



FORM 1--PROJECT MALE STUDENT REGISTRATION FOR PROGRAM YEAR 2017-2018

1. FORM 1--PROJECT MALE STUDENT REGISTRATION (PARENTAL COMPACT AGREEMENT): 2017-2018

May 6, 2017

Hello Parents:

Please complete the following information by July 31, 2017 if you desire to register your student for the Project MALE 2017-2018 Program Year. If you desire to register more than one child, please be sure to complete the requested information for each child.

By doing so, you agree:

- My child will be in attendance and on time for each session.**
- My child will be prepared for each session.**
- My child will follow instruction and will be on best behavior during sessions**
- AS a parent, I will attend all sessions with my child**

If you have questions or need further clarification, please reach out to Jarlene DeCay at 972-860-0800 or jdecay@dcccd.edu.

Thank you for your interest in Project MALE.

PROJECT MALE PLANNING COMMITTEE

*** 1. Today's Date**

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

*** 3. Your Address:**

Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>

*** 4. Your Phone Numbers:**

Home Phone	<input type="text"/>
Cell Phone	<input type="text"/>

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

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

Child's Name	<input type="text"/>
Gender	<input type="text"/>
Grade	<input type="text"/>
Date of Birth	<input type="text"/>
Age	<input type="text"/>
School Attending	<input type="text"/>
Church Affiliation	<input type="text"/>
Other (e.g., allergies, etc.)	<input type="text"/>

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

Child's Name	<input type="text"/>
Gender	<input type="text"/>
Grade	<input type="text"/>
Date of Birth	<input type="text"/>
Age	<input type="text"/>
School Attending	<input type="text"/>
Church Affiliation	<input type="text"/>
Other (e.g., allergies, etc.)	<input type="text"/>

* 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