

# SUMMER PROGRAM 2018

THE MENTORS PROJECT OF BIBB COUNTY, INC.

Date: \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School Name \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School Name \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School Name \_\_\_\_\_

Parent's Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_

I, \_\_\_\_\_, the undersigned parent/guardian of \_\_\_\_\_, do hereby grant permission for him/her to attend: *The Mentors Project Academic Summer Program 2018* located at Appling Middle School. The program is **June 4<sup>th</sup> – June 14<sup>th</sup> from 8:00 am to 12 pm.** Breakfast and Lunch will be served to all students.

Is transportation needed? Yes  No  (Based on family availability and first come first served)

## Emergency Contact Information

Emergency Contact Person \_\_\_\_\_ Contact

Number \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Allergies \_\_\_\_\_

Insurance Card Number \_\_\_\_\_

In an *emergency*, when either myself or the person named above cannot be reached, I hereby authorize the adult in charge to take any action believed necessary for the best interest of my child including emergency room treatment.

Signed: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

\*\*\*ALL participants must have a signed parental release and waiver form and copy of insurance card.\*\*\*



## OFFICE USE ONLY

Yes No

Application \_\_\_\_\_

Release Waiver \_\_\_\_\_