to \$73,600	\$44,150 or less
8	\$78,350.01 to \$125,350	\$47,000.01 to \$78,350	\$47,000 or less

**Please check your race:**

- White
- Black/African American
- Black/African American AND White
- Asian
- Asian AND White
- American Indian or Alaskan Native
- American Indian AND White
- American Indian AND Black
- Native Hawaiian or Pacific Islander
- Hispanic
- Other Multi-Racial

- Do you live with your \_\_\_Mother \_\_\_Father \_\_\_Both or Other \_\_\_\_\_
- Are YOU a single mother? Yes\_\_\_ No \_\_\_
- Do you have a disability? Yes\_\_\_ No\_\_\_
- Are you interested in Youth Employment Services? \_\_\_Yes, I want more info on getting a job \_\_\_No

**Please have your parent or guardian sign this form to verify family and income information:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete the photo release and waiver of liability. Signed waivers are required for Prom Project Registration.**

**Photo Release for a Minor**

*I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by volunteers or staff of the YWCA of North Orange County. I also grant to the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of media.*

*I also hereby release the YWCA of North Orange County and its volunteers, agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.*

**Waiver of Liability**

*I, \_\_\_\_\_ have applied to the Prom Project program offered by the YWCA of North Orange County. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in the Prom Project program.*

*In consideration of my participation in this program, I \_\_\_\_\_ for myself, heirs and assigns, hereby release the YWCA of North Orange County (its employees, owners and staff), from any claims, demands and causes of action arising from my participation in the Prom Project program.*

*I fully understand that should I injure myself as a result of my participation, I, \_\_\_\_\_ hereby release the YWCA of North Orange County (its employees, owners and staff) from any liability now or in the future including, but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness or injury however caused, occurring during, or after my participation in the Prom Project program.*

***I hereby affirm that I have read and fully understand the above.***

**Signature of Parent/Guardian (if Student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_**

**OR Signature of Student (if 18 or over): \_\_\_\_\_ Date: \_\_\_\_\_**

**Please complete this application and return to:**

YWCA of North Orange County  
215 E. Commonwealth Ave. Ste F. Fullerton, CA 92832  
**Phone:** 714.871.4488 **Fax:** 714.871.4709 or **E-Mail:** datamanager@ywcanoc.org