

Personal Finance



Junior Achievement's (JA) *Personal Finance* focuses on earning money, spending wisely, saving & investing, credit, and protecting personal finances.

The Personal Finance Program will cover the following topics:

- *The importance of financial decisions
- *Items and costs that require planned savings
- *How to successfully save
- *How to create a spending plan
- *The importance of credit
- *Potential risks to personal finances
- *Prevent potential losses

More Information:

Who: Youth in 8th-12th grade

Where: Lakes Area Youth Service Bureau
244 North Lake Street, Forest Lake, MN

Cost: *FREE!*

When: Tuesday, October 11, 18, & 25
6:00-8:00pm

Youth must be able to attend all sessions.

*This program is
Co-Sponsored by:*



If you have questions or would like more information, please contact Jenna with LAYSB at 651-464-3685 or Jenna.Jones@ysblakesarea.org

Personal Finance Registration Form

Mail to: LAYSB, Attn: Jenna, 244 N. Lake Street, Forest Lake, MN 55025 OR Fax to 651-464-3687

Todays Date: _____ First & Last Name _____ Gender _____
Date of Birth: _____ Age _____ Parent/Guardian Name (s): _____
Address: _____ City: _____ Zip: _____
County: _____ School: _____ Grade: _____ Graduation Year: _____
Home Phone: (____) _____ - _____ Parent Cell Phone: (____) _____ - _____ Youth Cell Phone: (____) _____ - _____
Email (Circle One: Youth/Parent/Guardian): _____

In Case of Emergency:

Contact Person Name: _____ Relationship to Youth _____ Phone: _____

I, _____ (parent/guardian), agree to allow my youth, _____, to participate in Personal Finance and understand that photos may be published for promotional purposes.

Parent/Guardian Name (Please Print): _____ Signature: _____

This box is for statistical purposes only & is strictly confidential. This information helps keep programs like this free.

Does your family qualify for free/reduced lunches? Yes No

Does your family receive government assistance? Yes No

If yes, please list: _____

Approximate annual household income: _____

Female head of household: Yes No

Immigrant? Yes No

Number in household: _____

Ethnicity: _____

Office Use Only

Case #: _____

Counselor: _____

Intake Date: _____

Intake Type: _____

Referral Source: _____

Services Provided: _____

Term Date: _____

Term Reason: _____