Center for Spiritual Enlightenment Teen Rite of Passage 2015-2016

*There is a power that you can draw from that will sustain you as you grow and learn, and that power is within you.* --Yogacharya O’Brian

**GENERAL INFORMATION**

**Teen Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ School Grade (Fall):\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Cell Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Have you participated in the YSE pre-teen or teen program? \_\_\_\_\_ How long?\_\_

Please list clubs or activities you are involved in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participating Parent/Guardian Name**(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you attend CSE? \_\_\_\_\_\_ How long? \_\_\_\_\_\_\_\_

**We understand that to receive the full benefit of this program, we will attend all scheduled sessions of Teen Rite of Passage beginning September 14, 2015 and continuing on the 2nd Monday of each month through June 2016. Are you able to commit to these ten meetings? Yes \_\_\_\_\_\_ no \_\_\_\_\_\_\_\_\_ (if no, explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**QUESTIONS**

Please answer the following questions using complete sentences in the space provided.

**Teen:**

1. What would you most like to learn during Teen Rite of Passage?

1. How do you hope participating in Teen Rite of Passage with your parents will benefit your family?

**Parent:**

1. What would you most like to learn during Teen Rite of Passage?

1. How do you hope participating in Teen Rite of Passage with your teen will benefit your family?

Please return to:

Rev. Lunt

Center for Spiritual Enlightenment

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San Jose, Ca. 95126 or revlunt@CSEcenter.org