

The Mentors Project Summer Program 2024

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 _____, does hereby grant permission for him/her to attend: *The Mentors*

Project Academic Summer Program 2024. The program is **June 3rd– June 13th from**

8:00 am to 12 pm at Southfield Elementary School. Breakfast and Lunch will be served to all students.

transportation for MP Proteges needed? **Yes** **No** **(Based on availability and first come first**

served) Emergency Contact Person _____ **Contact**

Number _____ **Relationship to Student** _____

Student can be transported by: _____

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 _____

Insurance Card _____

Signature _____