



Chrysalis Application Form

Please print and fill out all questions below so that we can better meet the needs of student.

Name of student: _____ Nickname (for name tag) _____
 Address: _____ City/State/Zip _____
 Home phone: _____ Student cell phone: _____ Birth Day: _____
 Circle: Male Female Student email address: _____
 Parents names: _____ Parent cell phone #: _____ Parent email _____
 Parents address: _____
 Name of Church: _____ Pastor's Name: _____
 Phone number of Church: _____ Name of Church Youth Pastor: _____
 Address of Church: _____
 (Street/City/State/Zip)

Medical information

Does student have any medical conditions or physical needs which require special consideration? Circle: Yes No
 If yes, explain: _____
 Allergies (i.e. bee sting, food, latex, etc.): _____
 Is student taking any medications? Circle: Yes No Explain: _____
 Does student require any special foods? _____

Medical Insurance Company: _____ Policy I.D. #: _____
 Secondary Insurance (if any): _____ Policy I.D. #: _____
 Alternate contact: _____ Phone #: _____

HIGH SCHOOL ONLY

Grade level: _____
 Name of H. S.: _____
 Organizations/Clubs in which student is active:

 Areas of interest: (athletics/drama/music, etc)

COLLEGE/CAREER ONLY

Year: _____ Major: _____
 Career: _____
 Organizations/Clubs in which student is active:

 Number where student can be reached other than home:
 (____) _____ cell #: _____
 Name of college: _____
 High school attended: _____

To be completed by parent or guardian of minor:
 _____ has my permission to attend the Chrysalis weekend. In the event of an emergency, the Chrysalis staff has my permission to secure the services of qualified medical personnel to provide the care necessary for my child's well being: _____
 Signature parent/guardian _____ Date _____

FOR STUDENT: Has Chrysalis been explained to you? Yes No State briefly why you wish to be involved in Chrysalis and what you expect from the flight: _____

 Applicant's signature: _____

Please enclose a registration fee of \$25.00 with the application. Make checks payable to the Greater Indianapolis Area Emmaus Community. You will be notified by the registrar of your acceptance with the date and location of your flight. Please send the completed application and fee to the Registrar:
 Megan Green
 543 lions Creek Drive
 Noblesville, IN 46062
 email: mgreen@bishopchatard.org
 Phone: 765-639-1527

Please complete both pages of the form

SPONSORS

This section is to be completed by the sponsor and a pastor, youth counselor, teacher, or coach who knows the applicant well. This information will help us place an applicant in appropriate groups. All information is kept in strict confidence. *This applicant will not be included on the flight unless a completed reference form is received.*

Sponsor's name: _____
Sponsor's home phone #: _____ Sponsor's cell #: _____
Sponsor's address: _____
(Street/City/State/Zip)
Sponsor's email address: _____
How long have you known the applicant: _____ In what capacity: _____

PLEASE CIRCLE APPROPRIATE COMMENT:

Maturity:	Low	Average Mature	Very mature
Psychological adjustment:	Poor	Average Good	Excellent
Relationship with peers:	Quiet/shy	Reticent Domineering	Well liked

Briefly describe how the applicant might react when placed in a situation not completely familiar: _____

Please furnish any additional information below that might help the team understand and deal more effectively with the needs of the applicant (home life, doubts, hopes, difficulties, faith/values, etc.): _____

Sponsor: College/Career only – to be completed by the sponsor:

How long have you know the applicant? _____ What capacity? _____
Why do you think this person would benefit by attending the weekend? _____

Please make any additional comments you believe will be helpful or should be brought to the attention of the Spiritual Director and Team (including mental health, spiritual, or emotional concerns.) _____

FOR ALL APPLICANTS:

Sponsor's name: _____ Sponsor's signature: _____

Thank you for your time and interest in the Greater Indianapolis Area Chrysalis Community. Additional information can be obtained at either www.indyemmaus.org or Chrysalisgia.webs.com.

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Noblesville, IN 46062
email: mgreen@bishopchatard.org
Phone: 765-639-1527