



PROJECT MALE STUDENT REGISTRATION FOR PROGRAM YEAR 2018-2019

PROJECT MALE STUDENT REGISTRATION (PARENTAL CONSENT AGREEMENT): 2018-2019

August 6, 2018

Hello Parent/Guardian:

To register one child or two children for Project MALE for Program Year 2018-2019, please complete the attached form and submit it before October 13, 2018. Please answer ALL questions. If the question does NOT APPLY to you or your child, write NA in the box.

By registering your child, you agree that your child will:

- Be in attendance and on time for each session.
- Be prepared for each session.
- Follow instructions and will be on best behavior during sessions.

By registering your child, you agree that you will attend with your child whenever possible.

If you have questions or need further clarification, please reach out to either of the persons listed below.

Thank you for your interest in Project MALE.

PROJECT MALE PLANNING COMMITTEE MEMBERS:

Odell L. Brown, odellbrown72@gmail.com, 214-212-9374

Dr. Jennifer Wimbish, jbwimbish@yahoo.com, 469-826-9108

Carole Mayo, cl.mayo@yahoo.com, 972-386-0596

* 1. Today's Date

* 2. Parent's/ Guardian's First and Last Name

* 3. Parent's/Guardian's Address:

Street Address

City

State

Zip Code

* 4. Parent's/Guardian's Phone Numbers:

Home Phone

Cell Phone

* 5. Parent's/Guardian's Email Address

* 6. Please complete the following for your child #1:

Child's Name

Gender

Grade

Date of Birth

Age

School Attending

Church Affiliation

Other (e.g., allergies, etc.)

Was your child enrolled in
Project MALE before?
Yes or No?

7. Please complete the following for your child #2: (Skip if you are only registering one child.)

Child's Name

Gender

Grade

Date of Birth

Age

School Attending

Church Affiliation

Other (e.g., allergies, etc.)

Was your child enrolled in
Project MALE before?
Yes or No?

* 8. EMERGENCY PICK UP AUTHORIZATION: I authorize the person listed below to pick up my child from the Project MALE Program. For my child's safety, I understand that any authorized person on the list below will be asked to show photo identification before my child is released to them; therefore, I will notify all authorized persons of this requirement so that they will have photo identification with them when they arrive to pick up my child.

Name

Relationship

Home Phone Number

Cell Phone Number

Work Phone Number

* 9. Is there anything else you wish to add?

Yes

No

Comments