



# MINORS PROGRAM REGISTRATION FORM



*It is the policy of Drexel University that any program, activity, service or event involving minors, on or off campus, sponsored by any academic, administrative or athletic department of Drexel University; or programs, activities, services or events involving minors, on or off campus, sponsored by non-Drexel, external entities, using University facilities, must be registered with the Minors Coordinator, Department of Public Safety, prior to the commencement of such program, activity, service or event.*

*These include, but are not limited to: athletic camps, academic camps, day care or early learning programs/centers, recreational camps, individual lessons, workshops, competitions, clinics, conferences, pre-enrollment visits, outreach programs, research studies and any program that employs minors affiliated with Drexel University.*

Date Submitted: \_\_\_\_\_

## PART 1: Program/Activity/Event Coordinator (Primary Contact)

1. First Name: \_\_\_\_\_
2. Last Name: \_\_\_\_\_
3. Title: \_\_\_\_\_
4. Department/Organization: \_\_\_\_\_
5. Email: \_\_\_\_\_
6. Phone Number: \_\_\_\_\_
7. Address: \_\_\_\_\_

## PART 2: PROGRAM INFORMATION

1. Name of Program/Activity/Event: \_\_\_\_\_
2. Brief Description of Program/Activity/Event: \_\_\_\_\_
3. External Entity/Individual partnering with Drexel: \_\_\_\_\_
4. Location(s) of Program/Activity/Event: \_\_\_\_\_  
*(Please specify building/room)*
5. Days/Dates/Times of Program/Activity/Event: \_\_\_\_\_  
Begins: \_\_\_\_\_ Ends: \_\_\_\_\_
6. Number of Minors (Please specify if Estimation): \_\_\_\_\_  

Early Childhood Students	(Pre-K-2):	
Elementary Students	(3-6):	
Middle School Students	(7-8):	
High School Students	(9-12):	
7. Male                      Female                      Both

8. Does the Program/Activity/Event require overnight housing?    Yes            No
9. Does the Program/Activity/Event require Drexel transportation?    Yes            No

**PART 3:            AUTHORIZED ADULTS**

*All faculty, professional staff, students, volunteers or contractors participating in the Program/Activity/Service/Event are required to have fully complied with State Law and Drexel University Policy concerning Background Checks/Clearances and Protection of Minors/Mandated Reporting of Child Abuse Training.*

NAME (First & Last)	POSITION/DEPARTMENT	DREXEL ID	PHONE	EMAIL

**PART 4:            APPROVAL SIGNATURES**

1. Program Director/Coordinator: \_\_\_\_\_
2. Relevant Dean/Department Head: \_\_\_\_\_
3. External Entity Representative: \_\_\_\_\_  
(If Applicable)

Once this form is completed, including all appropriate signatures, please return to the Office of Public Safety, Attn: Minors Coordinator

For Office of Public Safety:

HR Verification: _____	Notifications Sent: _____	Registration Completed: _____
Approval Signature of Minors Coordinator: _____		