

**FORT BRADEN
PIONEERS AFTERSCHOOL MENTORING PROGRAM (PAMP)**

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 & Internet use: (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. My child _____ (may) _____ (may not) use the internet for research pertaining to homework and free time which shall be limited to **G-Rated games ONLY.**

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 Signature: _____ Date: _____

**Fort Braden Pioneers Afterschool Mentoring Program
Registration Form 2015-2016**

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)'s fees, I will pay the late fee of \$30.00 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