

**Fort Braden Pioneers Afterschool Mentoring Program
Registration Form**
****Please write legible (print) and complete registration form****

Child Name: _____

Birthdate: ____/____/____ Age: _____ Race: _____ Gender: Male/Female

Current Grade _____ Teacher at Fort Braden: _____

Parent Information

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ E-mail address: _____

Employer: _____ Work #: _____

Driver's License Number: _____

Father's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ E-mail address: _____

Employer: _____ Work #: _____

Driver's License Number: _____

The following individuals are allowed to pick up this child and may be contacted in case of emergency.

Name	Relationship	Home Number	Cellular Number	Work Number

Medical Information: List any medications, allergies, and/or limitations requiring special attention:

Does your child have any special needs we should be aware of? YES/NO if yes, please state the need:

Photo Release: (please check one)

I fully understand that program staff often uses photos of children who participate in P.A.M.P. for displays, articles and promotion, and that many times, children participate in Video Production and Photography classes which involve production of photographs. It is my decision the Leon County Schools _____ (may) _____ (may not) use my child's photograph in any such activity as those listed above.

I give my permission for my child to watch pre screened PG movies _____ YES _____ NO

Policy Acknowledgement: I have read and fully understand the policies outlined in the P.A.M.P. Policy Statement. I agree to all of the procedure requirements of the program.

Parent's Signature: _____

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Financial Obligation Form

I _____, agree to the terms which have been stated concerning my child(ren)'s application for the Fort Braden Pioneers Afterschool Mentoring Program (P.A.M.P.). I agree to pay my child(ren)'s fees as stated in the package, as scheduled. I agree that if I am late paying my child(ren) fees, I will pay the late fee of \$10.00 along with the regular payment in full (by noon) before my child(ren) can continue enrollment in the program. If payment is not received after the first day late, the student will be dropped from the rolls and the next student on the reserve roster will be able to register.

Parent Signature

Date