



Metro Omaha Women's Business Center Young Entrepreneur Girls (YEG) Intake

Student Name: _____ DOB: _____

School attending 20/21 : _____ Grade: _____

I _____ give my daughter _____ permission to participate in the MOWBC's YEG Program.

I _____ give permission to both MOWBC and MOWBC's YEG Program to use all photos and/or videos of my daughter _____ to be used in newsletters, website publications, marketing, and anything to promote a positive image of our organization and your daughter.

I _____ understand that transportation to program and after program will not be provided and student and parent/guardian are responsible to make sure student is present at all scheduled program dates unless 42 hour notice has been provided.

Emergency Contact info:

Name: _____ Phone: _____

Address: _____ Email: _____

City/State/Zip: _____

I also give permission for my daughter to participate in all MOWBC's YEG Program field trips and activities. (Notice of all activities that require travel will be emailed, mailed out, or phone call received in advance.)

NOTICE METRO OMAHA WOMEN'S BUSINESS CENTER WILL NOT BE LIABLE FOR ANY ACCIDENTS, LOST OR STOLEN ITEMS DURING PROGRAM HOURS UNLESS OTHERWISE FOUND NEGLIGENT.

Parent/Guardian Contact info:

Name: _____ Phone: _____

Address: _____ Email: _____

City/State/Zip: _____

By Signing below you agree to the terms of this document.

Parent Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

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Student Info:

Full Name (First, Middle, Last): _____

DOB: _____ Gender at Birth: Male Female Other

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Age: _____

Mailing Address if different: _____

City: _____ State: _____ Zip: _____

Ethnicity (Please check all that apply):

- Black
 African
 Native American
 Pacific Islander
 White
 Non-Hispanic
 Hispanic/Latino
 Not Listed: _____

Current School: _____ **Grade Level:** _____

Current GPA: _____ **Expected Graduation Date:** _____

Career Goal:

- Own Business
 College Degree
 Trade School
 Undecided

Career Field:

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Technology | <input type="checkbox"/> Medical | <input type="checkbox"/> Business | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Media | <input type="checkbox"/> Visual Arts/ Film | <input type="checkbox"/> Food | <input type="checkbox"/> Music |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Philanthropy | <input type="checkbox"/> Engineering | <input type="checkbox"/> Science |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Psychology | <input type="checkbox"/> Animal Care/Treatment | <input type="checkbox"/> Writer |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Development | <input type="checkbox"/> Coaching |
| <input type="checkbox"/> Undecided | <input type="checkbox"/> Speaker | <input type="checkbox"/> Social Media | <input type="checkbox"/> Real Estate |



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Parent/Guardian Info:

Full Name (First, Middle,
Last):

Marital Status: Married Single Divorced Widow Other

Living Status: Rent Own Shared Living Homeless

Physical
Address:

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Age: _____

Mailing Address if
different:

City: _____ State: _____ Zip: _____

Annual Income: \$0 - \$15k \$16k to \$25k \$26k to \$50k \$51k to \$80K \$81K & up

Education: No High School High School/GED Associate Bachelor Master or Higher

Current Job Title: _____

Employer: _____

Current Support System: Family Friends Extended Family None

Interest in Owning a business: Yes No Never Thought about it I currently own one.

Medical and Food Allergy Form

Part A			
Student Name:		Student Phone:	
Parent/Guardian:		Phone:	
Email:		Altn Phone:	
Physician:		Physician Phone:	
Preferred Hospital:			
Emergency Contact:			
Name:		Phone:	
Name:		Phone:	
Does your child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe the major life activities that are affected by the disability.			
Health History (Check box if child had any afflictions, give appropriate dates.)			
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Seizures	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Latex	<input type="checkbox"/> Hey Fever
<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Other Drugs
<input type="checkbox"/> Concussion	<input type="checkbox"/> Cancer	<input type="checkbox"/> Bladder/Kidney	<input type="checkbox"/> Heart Issues
Other Past health issues:			
Operations or Serious Injuries (dates):			
Hospitalizations (dates):			
Chronic or Recurring Illnesses:			
Conditions that require Activities to be restricted?			
Appliance worn: (glasses, contacts, hearing aids, etc.)			
Light Sensitivity			

Medications Taken (Please list all medication currently one or have taken within the last two weeks.)	
Does your child have a special dietary need? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please complete Part B	
Part B	
Please check mark any food allergies or intolerances your child has and list the food that are to be omitted and substituted. <i>*Please note of any server/Life Threatening allergy.* (Beverage substitutions may be limited due to availability.)</i>	
Milk Allergy	
<input type="checkbox"/> Milk & Uncooked dairy products (ex. fluid milk, yogurt, cheese)	<input type="checkbox"/> Milk, dairy, and all milk products (includes both cooked and denatured milk products. ex. breads, cookies, etc.)
<input type="checkbox"/> Fluid Milk Only	<input type="checkbox"/> Lactose Intolerant
Foods to be omitted:	
Substitutions:	

Egg Allergy	
<input type="checkbox"/> Eggs Only (Ex. boiled, scrambled, etc.)	<input type="checkbox"/> Eggs and All egg products (Ex. cookies, bread, cake, muffins, etc.)
Foods to be omitted:	
Substitutions:	

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Nut Allergy	
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Tree Nuts
<input type="checkbox"/> Other _____	
Foods to be omitted:	
Substitutions:	
Soy Allergy	
<input type="checkbox"/> Soy only (Ex. Soy Milk, Soy based product: tofu, soy yogurt, etc.)	<input type="checkbox"/> Soy and all soy products (Ex. cookies, meat alternatives, chicken tenders, beef patties, hot dogs, etc.)
Foods to be omitted:	
Substitutions:	
Shell Fish	
<input type="checkbox"/> Shell fish Only (shrimp, clams, oysters, etc.)	<input type="checkbox"/> Shell fish and sea food (ex. fish, shrimp, crab meat, etc.)
Foods to be omitted:	
Substitutions:	
Other Food Allergies	
Foods to be omitted:	
Substitutions:	

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Religious Food Restrictions:		
List Restricted foods: (include time frames of restrictions if apply)		
Reactions, Symptoms and treatment for food allergies:		
Milk	Egg	Nut
Soy	Shell Fish	Other

Parent/Guardian Signature

Date:

Goals and Expectations:

Self-Esteem:

On a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree please mark how this statement represents you.

	1	2	3	4	5
1. I generally feel anxious in new social situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have not accomplished what I am capable of due to fear and avoidance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I tend to let fear and anxiety control many of my decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am very concerned about my appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I fear making mistakes that other can see.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I often wait until the last minute to get things done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I tend to think I have higher standards than other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I frequently think negative thoughts about myself and others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I often compare myself to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am not very aware of my feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I often feel others mistreat me and or take advantage of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I think life is harder for me than most other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I do not set goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I rely on the opinions of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I often think that others don't respect me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I sometimes lie when I feel that the truth would result in criticism or rejections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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What is it that you want to take from this camp?

Describe what are the parts of a business plan?

Describe your thoughts on time management.

Rate Your Knowledge

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I know how to write a business plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I know what industry I want to work in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I know the difference between business casual and business professional clothes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am confident in introducing myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I know how to budget money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I know how to save money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I know how to leave a voicemail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am confident in sending an email to a company.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I do not know how to work with a team to complete a project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I work best on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I know how to apply for a loan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I know the difference between business credit and personal credit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I know how to set up a savings and checking account.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I know how to lead a business meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. It is easy for me to meet deadlines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate Your Knowledge

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	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
16. I know how to solve problems with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am comfortable with asking for help from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I know where to get help with my business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I have a mentor for my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I know how to run a business meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I listen to others before I make a decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I know the difference between a business like page and personal social media page.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I am confident in starting a business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I know how to be polite with others while enforcing rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I know the difference between professional and personal conversation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Survey

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
On the whole, I am satisfied with myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At times I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I have a number of good qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to do things as well as most other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I do not have much to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I certainly feel useless at times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I'm a person of worth, at least on an equal plane with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wish I could have more respect for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All in all, I am inclined to feel that I am a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take a positive attitude toward myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>