



## Student Application

STUDENT NAME:

PHONE NUMBER:

I \_\_\_\_\_, hereby authorize my child to attend a six-week healthy foods preparation and exercise awareness workshop offered by KHAFRE, Inc's Healthy U... Delta Gourmet Academy for Youth. During the workshops your child will learn basic food preparation skills, healthy dietary habits and the enjoyment of practicing physical exercise in a clean safe environment. I understand parents are responsible for transportation to and from the Healthy U workshops on Saturdays.

**Location:** da' House of Khafre  
105 Main Street  
Indianola, MS 38751

**Cost:** Free

I permit my child, \_\_\_\_\_ (please print full name)

ADDRESS:

AGE                      GRADE                      SCHOOL

to attend the Healthy U...Delta Gourmet Academy for Youth, during the following dates and times  
\_\_\_\_\_ . 20 \_\_\_\_.

Are there any allergies or food-related concerns that you are aware of regarding your child's health.  
\_\_\_ yes \_\_\_ no.

If yes, what are they? \_\_\_\_\_

In case of a medical emergency, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

I give permission for my child to receive medical treatment, if necessary. \_\_\_ yes \_\_\_ no

Parent/Guardian Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Please return this permission form ASAP to:  
**Khafre, Inc**  
Mailing address: POB 64 Indianola, MS 38751  
info@khafreinc.org; www.khafreinc.org

SPACE IS LIMITED to a maximum of ten students per session.



## SURVEY

STUDENT Name \_\_\_\_\_ Phone \_\_\_\_\_

PARENT's Name \_\_\_\_\_ Phone \_\_\_\_\_

- 1) a) What is the current weight of the youth participant?  
b) What is the current waist measurement of the youth participant?
- 2) What is the current exercise regime practiced regularly by the youth participant?  
a. How frequent: \_\_\_ never; \_\_\_ once/month; \_\_\_ once/wk; \_\_\_ twice/wk; \_\_\_ other \_\_\_\_\_
- 3) What is the general attitude of the youth participant towards eating healthy foods?  
\_\_\_ great; \_\_\_ good; \_\_\_ just okay; \_\_\_ not good; \_\_\_ bad; other \_\_\_\_\_
- 4) Where do you go to purchase prepared foods outside of the home?  
\_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_
- 5) Are fresh fruits and vegetables prepared regularly inside the home?  
a. How frequent: \_\_\_ never; \_\_\_ once/month; \_\_\_ once/wk; \_\_\_ twice/wk; \_\_\_ other \_\_\_\_\_
- 6) Does the youth participant eat fresh fruits and vegetables regularly?  
a. How frequent: \_\_\_ never; \_\_\_ once/month; \_\_\_ once/wk; \_\_\_ twice/wk; \_\_\_ other \_\_\_\_\_
- 7) List favorite fruits, of the youth participant:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- 8) List favorite vegetables of the youth participant:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- 9) Do members of your household experiment with new recipes?  
a. How frequent: \_\_\_ never; \_\_\_ once/month; \_\_\_ once/wk; \_\_\_ twice/wk; \_\_\_ other \_\_\_\_\_
- 10) Are you willing to apply lessons learned in the Healthy U program, at home?  
Why? Why not?
- 11) Please list suggestions for improving the program.

DATE COMPLETED \_\_\_\_\_