

Child Mentorship Program Consent Form

Child Information

Full Name

Date of Birth

Parent/Guardian Information

Full Name

Phone Number

Email Address

Consent

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I consent to my child's participation in the Child Mentorship Program.

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I have read, understood, and agree to the terms, policies, and procedures of the program.

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I consent to photos/videos of my child being taken during program activities.

Emergency Contact

Contact Name

Phone Number

Medical or Special Needs

Please specify any relevant medical conditions, allergies, or special needs

Parent/Guardian Signature

Date