**Kent State University**

**Registration of Programs Involving Minors**

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| --- | --- |
| **Program Name:** | Click here to enter text. |
| **Program Date(s):** | Click here to enter text. |
| **Program Administrator:** | |
| Name: | Click here to enter text. |
| Department: | Click here to enter text. |
| Campus: | Click here to enter text. |
| Phone: | Click here to enter text. |
| Email: | Click here to enter text. |
| **Program Description:** | |
| # of individuals staffing the program (faculty, staff, students, volunteers): | Click here to enter text. |
| # of minors participating in the program: | Click here to enter text. |
| Narrative (including a description of the types of interactions with minors, for example, whether program staff stays overnight with minors or regularly interacts with minors in one on one situations): | Click here to enter text. |