

HOPE Mentoring Program Application

(Homework help is Free to East Point Housing Authority and Fairburn Housing Authority residents only)

East Point Housing Authority_____ Fairburn Housing Authority_____

Mentee Name (child) _____ Mentee Last Name _____

Street Address _____ City _____ State/Zip Code _____

Phone # _____ Parent E-Mail Address _____

Birthdate _____ Age _____ Grade _____ Male/Female _____

Name of School Mentee Attends _____

Child lives with (Please circle all that apply) Mother Father Guardian _____ Other _____

1st Parent/ Guardian's Name _____ Relationship _____

Place of Employment _____ Work Phone# _____

2nd Parent/ Guardian's Name _____ Relationship _____

Place of Employment _____ Work Phone _____

Medical information: List any allergies/medical conditions we should be aware of in case of emergency:

Does Mentee have an IEP (Individualized Education Program) in School. Yes_____ No_____

CCDC will sponsor a Food Program (Canei's Act of Love Food Program). Food Program will be in place all year around. In regards of Covid-19 all meal must be picked up and consume at home. The children cannot congregate or eat their meals at the pick-up site.

(Survey) Food Program- Do you prefer (Please circle answer).

- A. Lunch and breakfast Monday through Friday (served 11:00AM-12:30 PM)
- B. Dinner and an After-school snack Monday through Friday (4:00 PM- 5-:30 PM)

Parents may pick up meals without their children (Bright From the Start).

Please read the following and sign below

_____ I hereby give consent for Canei Community Development Consortium to provide religious instruction through Bible stories, chapel time, and prayer. The lessons include Biblical Instruction from the Bible.

_____I/We the parent(s)/guardian(s) of the participant do hereby consent to his/her participation in the HOPE Mentoring Program including all activities incidental to the program. I/We the parent(s)/guardian(s) assume all responsibilities for, and risks and hazards of participation in the named program. In consideration of the program, including all officials, officers, sponsors, organizers, supervisors, volunteers, participants, and all other agents. I/We the parents/guardians release any and all claims, demands, rights, and causes of action of whatever kind of nature, arising from and by reason of, and all known and unknown, foreseen, and unforeseen, bodily and personal injuries, damage to property, and the consequences thereof, resulting from his/her participation in the program and all activities incidental to the program.

_____ I understand and give authority for my child photograph can be used for promotional purpose (CCDC Facebook, CCDC website, Newspaper articles, East Point Housing Authority Facebook/Website and etc....)

_____ I understand that the child may be terminated for verbal/physical abuse to any staff member or other youth in the program.

_____ I understand that the child may be terminated for verbal/physical abuse by a parent/guardian or other family members to a staff member or another youth in the program.

Print Name

Date

Signature

Medical Consent Form and Medical Authorization

Does the child have Health Insurance? Yes No

If yes, Policy number

Name of Health Insurance Co.:

Health Information:

Has your child had any of the following? (Check if answer is YES)

_____ Frequent or severe headaches Asthma

_____ Ear, nose or throat trouble

_____ Heart trouble

_____ Dizziness or fainting spells

_____ Frequent colds

_____ Shortness of breath

_____ Diabetes

List any medication you child now takes:

Should it be necessary for my child to have medical treatment while participating in this activity, I hereby give the person(s) in charge permission to act on my behalf to SECURE HOSPITALIZATION or medical services deemed necessary and appropriate by the physician. I absolve said CCDC and Friendship Community Church from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment. Any cost incurred shall be my sole responsibility. _____ (Parent Initial)

Date _____

Signature

CONSENT FOR ACADEMIC RECORD ACCESS

STUDENT'S NAME: _____

ADDRESS: _____

PHONE: _____

SCHOOL CHILD ATTENDS: _____

GRADE: _____

I GRANT HOPE Mentoring Enrichment (CCDC) TO MY CHILD'S
ACADEMIC RECORDS. THE MENTOR OF

(Child's Name)

IS PERMITTED TO SERVE AS LIAISON CONCERNING HIS/HER
ACADEMIC PROGRESS AND BEHAVIORAL ACTIVITIES. ALL
ACADEMIC RECORDS WILL BE KEPT IN CONFIDENTIAL FILES AND
DESTROYED TWO YEARS AFTER THE TERMINATION OF THE MENTORING PARTNERSHIP.
THE RECORDS WILL NOT BE SHARED WITH ANY OTHER PERSON OUTSIDE THIS
COMPANY.

Signature of Parent

Date

Print Name

